

**PATIENT**

Maddie York

**PRESENTING CLINICAL SIGNS**

**SPECIES**

Canine

**BREED**

Lab Retriever

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

68 Pounds

Sedated dex/torb-0.1ml/0.1ml IV total-great level of sedation- Chief Concern/Provisional Diagnosis: - Possible hyperadrenocorticism - Elevated liver enzymes - Perianal adenoma - Excessive panting History/Physical Findings: Patient presents for acupuncture and laser therapy consultation in May 2022 for osteoarthritis, especially of the hind end. Patient has a history of elevated liver enzymes, excessive panting, weight loss, multiple dermal (including a perianal adenoma diagnosed via FNA today) and subcutaneous masses. Perianal adenoma (currently 1.75cm in diameter, purple, soft, and fixed in the 7 o'clock position) has slightly increased in size over the past 3 months. Owner noted slight improvement in panting with addition and dose adjustment of nutraceuticals and pharmaceuticals Low-dose dexamethasone suppression test performed with rDVM and started on Vetoryl for a few days, then rDVM advised discontinuing Vetoryl and recommended abdominal ultrasound. Upon physical exam, patient is always tachypneic, has lordosis with a pot-bellied appearance, decreased conscious proprioception in both hind limbs, moderate muscle atrophy, holds the hind end slightly tucked, mild periodontal disease (with multiple missing teeth from previous dental procedure), and distortion and shortening of the nasal planum secondary to previous trauma as a puppy. BCS 4.5/9. Current Therapy and Medications: - Acupuncture and laser therapy every 2 weeks. - Dasuquin Advanced with ESM, omega-3 FA, gabapentin, amantadine, and Galliprant. Abnormal PE/Chem/CBC/UA Results: trauma as a puppy. BCS 4.5/9. Summary of Laboratory Abnormalities: - Elevated ALT 131 (12-118 IU/L) (from 4/5/22) - Elevated ALKP 563 (5-131 IU/L) (from 4/5/22) - Systolic BP: 160mmHg - LDDST (from 5/19/22): Baseline - 1.7 (1-5ug/dL) 4hr Post - 2.2 (0-1.4ug/dL) 8hr Post - 1.5 (0-1.4ug/dL) Radiographic Abnormalities: Thoracic radiographs performed today and pending radiology report.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

The left kidney has a normal shape and size (7.03 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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The right kidney has a normal shape and size (7.08 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**REFERRING VET**

Dr. Kristin Lee

**Adrenal Glands**

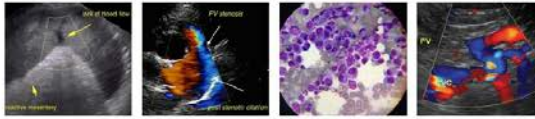
The left adrenal gland is normal/borderline large in size measuring 1.05 cm. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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Maddie York The right adrenal gland is normal/borderline “plump” measuring 0.80 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

## SPECIES

Canine

### **Spleen**

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous hyperechoic foci throughout the spleen, most consistent with benign myelolipomas. Additionally, there is a somewhat indistinct hypoechoic lesion measuring 2.27 cm x 2.25 cm, and an irregular hyperechoic lesion measuring 1.79 cm.

## BREED

Lab Retriever

## SEX

Spayed Female

### **Liver**

The liver is large in size, and hyperechoic with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous ill-defined subtle hyperechoic visualized within the parenchyma, one measuring 1.75 cm x 1.09 cm, another measuring 1.41 cm x 1.91 cm. Another hyperechoic lesion is visualized measuring 3.05 cm x 2.81 cm.

## AGE

12 Years

The gall bladder lumen is moderately distended. The wall of the gall bladder has irregular polypoid projections and there is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

## WEIGHT

68 Pounds

### **Gastrointestinal**

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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Medicine)

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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LVT

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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### **Pancreas**

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Dr. Kristin Lee

### **Free Abdomen**

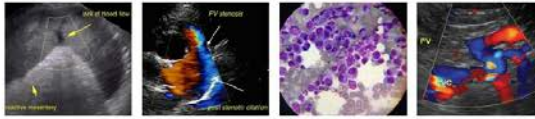
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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## PATIENT

Maddie York **Other**

A brief view of the heart was submitted. No significant pericardial effusion was seen.

## SPECIES

Canine

There is an isoechoic, somewhat hyperechoic, homogenous mass lesion visualized on the right side of the abdomen, most consistent with an intraabdominal lipoma. Recommend fine needle aspirate.

## PRIMARY FINDINGS

### BREED

Lab Retriever

- Borderline bilaterally adrenomegaly – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.

### SEX

Spayed Female

- Mottled spleen with suspect myelolipomas and an ill-defined hypoechoic nodule – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

### AGE

12 Years

- Heterogeneous liver with numerous ill-defined hyperechoic lesions – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

### WEIGHT

68 Pounds

- Large, hyperechoic, homogeneous mass effect on the right side of the abdomen. The appearance of this lesion is most consistent with an intraabdominal lipoma. Recommend fine needle aspirate.

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## SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Small, irregular gallbladder polypoid projections – The significance of the gall bladder polyps and debris is unclear. This could represent an early mucocele, cholestasis, or chronic inflammation, or could be an incidental finding.

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Dr. Kristin Lee

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed in the adrenal glands and liver could be consistent with hyperadrenocorticism. If routine adrenal function testing is still questionable, you could consider an adrenal panel to NC State combined with an ACTH stimulation test to evaluate other adrenal hormones such as 17 hydroxyprogesterone, etc., looking for atypical Cushing's.

There is a hypoechoic lesion visualized in the spleen. Options moving forward include continued monitoring, a fine needle aspirate, or splenectomy with histopathology.

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The lesions described in the liver have the appearance of more benign lesions, but underlying

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Maddie York neoplastic lesions cannot be excluded as a possibility. Consider a liver function test and a fine needle aspirate of the liver.

**SPECIES**

Canine

There is a large, homogeneous mass effect visualized in the right side of the abdomen with the appearance of an intraabdominal lipoma. Recommend a fine needle aspirate to confirm.

**BREED**

Lab Retriever

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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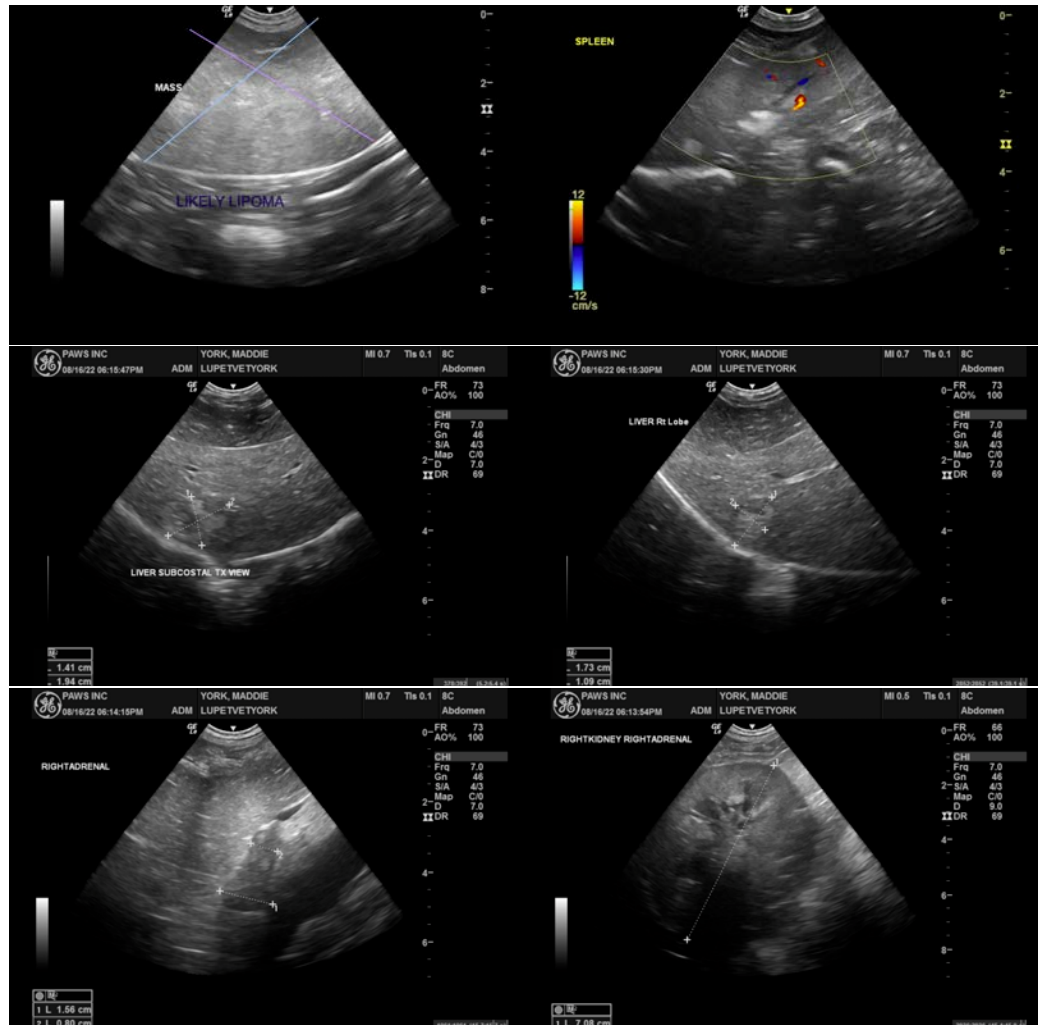
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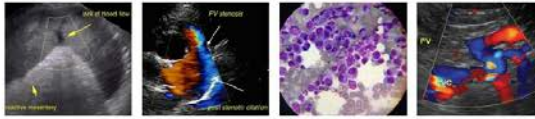
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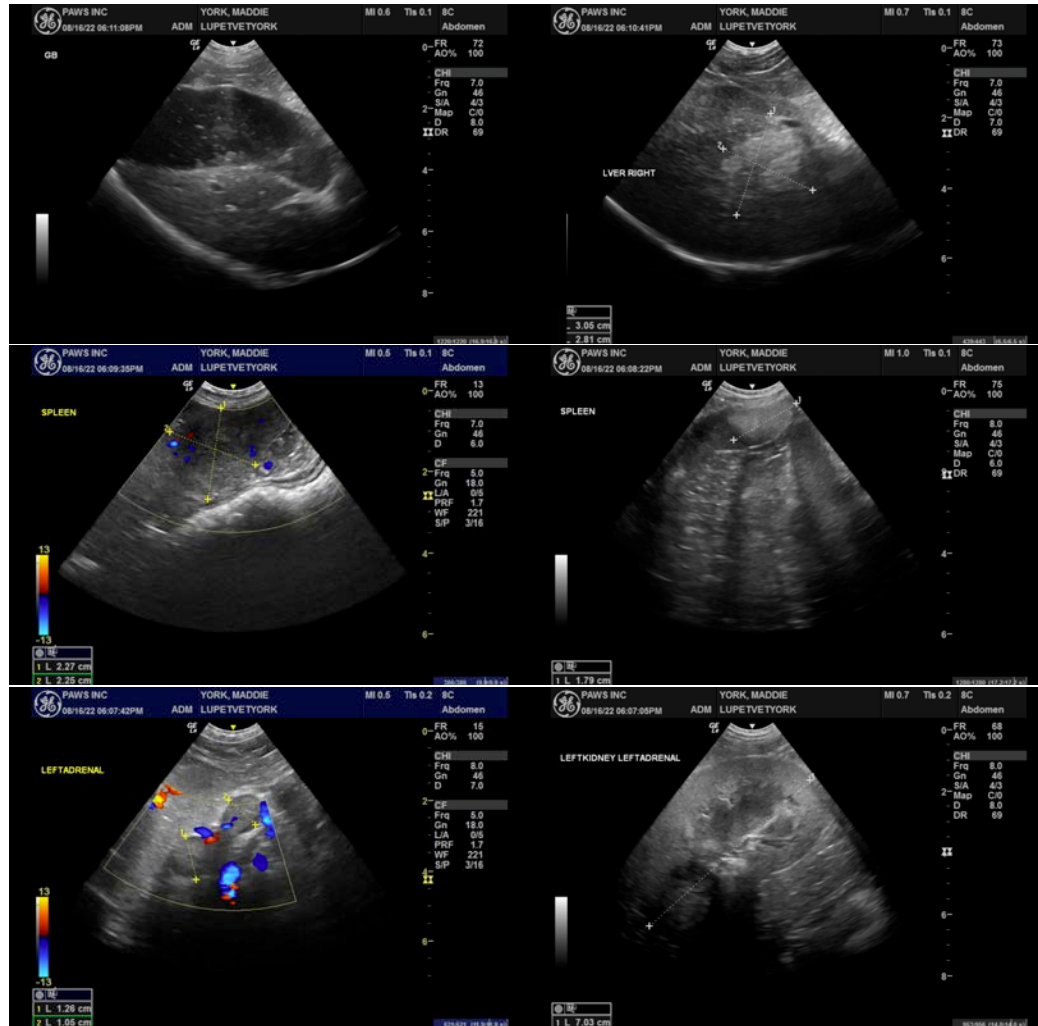
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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