



PATIENT

George McCready

SPECIES

Canine

BREED

Westie

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.9 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Trudeau

HOSPITAL NAME

Petworks Vet Hospital

REFERRING VET

Dr. Trudeau

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24770

DATE

8/18/21

PRESENTING CLINICAL SIGNS

increasing levels of ALT/ALP Jun presentation - panting pacing and seemed weaker; stated Galliprant for arthritis; July now lethargic, sleeping more and decreasing appetite; liver values increased and started on Zentonil and Ursodiol; Aug - significant and sudden PU/PD (see lab below); started on Caninsulin last Friday and now not eating and extremely lethargic (no somogyi and no hypoglycemia) during the ultrasound he seemed painful in the left cranial abdomen
Abnormal PE/Chem/CBC/UA Results: Chem Jun ALT 131 (10-125 U/L; ALP 1365 (23-212 U/L; glucose 8.1mmol/L Chem July ALT 137U/L; ALP 1693 U/L; glucose 11.5mmol/L started Zentonil /Ursodiol Chem Aug (signif pu/pd) LDDS - normal; glucose 35mmol/L (started Caninsulin) chest x-rays: NSF Abd x-rays: soft tissue like effects mid abdomen over the liver with hepatomegaly (left liver lobe)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The prostate is normal in size (0.74 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The kidney has a normal shape and size (4.84 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, infarcts or hydroureter. There are numerous small non obstructive nephroliths/mineralizations present. Renal vasculature is normal.

The right kidney has a normal shape and size (4.99 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Rare, small, non-obstructive nephroliths are present. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is large in size measuring 1.3 cm at the caudal pole, 0.69 cm at the cranial pole, and 3.2 cm in length. It is observed in its normal position cranial to the left renal artery. It is irregular in appearance with an enlarged caudal pole, which has a hyperechoic, mottled appearance, creating the appearance of a possible mass effect/nodule.

The right adrenal gland is large in size measuring 1.01 cm at the cranial pole, 0.45 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.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size with normal echogenicity and smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the



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vasculature and biliary tract appear normal. There are rare hypoechoic nodules ranging in size from 0.25-0.5 cm.

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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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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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. Jejunum wall measures 0.36 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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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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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PRIMARY FINDINGS

- Large, irregular caudal pole of left adrenal – could be consistent with neoplasia (adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.
- Large, heterogeneous liver – 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.
- Moderate gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

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SECONDARY FINDINGS

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- Small, non-obstructive nephroliths visualized in both kidneys – The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenal glands are enlarged and irregular. Caudal pole of the left adrenal gland is particularly hyperechoic and irregular. No evidence of vascular invasion observed. This could be a form of atypical adrenal hyperplasia, it could be a benign or malignant growth. The right adrenal gland seems fairly large for this to represent an active unilateral nodule. If low dose Dexamethasone testing was negative, particularly at the time of a new diabetic diagnosis, this would be unusual. You could consider an adrenal panel to the University of Tennessee combined with an ACTH stimulation test to look for evidence of elevations and alternate adrenal hormones. Ideally this would be done once the diabetes is regulated. Recommend blood pressure evaluation and 3-view thoracic radiographs.

Possible Cushing's disease is not a great differential for not feeling well, etc., unless a pituitary macroadenoma has developed, decreasing appetite, etc. Alternately, there is concurrent disease such as the diabetes causing illness, pancreatic disease (Which is not obviously evident on today's scan). Consider quantitative PLI through Texas A&M with a GI panel to look for evidence of pancreatitis and small intestinal disease. The gallbladder does have a large amount of sludge within it, but it does not appear overtly inflamed, and the bilirubin is normal. You could consider a liver function test, as rarely pets with chronic vacuolar hepatopathy can go into liver failure and start to not feel well.

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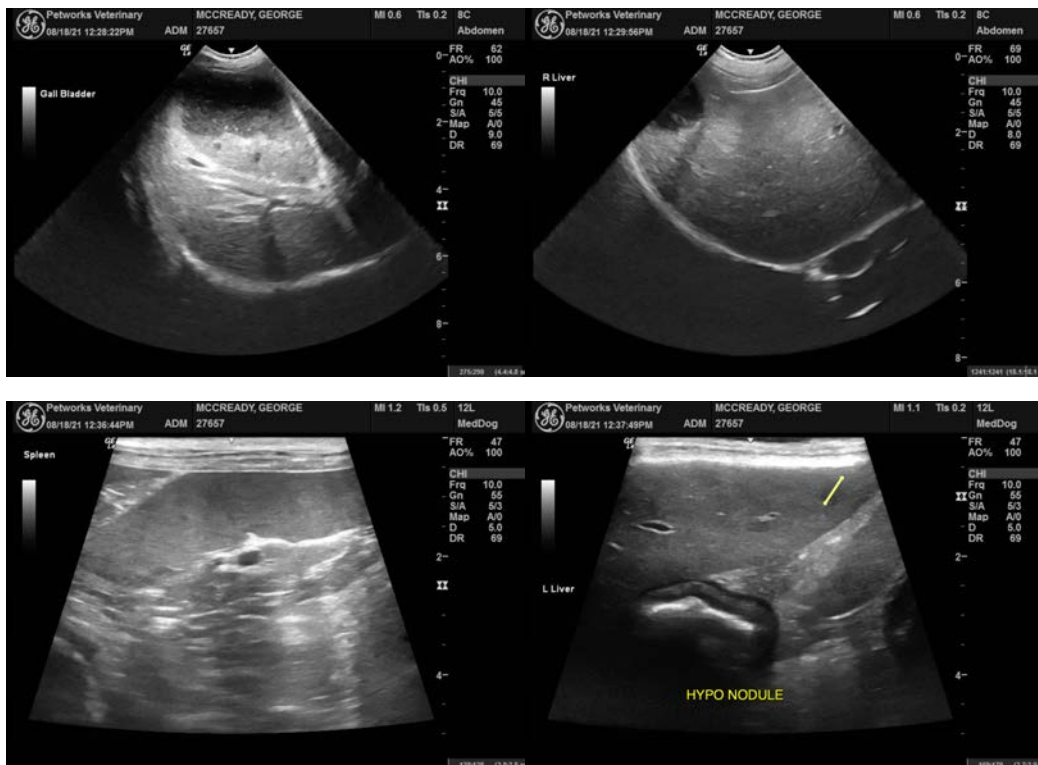
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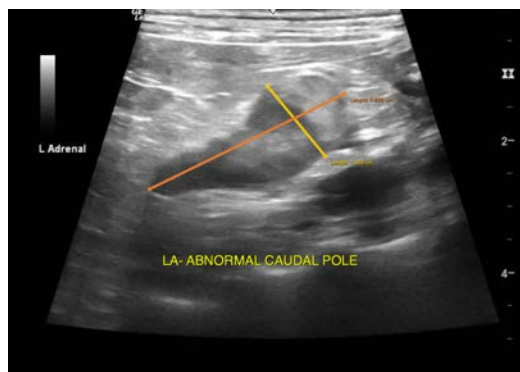
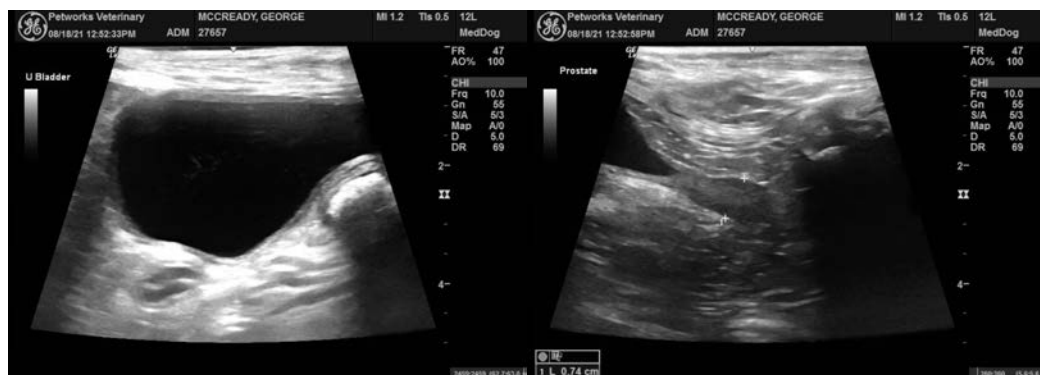
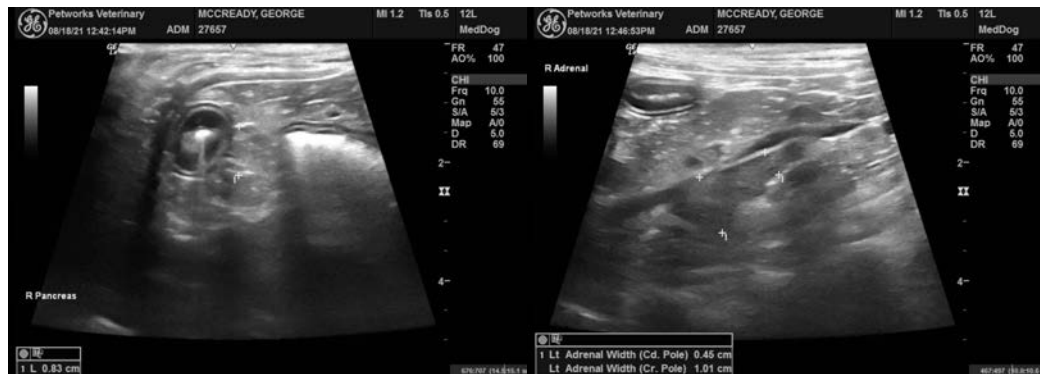
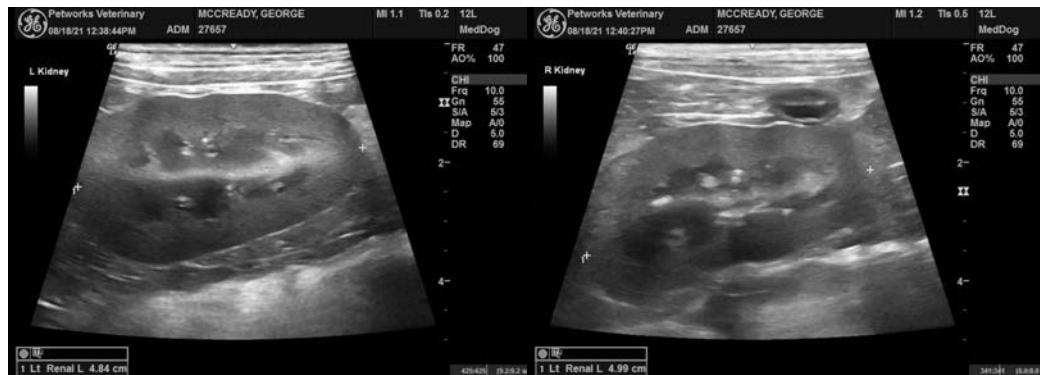
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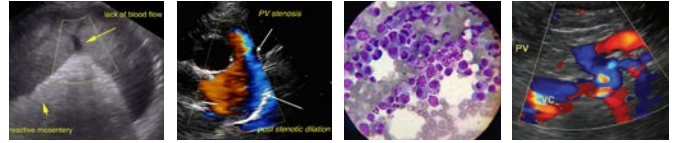
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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