



PATIENT

Skipper Hoffman

PRESENTING CLINICAL SIGNS

1.5w history coughing. Somewhat responsive to Doxycycline, hydromet. Episode weakness/falling over.
Abnormal PE/Chem/CBC/UA Results: Radiographs: Bronchitis, collapsing trachea., hepatomegaly.
CBC: HCT 20% regenerative BP - unremarkable

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Beagle

The urinary bladder is moderately distended with anechoic urine. In the apical portion of the urinary bladder, the bladder wall was slightly irregular with a small polypoid like growth measuring 0.37 cm in height with irregular tissue observed along the wall of the bladder for approximately 1.2 cm. The remaining portion of 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.

SEX

Spayed Female

The left kidney has a normal shape and size (5.34 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

11 Years

The right kidney has a normal shape and size (5.49 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

33 Pounds

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal in size measuring 0.81 cm at the caudal pole. 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.

The right adrenal gland is normal in size measuring 0.75 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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Spleen

HOSPITAL NAME

Donner Truckee VH

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. An ill-defined, hypoechoic nodule is visualized measuring 0.66 cm.

Liver

REFERRING VET

Dr. Vannini

The liver is subjectively normal in size, and echogenicity 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. No focal nodules or cystic lesions are observed.

INVOICE

24772

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 mild 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.

SPECIES

Canine

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 0.32 cm.

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Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Spayed Female

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.

Pancreas

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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.

Free Abdomen

WEIGHT

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a moderate lymphadenomegaly present. Sublumbar lymph node is visualized measuring 1.5 cm in height when evaluated in the sagittal view from the left side. 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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Medicine)

ULTRASONOGRAPHIC FINDINGS

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- Irregular tissue in the apex of the urinary bladder – My primary differential would be cystitis, but it does appear somewhat focal, so it cannot rule out a neoplastic process. Recommend urinalysis and culture.

- Mildly mottled spleen with 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.

HOSPITAL NAME

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- 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.

REFERRING VET

Dr. Vannini

- Mild gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

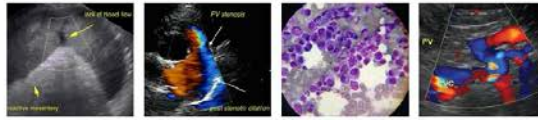
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- Enlarged sublumbar lymph node – this lymph node is approximately twice normal size. Recommend careful rectal exam to check for any anal gland tumors and good physical exam to look for any abnormalities in the pelvic area, as this would likely drain the caudal abdomen.

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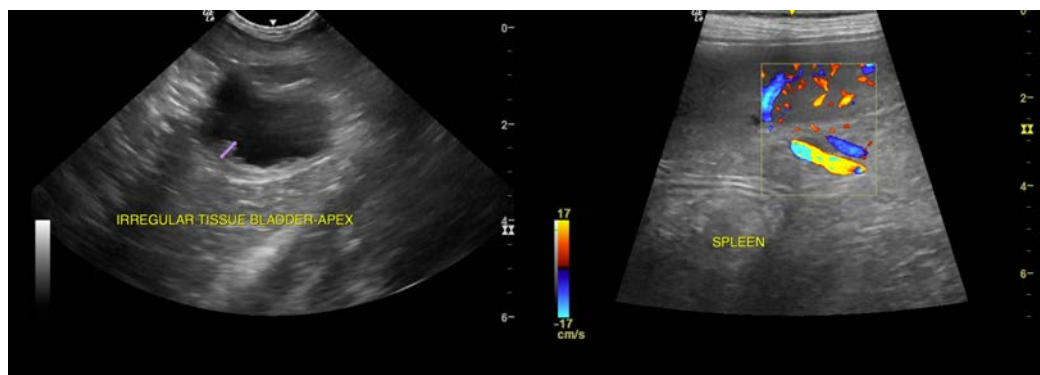
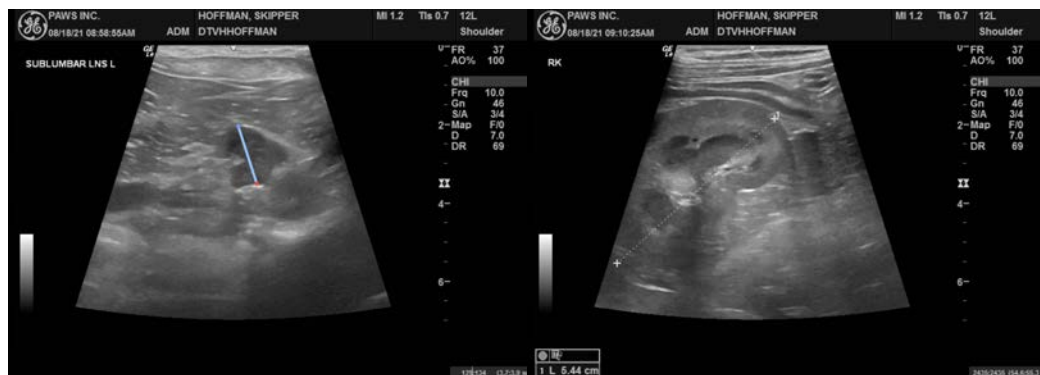
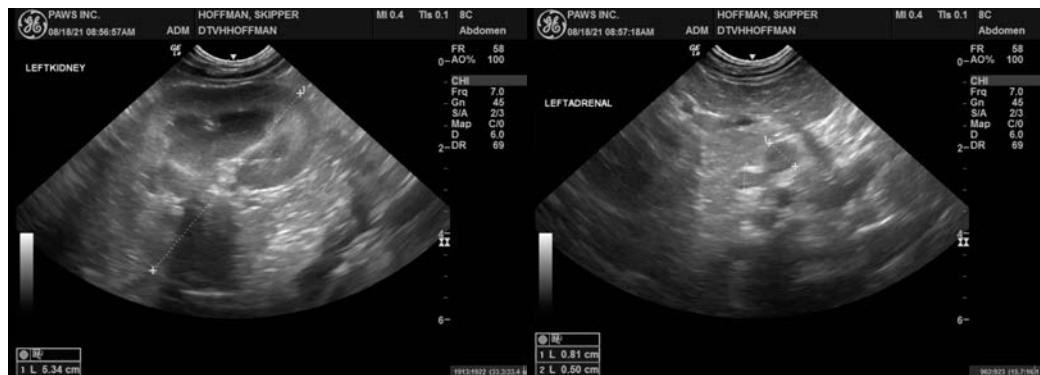
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The enlarged sublumbar lymph node is concerning. An obvious cause for this is not evident, but careful evaluation of the anal glands by palpation and evaluation for a pelvic lesion recommended. There is some abnormal tissue in the apex of the urinary bladder. Rarely bladder tumors can metastasize to this area, but this bladder mass is so small and very well may be benign. Consider urinalysis and culture. If positive, treat the infection and reevaluate the bladder. If the lesion resolves, it was likely an inflammatory polyp. If there is no evidence of infection, consider a urine BRAF test. If BRAF test is positive, this would increase the suspicion for a neoplastic process. A negative test is non-diagnostic and requires more evaluation. You could also consider a traumatic catheterization aimed at trying to obtain cells from the apex of the urinary bladder. Recommend 3-view thoracic radiographs. An obvious cause for the reported anemia is not identified. There is no evidence of blood loss within the abdomen, so further evaluation for increased loss (via the GI tract), decreased production (within the bone marrow) or increased destruction, or anemia of chronic disease should be considered.





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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.

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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