



PATIENT

Louie Moul

SPECIES

Canine

BREED

German Shepherd X

PRESENTING CLINICAL SIGNS

Louie is a six year old, MN, German Shepherd mix who was presented as a new patient on 3/1/21. He has a history of Lyme disease and allergies. On exams, Louie has thickening of both stifles, slightly decreased muscle mass left thigh. His owners report that Louie limps on hind legs, especially right hind, after daycare play. Dasuquin Advanced was prescribed. Separate stifle US and rads are being sent to Nele at SonoPath for evaluation of hind end lameness. Louie has also had several episodes of kennel cough. Most recently, Louie was presented on 8/9/21 for PU/PD and weight loss. USG-1.020. No proteinuria is present. Bloodwork showed increased SDMA (16), increased creatinine (2.1), BUN normal (24), phos normal. CBC, T4, 4DX were all normal. Abdominal ultrasound today to screen for kidney disease and PU/PD.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

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.

AGE

6 Years

The prostate is normal in size 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.

WEIGHT

90 Pounds

The left kidney has a normal shape and size (6.96 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.

INTERPRETED BY

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

The right kidney has a normal shape and size (6.49 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.

IMAGING PERFORMED BY

Dr. Jennifer Todd

Adrenal Glands

The left adrenal gland is normal in size measuring 0.38 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.

HOSPITAL NAME

Lambs Gap AH

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

REFERRING VET

Dr. Cynthia Kinney

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.

INVOICE

24831

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

DATE

8/19/21



PATIENT

Louie Moul

The gallbladder is difficult to visualize due to the deep chested nature of this dog. There is the appearance of hyperechoic sludge, but resolution is not high enough to evaluate the gallbladder wall or biliary tract.

SPECIES

Canine

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.

BREED

German Shepherd X

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.)

SEX

Neutered Male

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

AGE

6 Years

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

The area of 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.

WEIGHT

90 Pounds

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.

INTERPRETED BY

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

PRIMARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- 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.

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap AH

SECONDARY FINDINGS

- Questionably flat left adrenal gland – This could be normal for this patient, could be seen with Addison's disease, or could be atrophied due to a right adrenal gland abnormality.

REFERRING VET

Dr. Cynthia Kinney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

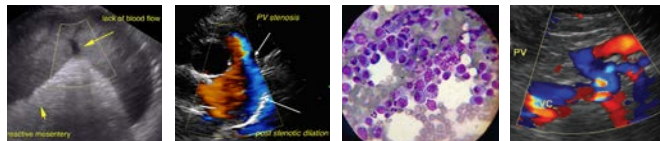
The ultrasonographic lesions observed were relatively mild, but the ultrasonographic findings do not always correlate with the severity of disease present. If not already done, recommend blood pressure, urinalysis and urine culture. If liver values are normal, the likelihood of significant gallbladder disease is very low. You could consider an ACTH stimulation test to screen for Addison's disease. If cortisol levels were high, this could be consistent with non-adrenal illness or an abnormality associated with the right adrenal gland (not clearly seen on today's scan, but the area appears normal). If weight loss is progressive, you could also screen for GI disease with a GI panel to Texas A&M for TLI, B12 and folate levels as a possible screening tool. Recommend 3-view thoracic radiographs.

INVOICE

24831

DATE

8/19/21



PATIENT

Louie Moul

SPECIES

Canine

BREED

German Shepherd X

SEX

Neutered Male

AGE

6 Years

WEIGHT

90 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

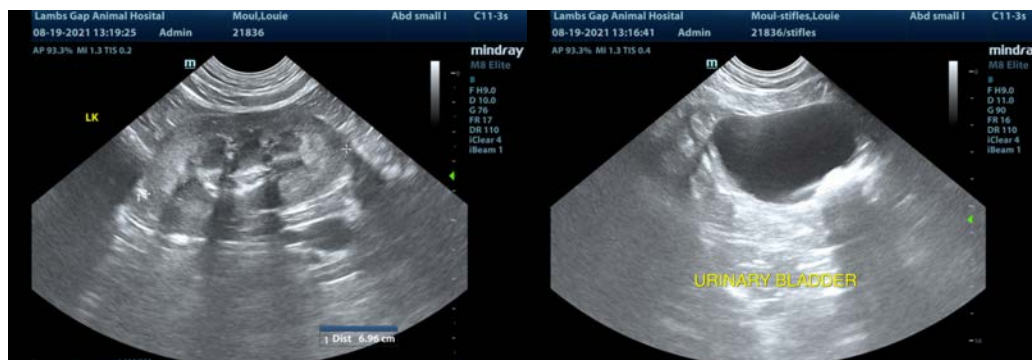
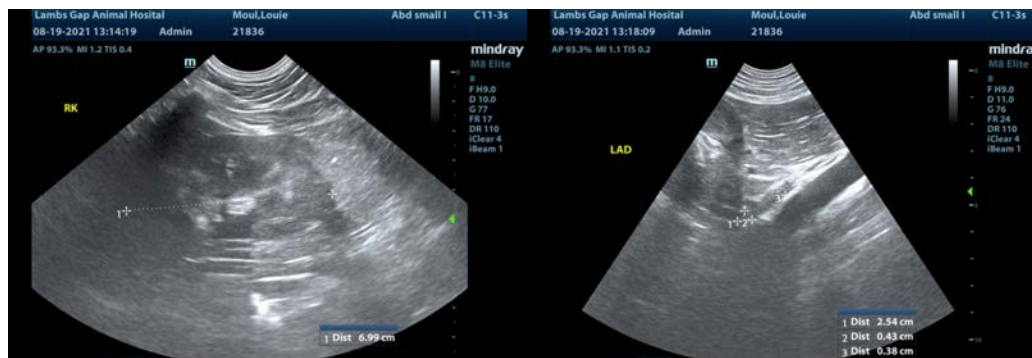
Dr. Cynthia Kinney

INVOICE

24831

DATE

8/19/21



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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com