

PATIENT

Peanut Valliere

SPECIES

Canine

BREED

Mini Poodle

SEX

Neutered Male

AGE

14 Years

WEIGHT

14 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

24919

DATE

8/20/21

PRESENTING CLINICAL SIGNS

Chief Concern / Provisional Diagnosis: ~Pet has elevated calcium, and a suspected Mast cell skin tumor on the leg with upcoming surgery pending. US looking for source of calcium elevation, plus ruling out/staging for Mast cell and/or potential Bowel Lymphoma disease~ Relevant Medical History and Physical Exam findings: ~1cm suspected (via FNA cytology) Mast cell tumor on the Skin of LHL. Increased CA and some PU/PD at home. No overt other clinical signs other than pet has been itchy and not 100% themselves for a couple months. Several smaller suspected sebaceous masses on skin.~ Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~Calcium 12.4/ Phos 2.8, Retics 106/Retic HgB 22.9, Alk Phos 365, UPC 0.2 Spec G 1:037, 2+ Bilirubin in UA, 3+ epithelial bladder cells, t4=2.8.~ Current medications (include full name, dosage and frequency): ~Heartguard monthly, Cytopoint last given 7/12/21, Dasequin daily, Nexguard monthly, Nat Path Xue Fu Zhu Yu Tang holistic meds.~ Relevant Radiograph Findings(email radiographs if available): ~Mild cardiomegally, Suspect thickened bowel loops, mild bronchiolar disease. See radiographs/ please review in context of US findings as well since am preparing for SX of mass, and am also staging patient for this SX.~

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, or masses. There is a 0.66 cm shadowing stone visualized in the dependent portion of the urinary bladder.

The prostate is normal in size (0.9 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 left kidney has a normal shape and size (4.1 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.

The right kidney has a normal shape and size (4.1 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.55 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. 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 and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal



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Peanut Valliere abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

SPECIES *Liver*

Canine 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.

BREED

Mini Poodle 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.

SEX *Gastrointestinal*

Neutered Male 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.

AGE

14 Years 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.)

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

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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Kathleen Sennello DVM,
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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. There is a mild lymphadenomegaly present (a prominent mesenteric lymph node was visualized at 0.46 cm). 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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Other

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

Thyroid

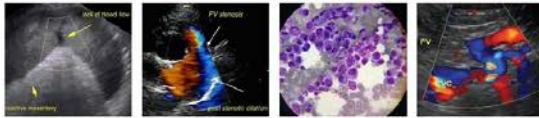
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The left and right thyroid glands were evaluated. The parathyroid gland on the left side is hypoechoic and enlarged at 0.29 cm x 0.46 cm. The thyroid gland itself appears normal. The right thyroid gland has a normal appearing parathyroid gland at 0.19 cm, and the gland appears normal. These findings are most consistent with a left-sided parathyroid adenoma.

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PRIMARY FINDINGS

- Stone in the urinary bladder – recommend urinalysis and culture.

SPECIES

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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.

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- Enlarged left parathyroid gland – most consistent with parathyroid adenoma.

SECONDARY FINDINGS

SEX

Neutered Male

- Mild sludge in the gallbladder – 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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- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The ultrasound findings are most consistent with hyperparathyroidism and a secondary bladder stone. Recommend ionized calcium levels with parathyroid hormone levels to better evaluate. Recommend referral to a board certified veterinary surgeon to considered parathyroidectomy and cystotomy.

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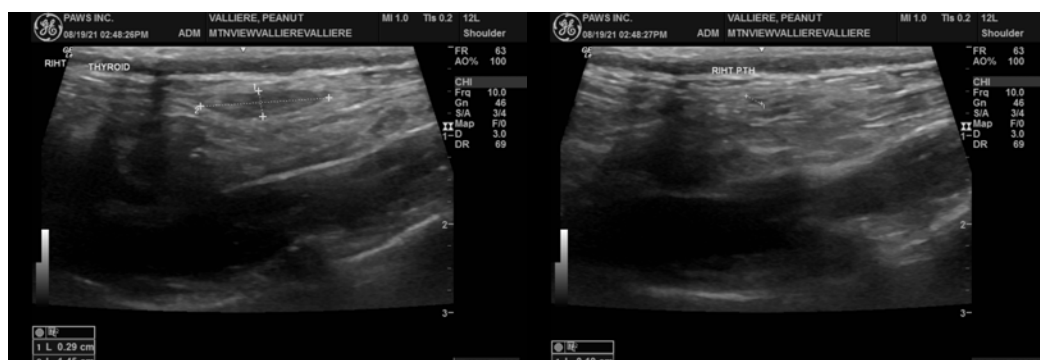
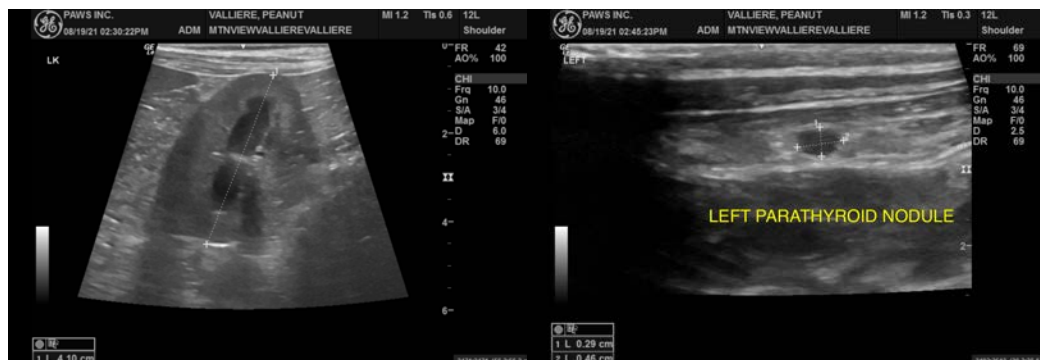
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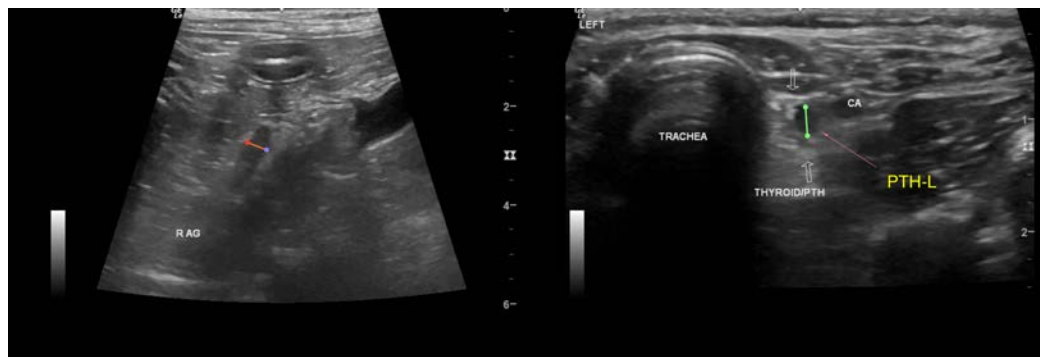
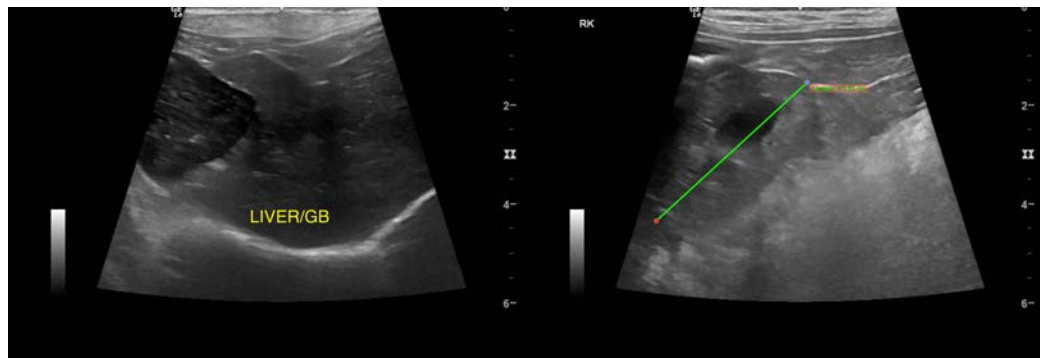
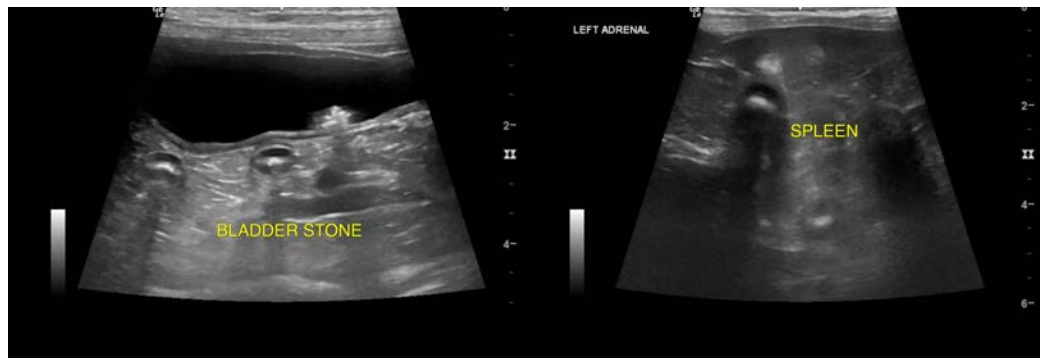
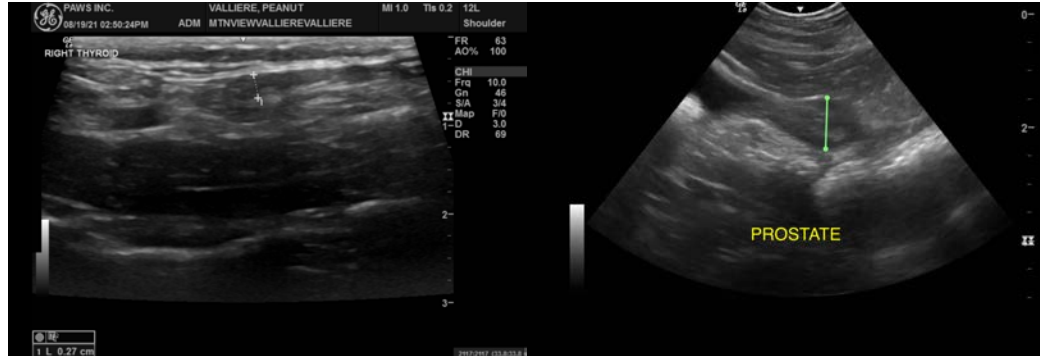
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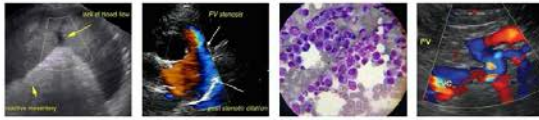
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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