

PATIENT

Princess Marie Padilla

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Female

AGE

9 Years

WEIGHT

16.9 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Julissa Diaz

HOSPITAL NAME

Centro Veterinario Del
Norte

REFERRING VET

Dr. G. Cidre

INVOICE

44875

DATE

8/23/23

PRESENTING CLINICAL SIGNS

Presented for evaluation on 08/14/2023 for a general evaluation after dog was taken to other vet for a cutaneous mass removal. Per o no bloodwork/imaging or biopsy was performed. He brings dog in for he is concerned for possible metastasis. Per o the dog has had no clinical signs.. On presentation dog has a prominent abdomen, difficult to palpate, has mild tachycardia, dog is panting. Radiographs were taken and submitted for radiologist consult: no metastasis noted on thoracic rads, no significant findings on abdominal views. CBC: wnl Chem 17: ALP 1,808 (23-212). ALT 145 (10-125) Total T4: 0.8 (1.0-4.0) UA: Prot 3+: urine Prot:Cr 0.5-<2 183 systolic BP

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. In the dependent portion of the urinary bladder there is a small amount of hyperechoic shadowing debris most consistent with dependent sandy debris.

The left kidney has a normal shape and size (4.09 cm) with non-obstructive nephroliths. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.73 cm) with non-obstructive nephroliths. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

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 is visualized.

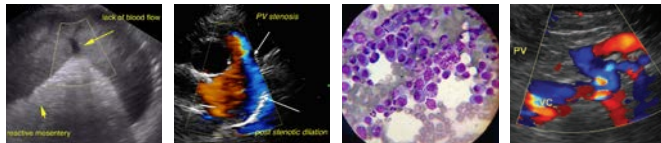
Spleen

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.

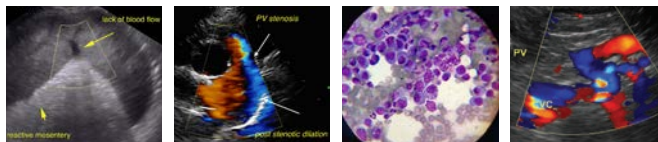
Liver

The liver is large in size, and normal in 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.

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.



PATIENT	<i>Gastrointestinal</i>
Princess Marie Padilla	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. Duodenum wall measures 0.32 cm. Jejunum wall measures 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.
BREED	
Miniature Schnauzer	
SEX	
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.
AGE	<i>Pancreas</i>
9 Years	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	<i>Free Abdomen</i>
16.9 Pounds	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	<i>Other</i>
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)	There is an isoechoic, slightly irregular appearing mass effect visualized caudal to the stomach measuring approximately 4.83 cm x 5.05 cm. The character of the parenchyma of this lesion resembles that of falciform fat. This could be an extension of the abundant falciform fat present or an intraabdominal lipoma. Less likely this could be a cranial extension off the spleen and a splenic mass lesion.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Julissa Diaz	<ul style="list-style-type: none"> • Dependent sandy debris visualized in the urinary bladder – Recommend urinalysis and culture. • 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 debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring. • Isoechoic mass effect visualized caudal to the stomach – The appearance of this lesion could be consistent with an intraabdominal lipoma or extension of the falciform fat. A splenic mass lesion or lesion associated with another structure cannot be definitively ruled out. Consider a fine needle aspirate.
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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.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is some dependent sandy debris visualized in the urinary bladder. Recommend urinalysis and culture and continued monitoring for lower urinary tract signs.

BREED

Miniature Schnauzer

The liver appears somewhat heterogeneous. This could be consistent with a vacuolar hepatopathy or similar hepatopathy. Consider the following for further evaluation of a primary elevation in ALP:

SEX

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- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc...
- Consider PCR on urine/serum for leptospirosis (if not on antibiotics)/serology if recent antibiotic history

AGE

9 Years

- If not already done, consider pre and post prandial bile acids to evaluate liver function

WEIGHT

16.9 Pounds

- If the ALP is significantly elevated relative to the ALT and symptoms consistent with Cushing's are present, consider adrenal function testing (ACTH stim)

INTERPRETED BY

Kathleen Sennello DVM,
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- Consider Fine needle aspirate if round cell neoplasia is on your differential list (25 g needle, normal coags)
- If no response to supportive care (Denamarin, fluids, antibiotics, +/- ursodiol etc.) Consider liver biopsy with samples obtained for histopathology, culture, and copper levels.

IMAGING PERFORMED BY

Julissa Diaz

There is an isoechoic mass effect visualized caudal to the stomach. The appearance of this lesion is similar to the texture of the falciform fat. This could be an intraabdominal lipoma, an extension of falciform fat, etc. I cannot definitively rule out an association of this mass lesion with the spleen or another structure in the cranial abdomen, but this is thought less likely. Consider a fine needle aspirate to rule out a more concerning lesion. Additionally, contrast CT scan could be considered, particularly if cytologic results cause concerns.

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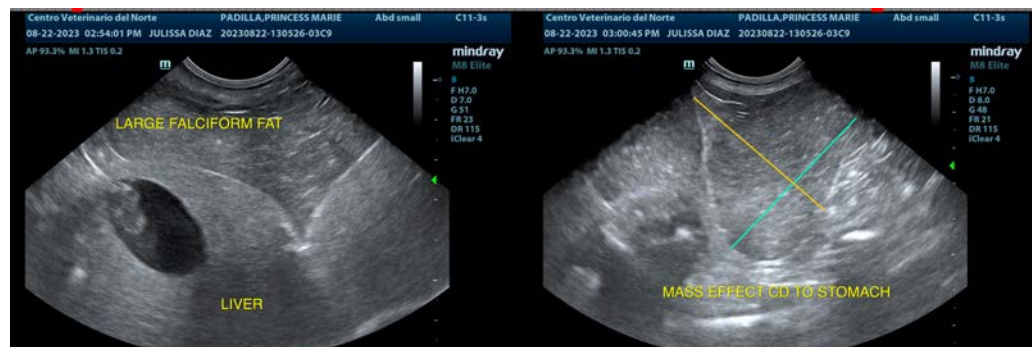
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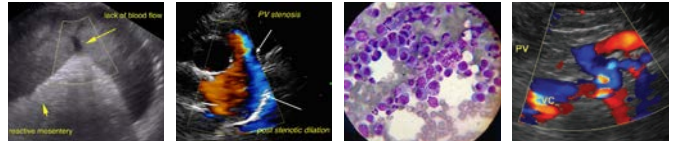
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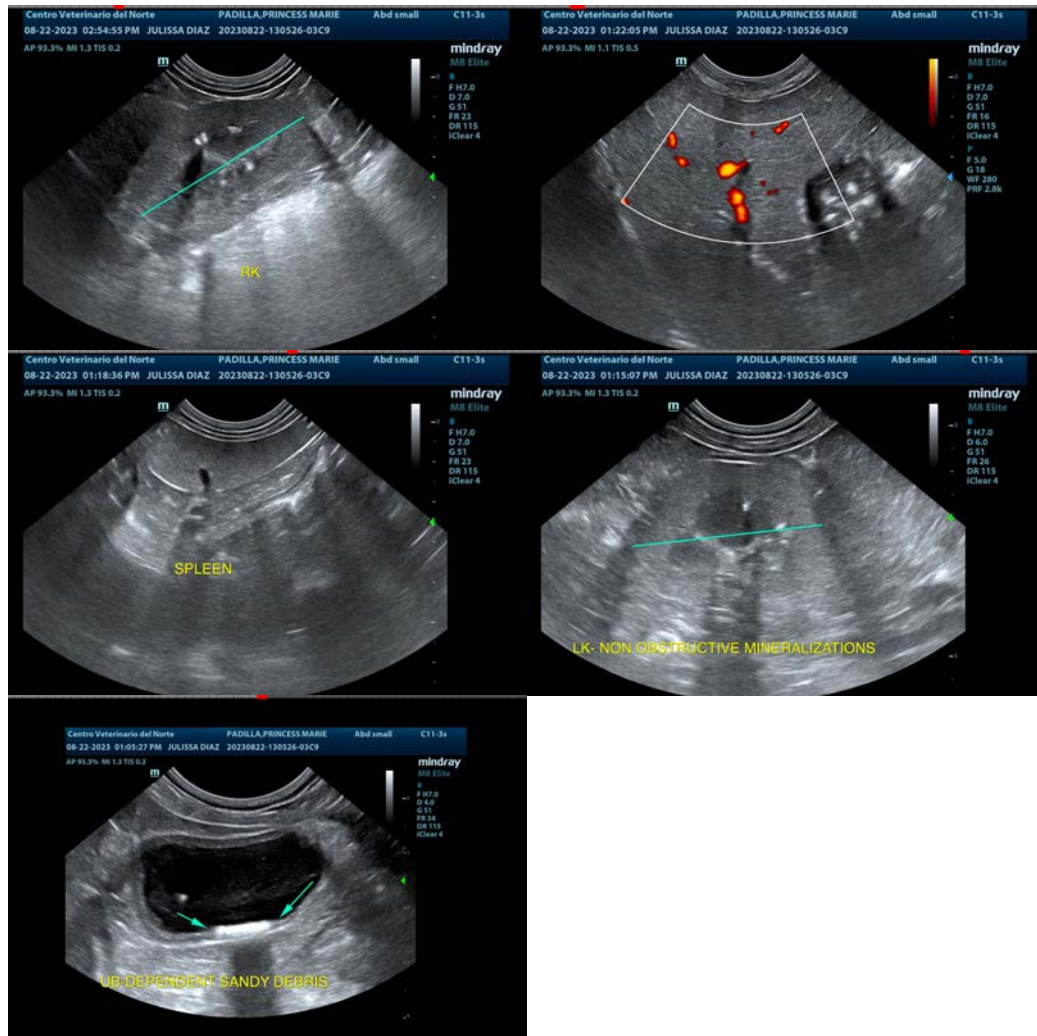
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com