

PATIENT

Buddha Barnett

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

Had bilateral TPLOs last year. Had SOFT TISSUE SARCOMA - GRADE 3 removed from back lumbar region 6 months ago. Incomplete margins. Monitoring site currently and so far no reoccurrence Patient finished Palladia (Toceranib 120mg Cap - 1 cap on M/W/F for 3 months) this month. Had U/s in May that showed : **ULTRASONOGRAPHIC FINDINGS** • Small amount of hyperechoic debris in the dependent portion of the urinary bladder – most consistent with sandy debris. • Prominent right sublumbar lymph node – likely reactive secondary to the surgery approximately one month ago. **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS** Recommend urinalysis and culture. Recommend continued monitoring of the right sublumbar lymph node. Today rechecking lumbar LNs Physical exam findings: overweight

Abnormal PE/Chem/CBC/UA Results: BW and UA results: ALP 450 (was previously 423 last month), Chol 339, CBC WNL, T4 WNL, UA WNL, fecal and accuplex negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

9 Years

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly diffusely irregular with numerous small, hyperechoic shadowing foci, most consistent with small stones. The area of the trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear free of any mass lesions. Findings are most consistent with mild cystitis/mucosal irritation and small stones.

WEIGHT

97 Pounds

Prostate is normal in size (0.95 cm), echotexture and echogenicity for a neutered male.

INTERPRETED BY

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

The left kidney has a normal shape and size (6.4 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 hydronephrosis. Renal vasculature is normal.

IMAGING BY

Loetitia Saint-Jacques,
LVT

The right kidney has a normal shape and size (6.1 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

HOSPITAL NAME

Brighton Greens VH

The left adrenal gland is normal in size measuring 0.91 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.

REFERRING VET

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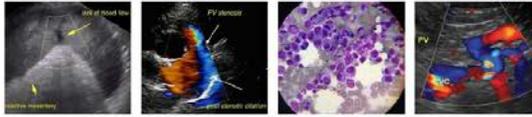
The right adrenal gland is normal in size measuring 0.73 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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8/24/22



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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.

SPECIES

Canine

Liver

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. There are numerous ill-defined, subtle hyperechoic lesions/nodules visualized in the parenchyma, varying in size from 0.5-1.5 cm.

BREED

Pit Bull

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

Neutered Male

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.

AGE

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

WEIGHT

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Medicine)

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.

IMAGING BY

Loetitia Saint-Jacques,
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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 no evidence of a significant lymphadenopathy. The right sublumbal lymph node measures 0.54 cm in width on today's scan. On the previous scan (5/4/22) this lymph node measured 1.04 cm. The left sublumbal lymph node measures at 0.52 cm today, previously measured 0.67 cm.

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ULTRASONOGRAPHIC FINDINGS

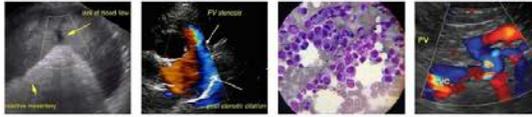
- Mildly irregular bladder mucosa with small calculi – Correlate findings with abdominal radiographs. Consider urinalysis and culture.
- Heterogeneous liver with ill-defined hyperechoic nodules – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic

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Buddha Barnett hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The appearance of these nodules trends towards a more benign process.

SPECIES

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• Normal sublumbar lymph nodes – The previously prominent right sublumbar lymph node now appears normal. This lymph node was likely reactive secondary to surgery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Pit Bull

Today's scan looks good. The right sublumbar lymph node is back to normal size, suggesting that the previous enlargement was due to reactivity. There are persistent mineralized debris/small stones in the urinary bladder and some irregularity to the mucosa. Recommend screening for infection.

SEX

Neutered Male

On today's scan, the liver appears subjectively more heterogeneous with some ill-defined hyperechoic lesions. Reevaluation of images from the previous scan shows that the parenchyma is slightly coarser. The significance of this is uncertain. Options moving forward include continued monitoring or a fine needle aspirate of the liver. Subjectively, the hyperechoic lesions appear benign, but an underlying neoplastic process cannot be ruled out.

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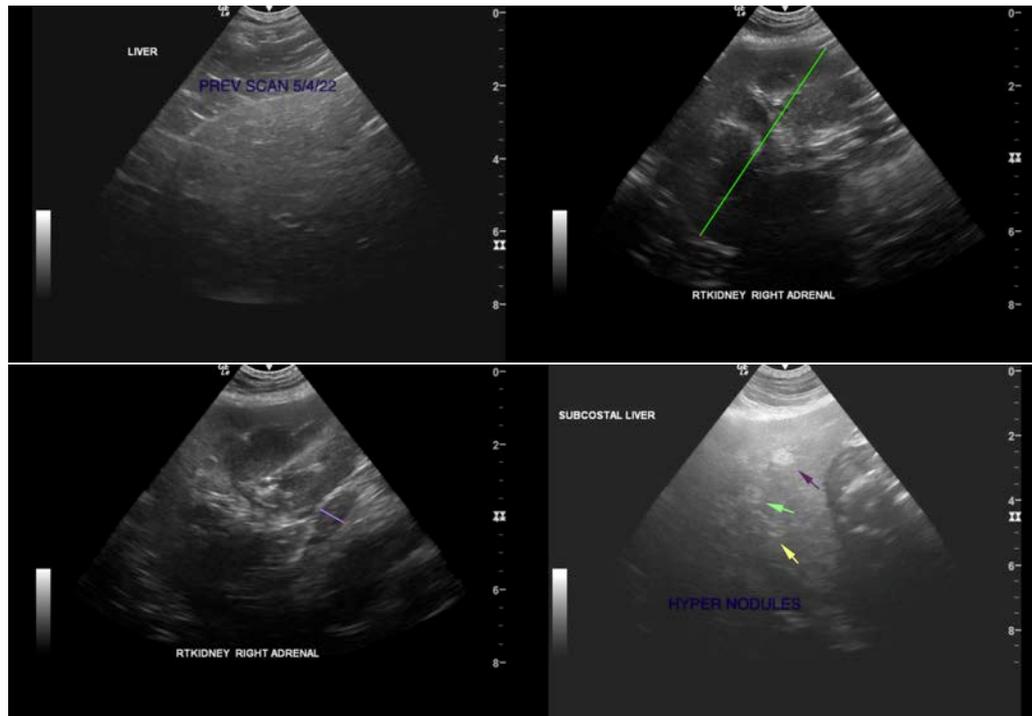
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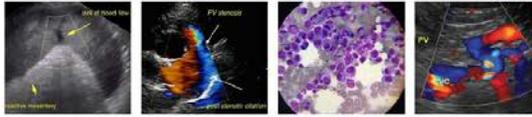
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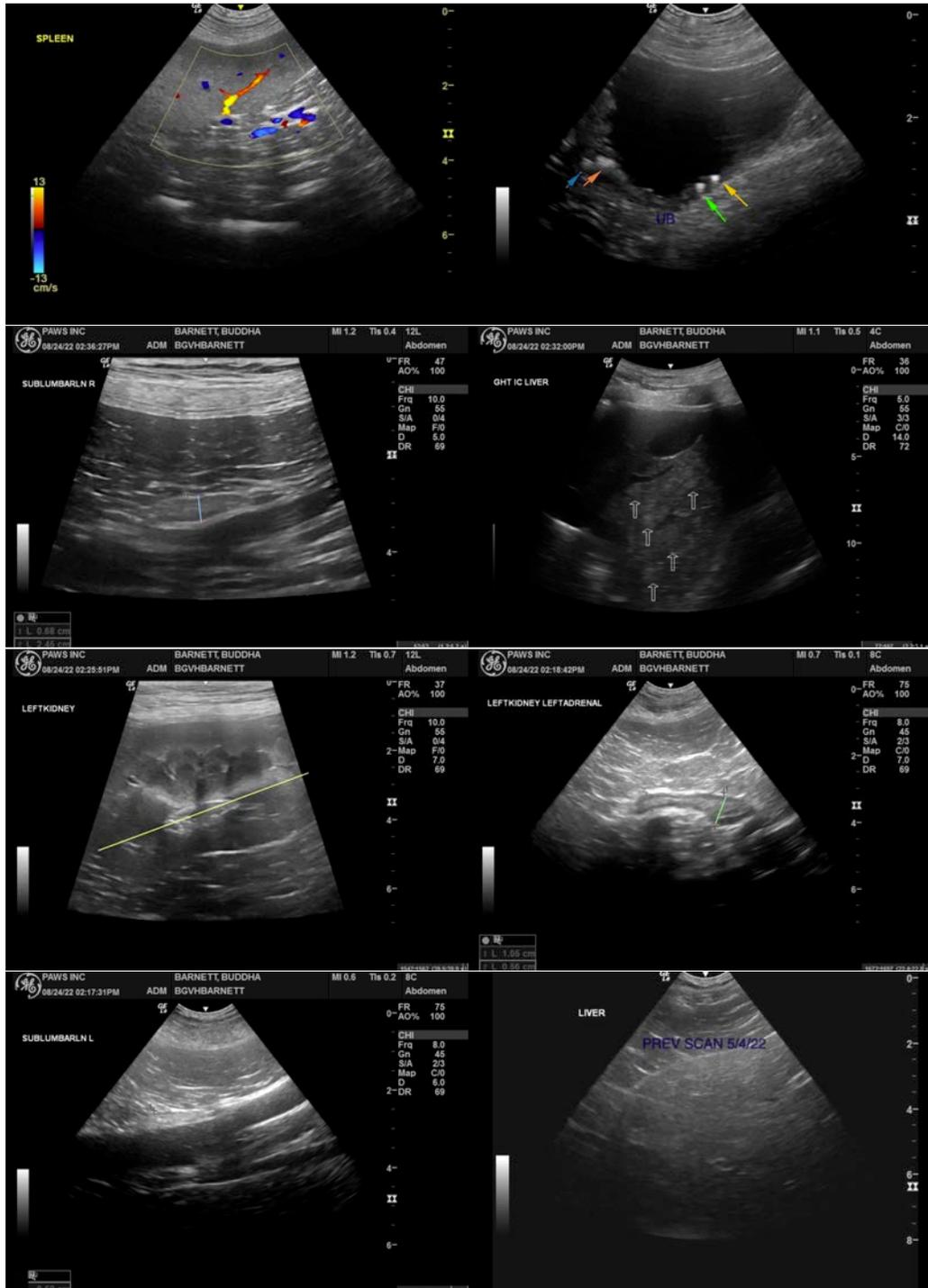
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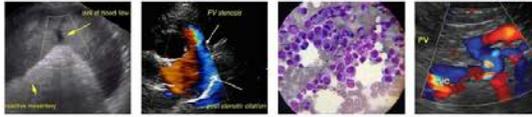
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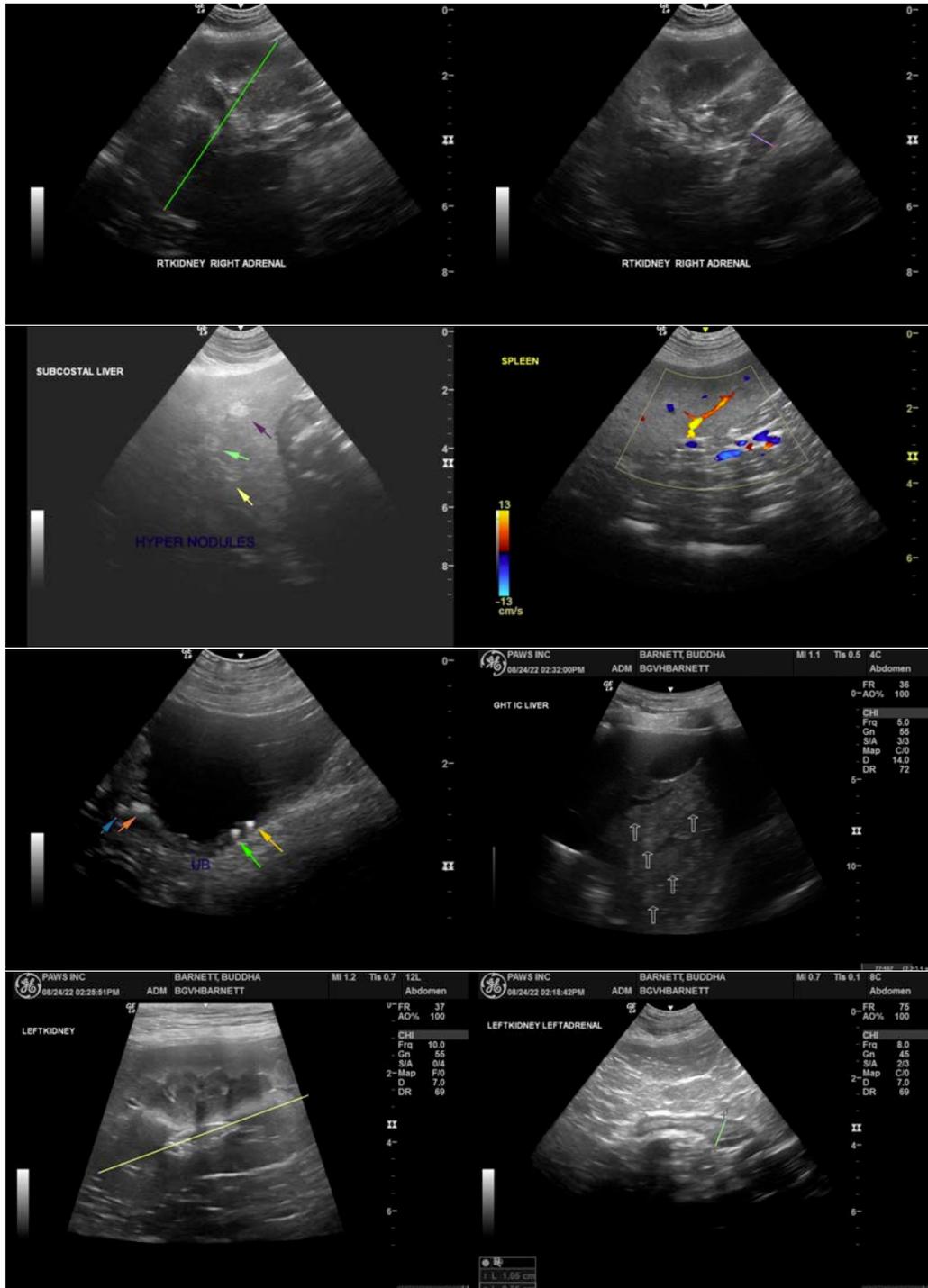
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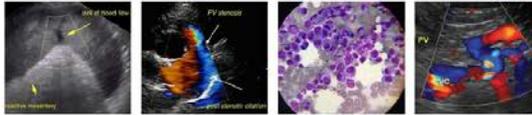
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

AGE

9 Years

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.

WEIGHT

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