

**PATIENT**

Pebbles Beaudoin

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

13 Years

WEIGHT

9.2 Pounds

INTERPRETED BYKathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VETWixom Family Pet
Practice**INVOICE**

40104

DATE

8/3/22

PRESENTING CLINICAL SIGNS

Current Medications: Bravecto and Interceptor Plus; dasuquin advanced ESM Patient History: Mildly elevated ALP 289 (5-131 IU/L) on yearly blood work, asymptomatic at this time. Chronic thrombocytosis 619 (170-400 $10^3/\mu\text{L}$); AUS from 6.15.22: Right adrenal gland mass, Fluid/ingesta in stomach, Subjective thickening of small intestine, Age related kidney changes, Prominent, mottled right limb of pancreas. Asymptomatic at home, rechecking the right adrenal gland.

Abnormal PE/Chem/CBC/UA Results: Mild diffuse tartar/gingivitis. Left cheek has chronic draining fistula, responsive to antibiotics.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears slightly irregular and thickened in the apical portion. The area of the trigone, proximal urethra and ureteral papillae appear normal and free of any calculi or mass lesions. Findings are most consistent with bacterial cystitis or lack of urine distention.

The left kidney has a normal shape and size (3.48 cm) with mild pyelectasia at 0.21 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 nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (3.74 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.50 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 large in size measuring 0.80 cm at the cranial pole, 1.39 cm at the caudal pole, and 2.9 cm in length. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is somewhat abnormal in that the caudal pole is enlarged and there is a mass effect. No obvious vascular invasion is noted. The adrenal gland appears similar to the previous scan on 6/15/22, where the cranial pole was 0.74 cm, the caudal pole was 1.49 cm, and the length was 2.47 cm.

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 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.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. 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.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Jejunum wall measured 0.46 cm. Mucosal speckling is noted. 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.

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.

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.

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with mild left-sided pyelectasia – The bilateral renal findings are consistent with age-related change.
- Enlarged caudal pole of the right adrenal gland – most consistent with a right-sided adrenal mass. Right adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other. The measurements are similar to those taken 6 weeks ago.
- Mildly small intestinal thickening with mucosal speckling – Bright mucosal speckling has been proposed to represent dilated lacteals or focal accumulation of mucus, cellular debris etc.. in the mucosal crypts of the small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previously described adrenal mass lesion appears stable with no obvious evidence of vascular invasion or further enlargement. Options include continued monitoring with ultrasound and medical workup (as previously described), or surgical evaluation with a pre-operative contrast CT scan. If ultrasound evaluation is desired, consider recheck in 3 months (sooner if concerned).

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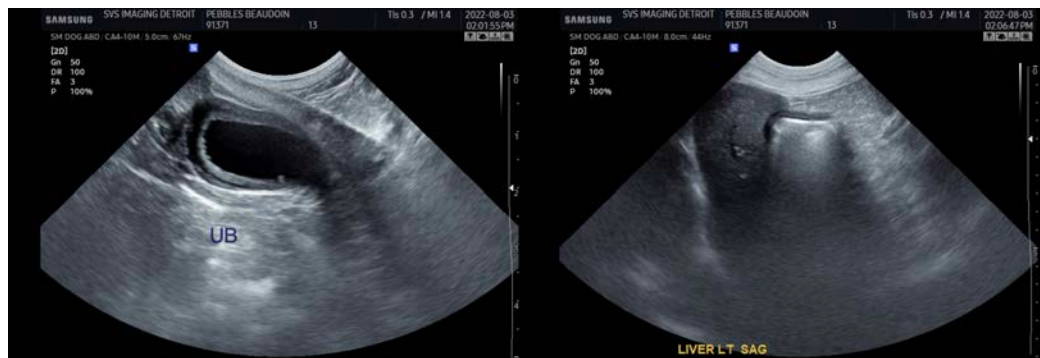
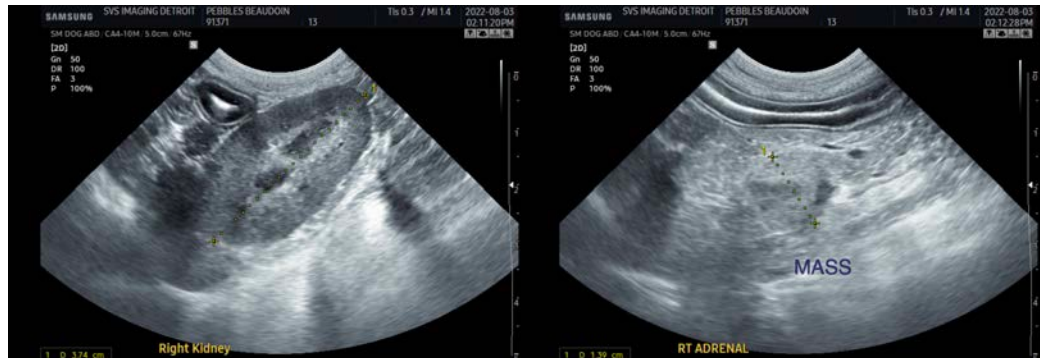
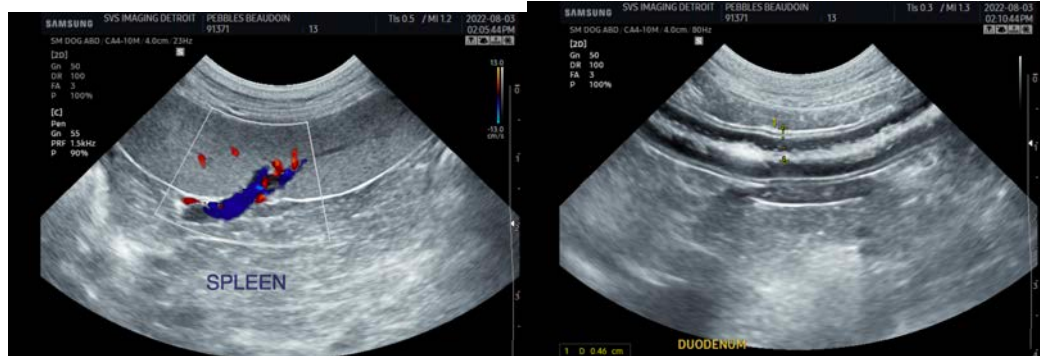
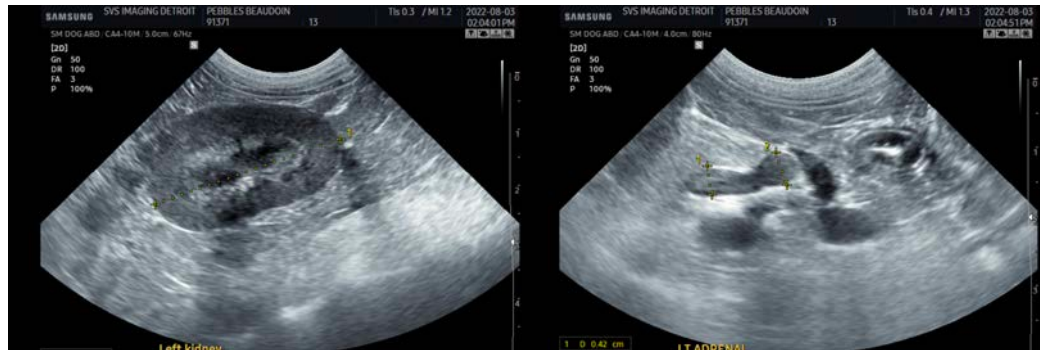
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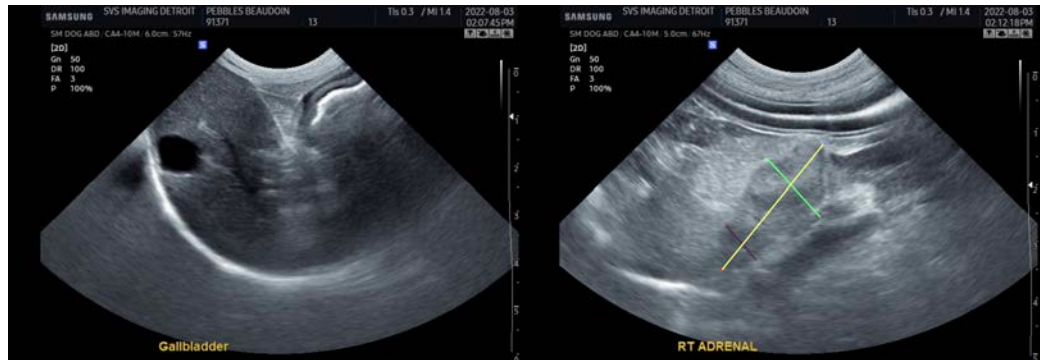
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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