



## PATIENT

Gizzy Kelly

## PRESENTING CLINICAL SIGNS

## SPECIES

Canine

Did the entire scan while standing Follow up ultrasound. Focus on adrenal glands. Possibly cushing. Acting addisonian.  
Abnormal PE/Chem/CBC/UA

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

## BREED

Min Pin

### 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.

## SEX

Spayed Female

The left kidney is normal in size at 4.37 cm. It is irregular with decreased corticomedullary distinction, pyelectasia at 0.24 cm, and numerous small cortical cysts. Non-obstructive nephroliths are also noted. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

## AGE

16 Years

The left kidney is normal in size at 3.6 cm. It is irregular with decreased corticomedullary distinction, pyelectasia at 0.21 cm, and numerous small cortical cysts. Non-obstructive nephroliths are also noted. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

## WEIGHT

3.42 kg

### Adrenal Glands

The left adrenal gland is large measuring 0.98 cm at the cranial pole and 1.2 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is somewhat abnormal in appearance in that it is large and there is a hyperechoic region on the caudal pole measuring 0.93 cm x 1.1 cm. There is no evidence of obvious vascular invasion. (Previous measurements 6/21/22 – Left adrenal size was 1.07 cm x 0.93 cm and the hyperechoic region was 1.07 cm x 1.08 cm). Adrenal size and appearance appear relatively stable from the previous scan.

## INTERPRETED BY

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

The right adrenal gland is large measuring 2.3 cm x 3.5 cm. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is abnormal in appearance in that it is large and rounded, consistent with a mass effect. This lesion impinges on local vasculature, but direct invasion is not visualized. (Previous measurements 6/21/22 – Right adrenal size measured 2.19 cm x 2.8 cm). The lesion measures as slightly larger on today's scan.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

## HOSPITAL NAME

Roundhill AH

### 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. There is a small mixed echogenic nodule towards the head of the spleen measuring 0.68 cm.

## REFERRING VET

Dr. Carl Kelly

### Liver

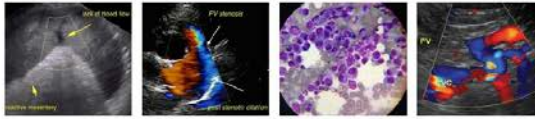
The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

## INVOICE

40890

## DATE

8/30/22



**PATIENT**

Gizzy Kelly The gall bladder lumen is significantly distended. Thickened wall noted at 0.34 cm with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

**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**

Min Pin

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is moderately increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Duodenum wall measures 0.55 cm. Jejunum wall measures 0.44 cm. There is mucosal speckling and fogging visualized. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SEX**

Spayed Female

**AGE**

16 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 pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

**WEIGHT**

3.42 kg

**Free Abdomen**

There is scant free abdominal fluid. No significant lymphadenopathy. The omentum is hyperechoic in the cranial abdomen.

**INTERPRETED BY**

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

**Other**

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

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

There is a 2.13 cm x 2.34 cm cystic lesion visualized in the right cranial abdomen in the area of the pancreas. This could represent a cystic lymph node, an area of pancreas, etc. Continued monitoring is warranted.

**ULTRASONOGRAPHIC FINDINGS**

**HOSPITAL NAME**

Roundhill AH

- Hyperechoic focus on the caudal pole of the left adrenal gland – This lesion is unchanged from the previous scan.
- Right adrenal mass – This lesion appears slightly larger than on the previous scan, but only marginally.
- Decreased corticomedullary distinction in both kidneys with pyelectasia and cortical cysts – The bilateral renal findings are consistent with age-related change. Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

**REFERRING VET**

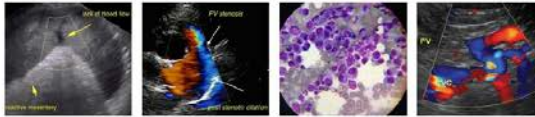
Dr. Carl Kelly

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- Mixed echogenic splenic nodule near the cranial pole – There is a non-cavitated splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

**SPECIES**

Canine

- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

**BREED**

Min Pin

- Large, 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.

**SEX**

Spayed Female

- Severely distended gallbladder with thickened wall and large volume of intraluminal material adhered to the gallbladder wall. There is some cranial abdominal inflammation and a scant amount of free fluid. Medical management with close monitoring could be considered, as well as surgical removal.

**AGE**

16 Years

- Thickened small intestine with mucosal fogging and speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

**WEIGHT**

3.42 kg

- Cystic lesion in the right cranial abdomen – Recommend continued monitoring. This could be a cystic lymph node or a pancreatic lesion.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

The adrenal lesions appear fairly stable. The right adrenal mass appears somewhat larger than the previous scan. Recommendations for the previous scan still apply. Confirm a normal blood pressure, and if intervention is desired, consider a contrast CT scan to look for vascular invasion and metastasis.

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

The changes observed in the kidneys, liver, and pancreas are stable. The pancreas appears somewhat improved. The changes in the small intestine are stable as well.

**HOSPITAL NAME**

Roundhill AH

The gallbladder is significantly distended with a thickened wall, some surrounding inflammation and a scant amount of free fluid. It is difficult to say if this is worse, but it is a dramatic gallbladder, and if there is any discomfort, or liver enzymes are elevating, then surgical intervention could be considered. This patient should be treated with Ursodiol chronically. This could progress to an emergency surgical lesion at any point (but could stay stable as well).

**REFERRING VET**

Dr. Carl Kelly

There is a small new nodule in the spleen. This has a relatively benign appearance. Options moving forward include a fine needle aspirate or continued monitoring with ultrasound.

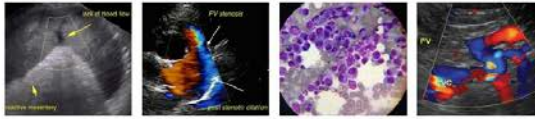
If there is concern for Addison's disease, recommend an ACTH stimulation test (can rarely happen with neoplastic infiltration).

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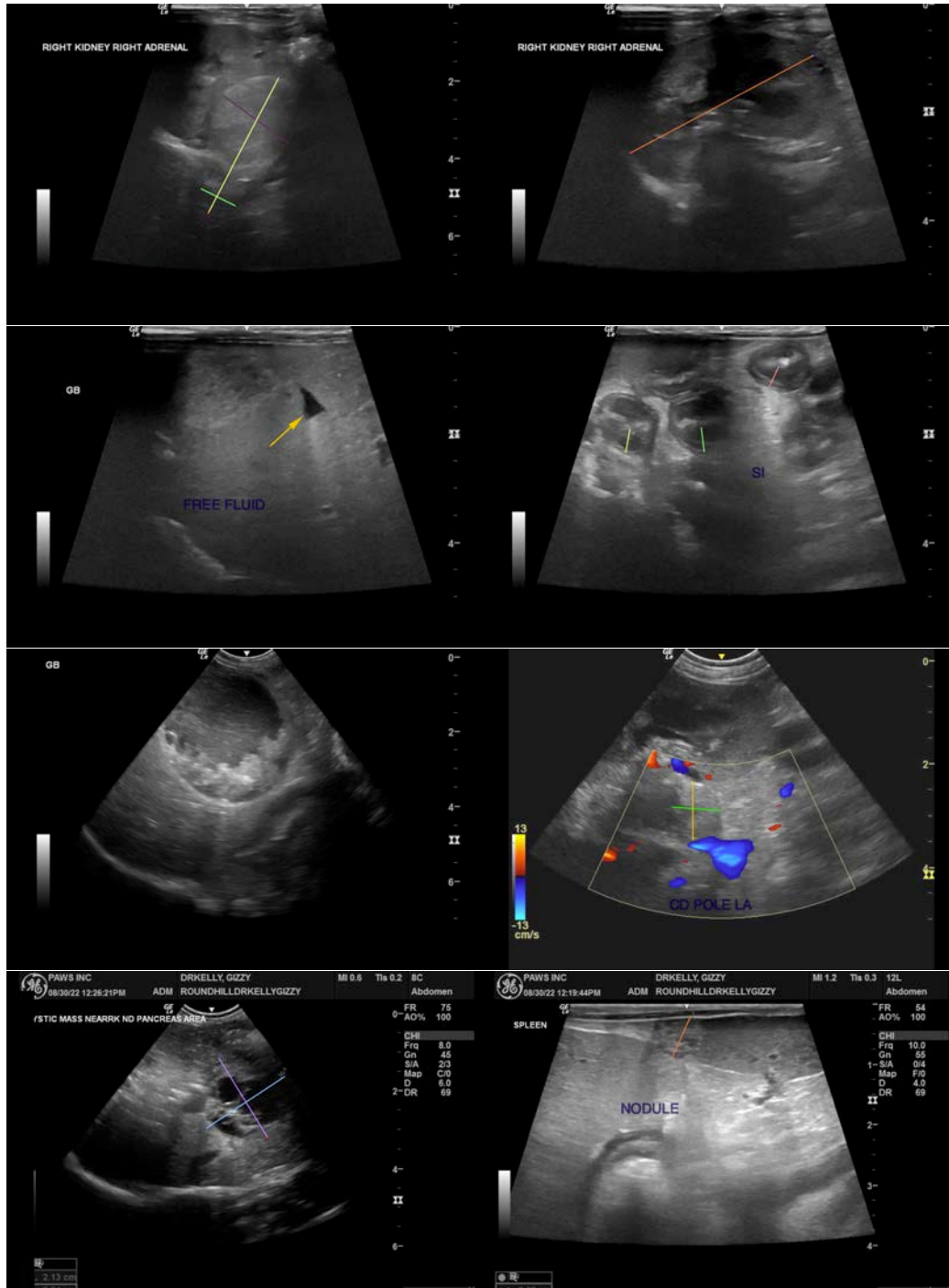
Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

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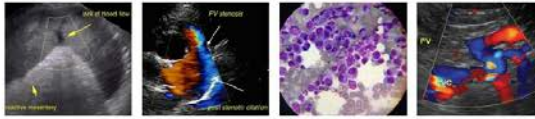


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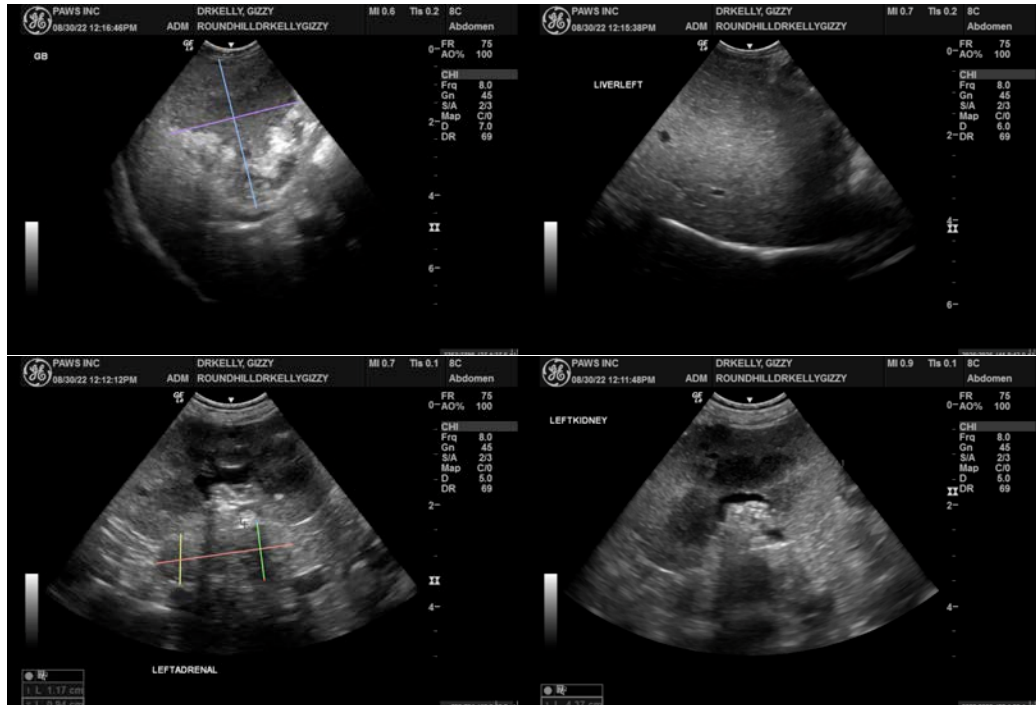
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**AGE**

16 Years

**WEIGHT**

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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.

**INTERPRETED BY**

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

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

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Loetitia Saint-Jacques,  
LVT

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