



PATIENT

BumbleBee
McLaughlin

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Chihuahua X

SEX

Neutered Male

AGE

12 Years 9 Months

WEIGHT

23.6 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Advanced PetCare
of Nevada

REFERRING VET

Dr. Alexis Hazelwood

INVOICE

40902

DATE

8/31/22

SEDATION: torb/dex- Bumblebee has hyperadrenocorticism. He has been on Vetoryl since 9/4/2020. Last ACTH stimulation was 02/2022 and was ideal (pres and posts were as follows: 1.5, 3.7, & 1.8). O had noticed increased thirst and hunger again when seen 8/3, but told technician today that he has not concerns. He has good energy and seems to be feeling well. Mobility improved. He is currently taking Vetoryl + Gabapentin PRN, O has Metacam but states that he has not been giving to P (hasn't needed it). He give glucosamine and "Life Water with electrolytes." He has chronic proteinuria - O has not pursued further workup. Confirmed once with UPC. Filled Enalapril previously and O did not pick-up - refilling today. His recent annual lab work 8/4/22 showed stable thrombocytosis, hyperkalemia, elevated liver enzymes - ALT (187 - new elevation), ALP (182 - new elevation - not surprising with Cushing's disease), GGT (15 - new elevation), hypercholesterolemia, hypertriglyceridemia, elevated pancreatic enzyme (PLI) - worsening elevation - 684, proteinuria, isosthenuria. Blood pressure systolic was 194 mmHg today

Abnormal PE/Chem/CBC/UA Results: BumbleBee is obese, BCS 9/9. Severe periodontal disease - scheduled for dental in a few weeks. He has mild to moderate muscle atrophy in pelvic limbs, significant crepitus in right stifle, bilateral medial luxating patellas, and resistance to flexion/extension of pelvic limbs. Distended abdomen with pot-belly appearance and likely hepatomegaly. Cough elicited on tracheal palpation - this is new and O has only noticed intermittently at home.

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, masses or cystic calculi.

The prostate is normal in size (0.69 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 (5.16 cm) with mild pyelectasia at 0.17 cm. Overall echogenicity is slightly hyperechoic with poor 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.24 cm) with mild pyelectasia at 0.35 cm and a non-obstructive nephrolith measuring 0.60 cm. Overall echogenicity is slightly hyperechoic with poor 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 infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.70 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.



PATIENT

BumbleBee
McLaughlin

SPECIES

Canine

The right adrenal gland is large, measuring 1.64 cm at the caudal pole, 0.62 cm at the cranial pole, and 2.3 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 abnormal in appearance in that there is a subtly hypoechoic nodule in the caudal pole measuring 1.57 cm x 1.0 cm. In some views, there is a small “bleb” of tissue off of the caudal pole, which could represent early vascular invasion.

BREED

Chihuahua X

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 are several small hypoechoic lesions visualized in the parenchyma. Examples measure 0.74, 0.99, 0.76, and 0.65 cm in diameter. There are punctate hyperechoic foci/mineralizations in the parenchyma.

SEX

Neutered Male

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 is a 2.8 cm cyst visualized within the parenchyma as well as a 0.66 cm ill-defined hypoechoic nodule.

AGE

12 Years 9 Months

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

WEIGHT

23.6 Pounds

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.

INTERPRETED BY

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

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. Jejunum wall measures 0.35 cm. Duodenum wall measured 0.45 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

IMAGING BY

Loetitia Saint-Jacques,
LVT

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.

HOSPITAL NAME

Advanced PetCare
of Nevada

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.

REFERRING VET

Dr. Alexis Hazelwood

Free Abdomen

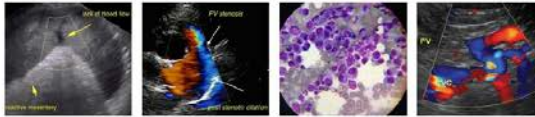
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

INVOICE

40902

DATE

8/31/22



Portland Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY

pawsonography@gmail.com 530-786-8340

PATIENT

BumbleBee
McLaughlin

ULTRASONOGRAPHIC FINDINGS

SPECIES

Canine

- Decreased corticomedullary distinction in both kidneys with mild pyelectasia – 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.

BREED

Chihuahua X

- Numerous small hypoechoic lesions visualized in the spleen – Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

SEX

Neutered Male

- Heterogenous liver with a cystic lesion and small hypoechoic nodule – 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.

AGE

12 Years 9 Months

- Hypoechoic nodule in the caudal pole of the right adrenal gland – Right adrenomegaly could be consistent with neoplasia (e.g., adenoma, carcinoma, pheochromocytoma), hyperplasia, inflammation, other.

WEIGHT

23.6 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

There are several small hypoechoic lesions in the spleen as well as a small hypoechoic nodule in the liver. These nodules could represent benign lesions or early neoplastic lesions. The appearance of these lesions trends towards a more benign process, but an underlying neoplastic process cannot be excluded as a possibility. Options moving forward include continued monitoring or fine needle aspirate.

IMAGING BY

Loetitia Saint-Jacques,
LVT

There is a hypoechoic nodule in the caudal pole of the right adrenal gland. This lesion is slightly irregular and there is a small bleb, which could represent early vascular invasion. These lesions can be benign or malignant and can secrete hormone or be non-active. These are diagnostic steps to consider:

HOSPITAL NAME

Advanced PetCare
of Nevada

- If signs of cushings are present, consider adrenal function testing. I prefer an ACTH stimulation test combined with an adrenal panel to the University of Tennessee's endocrine lab to look for atypical adrenal hormones as well as cortisol. (other testing can suffice)
- If adrenal dependent cushings is suspected and supported by adrenal function testing consider medical therapy with lysodren or trilostane and/or consider surgical removal (recommend referral to a board certified veterinary surgeon and possible pre op CT)-This can be a challenging surgery with significant risk for complication

REFERRING VET

Dr. Alexis Hazelwood

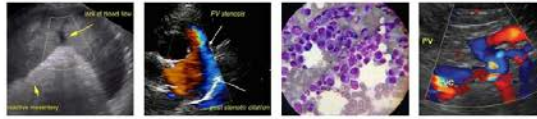
- Recommend blood pressure evaluation-if hypertensive consider testing catecholamine levels for a possible pheochromocytoma

INVOICE

40902

DATE

8/31/22



PATIENT

BumbleBee
McLaughlin

- Due to the invasive nature of these masses a CT scan is recommended to evaluate for metastasis and vascular invasion.

SPECIES

Canine

- If no symptoms of cushings are present, consider either referral for surgery or if surgery is not an option consultation with a veterinary oncologist regarding chemotherapeutic options and continued monitoring with ultrasound (in 4-6 weeks) can be considered.

BREED

Chihuahua X

- Some aggressive adrenal tumors can grow quickly and there is risk for acute hemorrhage from vascular invasion.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

SEX

Neutered Male

AGE

12 Years 9 Months

WEIGHT

23.6 Pounds

INTERPRETED BY

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

IMAGING BY

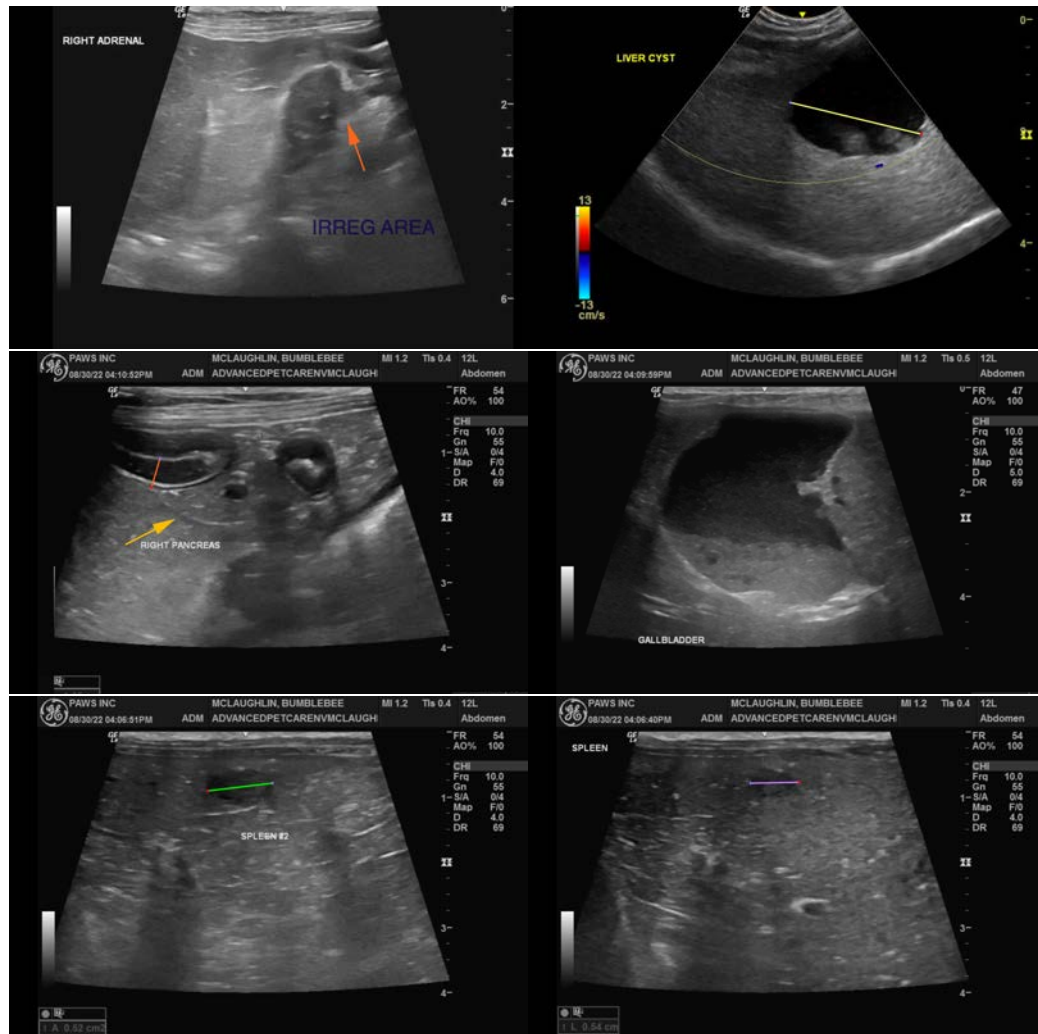
Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Advanced PetCare
of Nevada

REFERRING VET

Dr. Alexis Hazelwood

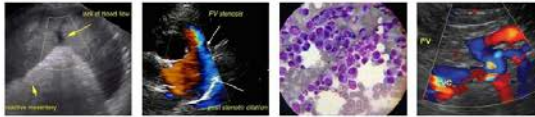


INVOICE

40902

DATE

8/31/22



PATIENT

BumbleBee
McLaughlin

SPECIES

Canine

BREED

Chihuahua X

SEX

Neutered Male

AGE

12 Years 9 Months

WEIGHT

23.6 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Advanced PetCare
of Nevada

REFERRING VET

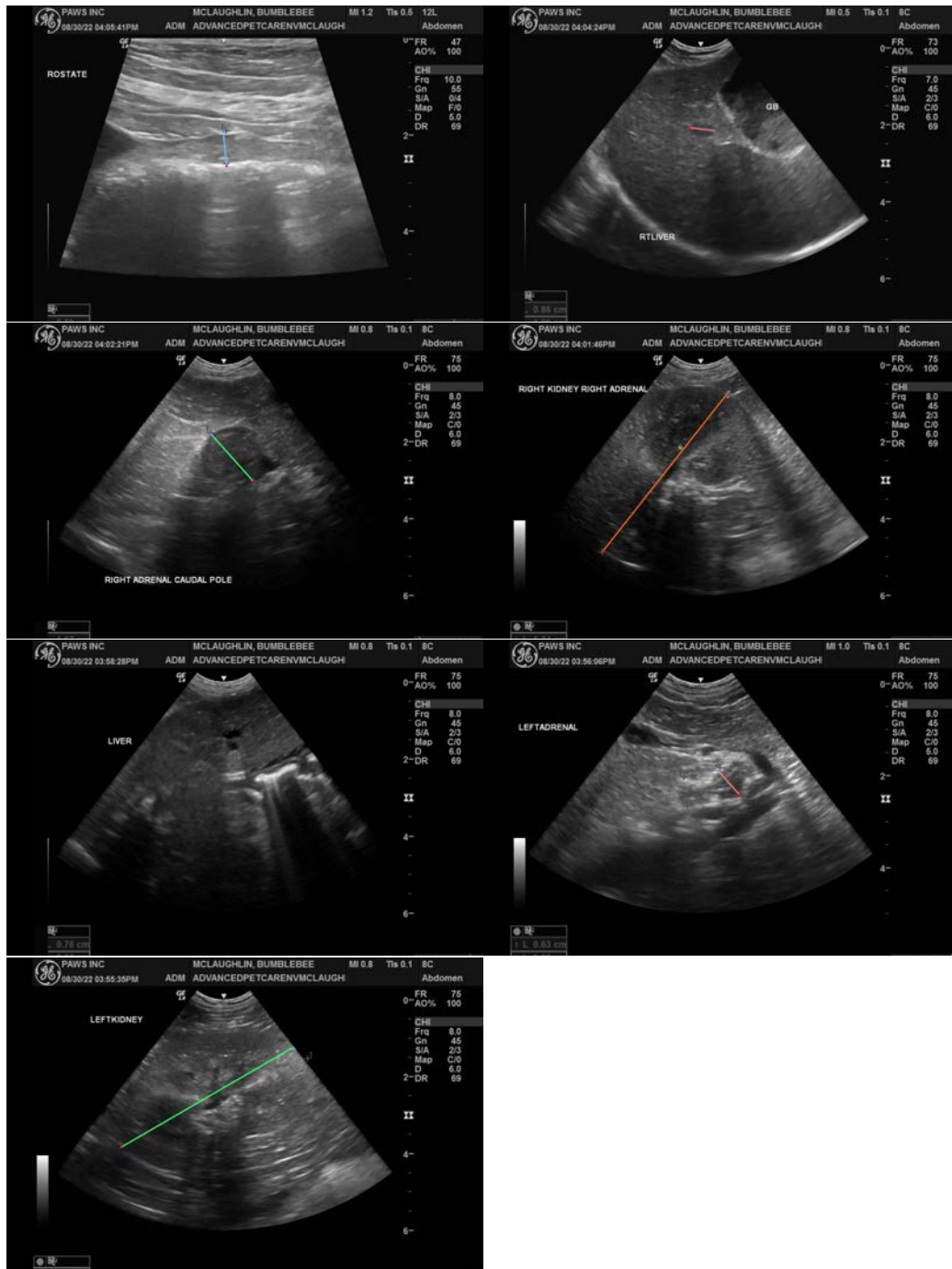
Dr. Alexis Hazelwood

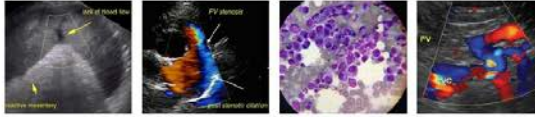
INVOICE

40902

DATE

8/31/22





PATIENT

BumbleBee
McLaughlin

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.

SPECIES

Canine

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.

BREED

Chihuahua X

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com

SEX

Neutered Male

AGE

12 Years 9 Months

WEIGHT

23.6 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Advanced PetCare
of Nevada

REFERRING VET

Dr. Alexis Hazelwood

INVOICE

40902

DATE

8/31/22