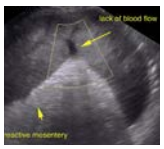
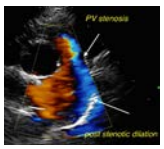
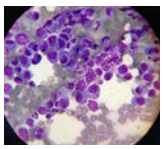
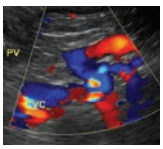
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**
Chloe Kent

**SPECIES**
Canine

**BREED**
Shih Tzu

**SEX**
Spayed Female

**AGE**
6 Years

**WEIGHT**
18.1 Pounds

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

**IMAGING PERFORMED BY**
Kelly Vazquez

**HOSPITAL NAME**
Whippany Vet Hospital

**REFERRING VET**
Dr. Cordero

**INVOICE**
40983

**DATE**
9/1/22

## PRESENTING CLINICAL SIGNS

Recheck abd. ultrasound from 7/21/22 - splenic nodule, heterogenous liver, nodule on right adrenal adrenal gland +/- irreg. cranial third of spleen. Current meds: Denamarin.

Abnormal PE/Chem/CBC/UA Results: PLTs 590, HCT 59%, MCV 66, PT 6/PTT 12.2.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with mildly echogenic urine. The Bladder wall appears diffusely slightly thickened and irregular. The area of the trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear devoid of any mass lesions or calculi. Findings are most consistent with diffuse cystitis or lack of urine distention.

The left kidney has a normal shape and size (4.44 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.95 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is normal in size measuring 0.44 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 normal in size measuring 1.04 cm at the cranial pole, 0.38 cm at the caudal pole and 2.11 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 irregular in appearance in that the cranial pole is enlarged. There is no evidence of vascular invasion visualized.

### *Spleen*

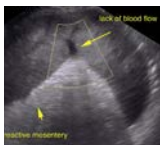
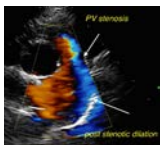
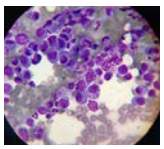
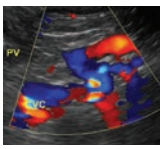
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a 0.56 cm x 0.94 cm hypoechoic nodule visualized with the spleen.

### *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 occasional ill-defined hyperechoic nodules visualized in the parenchyma. One such nodule is visualized at 0.83 cm.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**
Chloe Kent

**SPECIES**
Canine

**BREED**
Shih Tzu

**SEX**
Spayed Female

**AGE**
6 Years

**WEIGHT**
18.1 Pounds

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

**IMAGING PERFORMED BY**
Kelly Vazquez

**HOSPITAL NAME**
Whippany Vet Hospital

**REFERRING VET**
Dr. Cordero

**INVOICE**
40983

**DATE**
9/1/22

### *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 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 measured 0.36 cm. Duodenum wall measured 0.47 cm. 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.

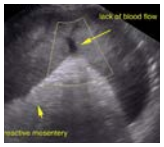
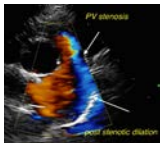
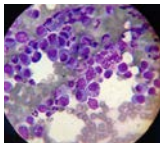
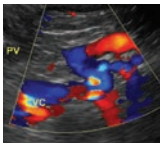
### ULTRASONOGRAPHIC FINDINGS

- Mildly irregular/thickened urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Stable hypoechoic nodule in the spleen – This could represent a benign or neoplastic lesion. A fine needle aspirate was obtained today. Previous measurement on 7/21/22 was 1.06 cm x 0.60 cm. This lesion appears stable.
- 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 hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The hyperechoic nodules trend toward a benign appearance. There have been no significant changes since the previous scan. Fine needle aspirate was performed today.
- Prominent, hypoechoic cranial pole of the right adrenal gland – The measurements obtained on today's scan appear slightly smaller than those previously obtained on 7/21/22 (cranial pole 1.25, caudal pole 0.32, length 2.3 cm). The lesion generally appears similar and does not appear to have progressed.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

None of the lesions observed on the previous scan have progressed or gotten worse over the last month. The enlarged cranial pole of the right adrenal gland appears less dramatic. As long as blood pressure evaluation is normal, options moving forward would include further workup (as outlined on the previous report) or continued monitoring (recheck in 3-6 months).

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Chloe Kent

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

18.1 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Whippany Vet Hospital

**REFERRING VET**

Dr. Cordero

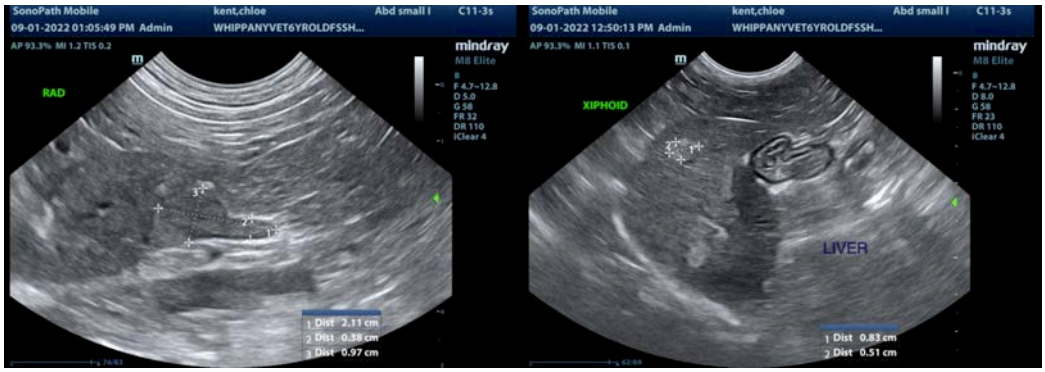
**INVOICE**

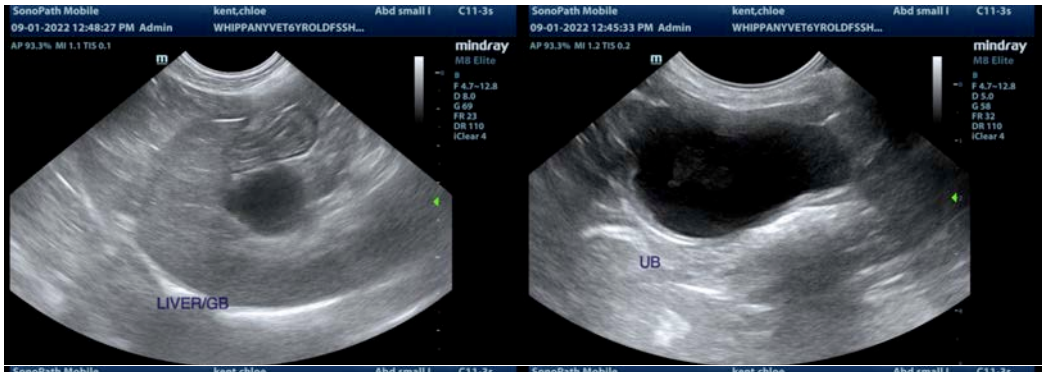
40983

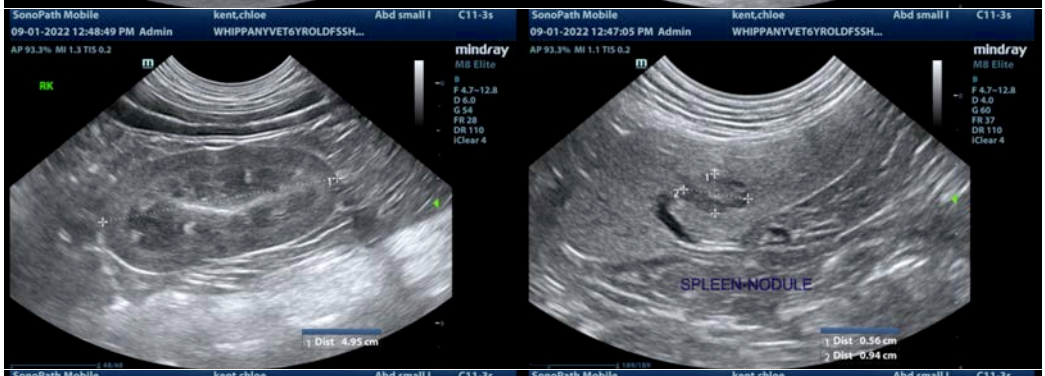
**DATE**

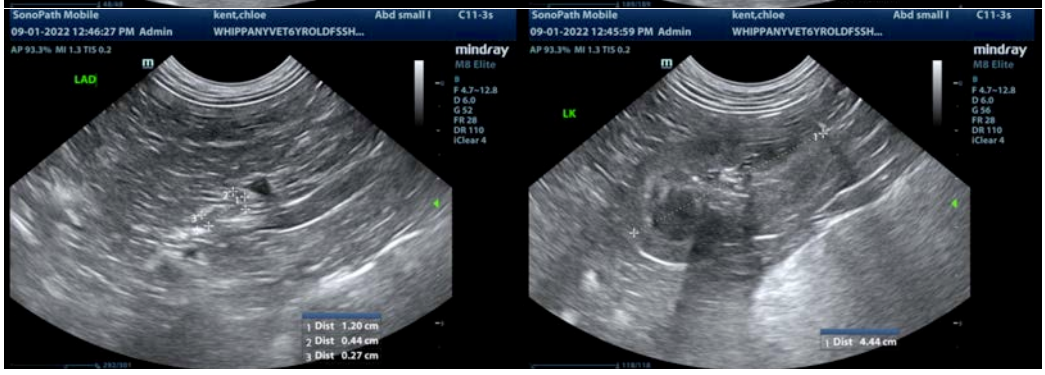
9/1/22

The urinary bladder wall appears slightly irregular. Recommend a urinalysis and culture to screen for infection.

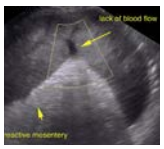
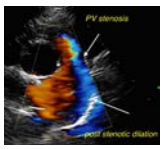
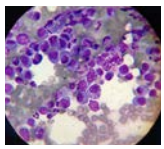
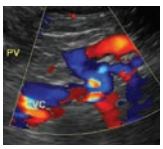


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Chloe Kent

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

18.1 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Whippany Vet Hospital

**REFERRING VET**

Dr. Cordero

**INVOICE**

40983

**DATE**

9/1/22

**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)

kathleen.sennello@sonopath.com