

PATIENT

Buddy Royston

SPECIES

Canine

BREED

Lhasa Apso

SEX

Male

AGE

16 years

WEIGHT

14 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Anderson

INVOICE

13023

DATE

9/13/21

PRESENTING CLINICAL SIGNS

History: Long term perianal mass- stable at about 3cm for some months now. Sharp decline in energy, appetite and attitude the last few days. Soft stools, drinking but not eating, vomit and diarrhea this am. Abnormal PE/Chem/CBC/UA Results: PE: Not nearly as aggressive with us today as usual- obtunded. 3cm perianal mass. Left testicle 3 to 4 times the size of the right, hard and painful. Dehydrated, harsh respiratory sounds, tense abdomen, periodontal disease, not able to rise. CBC: WBC 18.27 K/uL, Neut 16.21 K/uL, Baso 0.12 K/uL Chem: Glucose 44 mg/dL, Chlor 107 mmol/L, ALP 379 U/L No UA or other labs today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall largely appears normal, but there is some focal thickening in the apical/dependent wall, measuring 0.78 cm. The 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 findings are most consistent with cystitis, cannot rule out neoplasia.

The prostate is large in size, measuring 1.42 cm in diameter. It is slightly irregular in shape and the parenchyma appears heterogeneous. No focal lesions are observed, and the prostatic urethra appears normal. No evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.56 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. There is numerous small pinpoint non-obstructive nephroliths and a 0.46 cm cyst. Renal vasculature is normal.

The right kidney has a normal shape and size (4.98 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. Two large nephroliths were noted, measuring 0.82 cm and 0.54 cm. Significant pyelectasia was noted, measuring 1.1 cm. A small cyst was noted, measuring 0.35 cm.

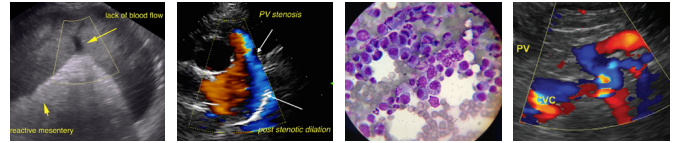
Adrenal Glands

The left adrenal gland is normal in size measuring 0.51cm 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 0.51 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.

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.



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Liver

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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. No focal nodules or cystic lesions are observed. The gall bladder lumen is moderately distended. The wall of the gallbladder is prominent and hyperechoic but is not thickened (0.18 cm) with a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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.

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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 jejunum measured as normal (0.29 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

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Kathleen Sennello
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Free Abdomen

There is a focal moderate lymphadenomegaly present in the caudal abdomen. The inguinal lymph node measured 1.67 cm in diameter. The omentum is of normal echogenicity.

Heart

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

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Other

Both testicles were visualized. The left testicle is large and irregular creating a mass effect with no identifiable normal anatomy (median raphe, etc.), measuring 3.56 cm x 2.1 cm. The right testicle is small, measuring 2.31 cm x 1.06 cm and appears normal/slightly atrophied.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

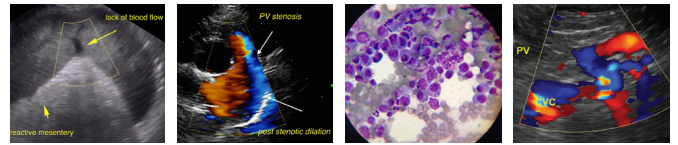
- Enlarged sublumbar lymph nodes- This increases concern for the perianal mass being a neoplastic lesion
- Bilaterally decreased corticomedullary distinction, non-obstructive nephroliths and severe right sided pyelectasia- Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other

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- 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

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- Large, irregular hypoechoic pancreas surrounded by hyperechoic mesentery- The pancreatic changes most consistent with mild to moderate pancreatitis. Serial sonographic monitoring for pancreatic abscessation should be considered

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- Large irregular prostate- Prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia

- Suspect left sided testicular mass

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Secondary Findings

- Focal mucosal irregularity to the urinary bladder- 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

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- Moderate gallbladder sludge with a hyperechoic wall- The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient has a lot of ultrasonographic abnormalities which are common at this age. When considering what is most likely to be making him sick, I would consider pancreatitis. I recommend a GI panel with a quantitative PLI, B12 and Folate. I would also consider bacterial prostatitis and recommend a urinalysis and culture with possible pyelonephritis effecting the right kidney. I recommend a culture and sensitivity to target antibiotic therapy. Even if urine culture is negative, I might consider a longer course of antibiotics. Additionally, I'm concerned that the testicular mass or the perianal mass may be neoplastic and are either causing an inflammatory change or metastasis to the sublumbal lymph node. I recommend rectal palpation of the anal glands and fine needle aspirate of the testicle and perianal mass. I recommend 3 view thorax.

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Additionally, this pet has chronic kidney changes. I recommend blood pressure evaluation and monitoring of the urinary bladder for change in the mucosal irregularity noted.

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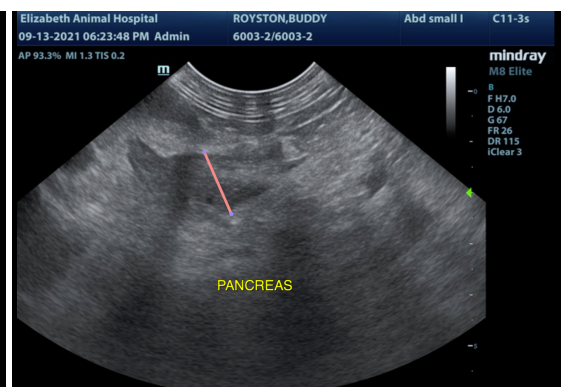
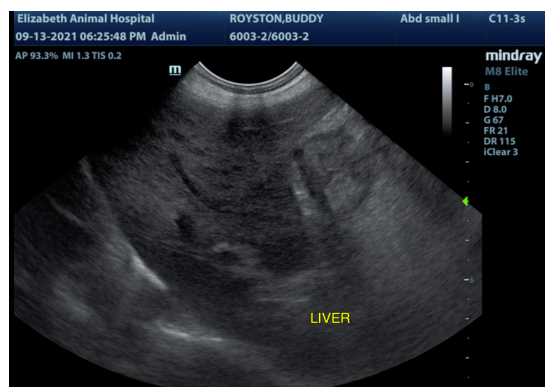
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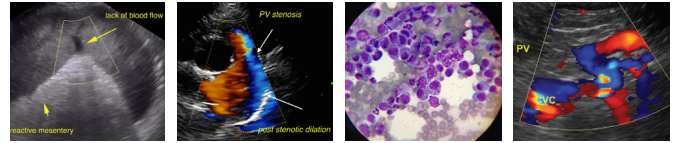
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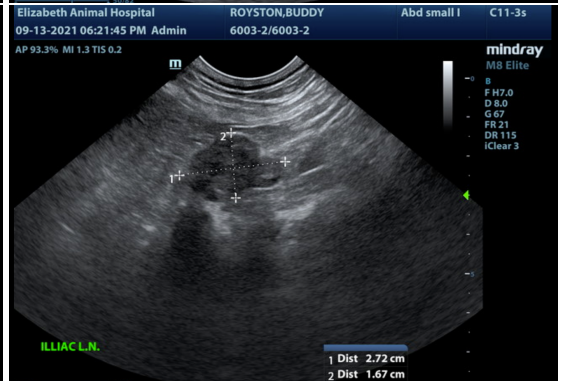
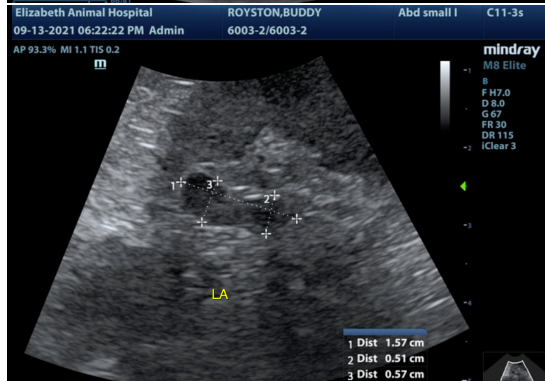
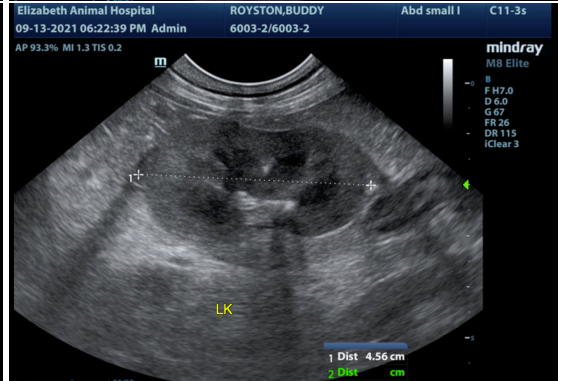
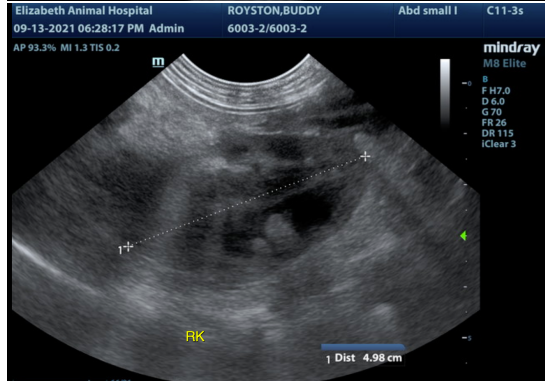
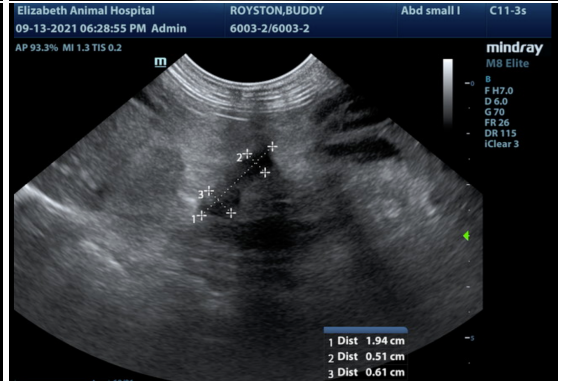
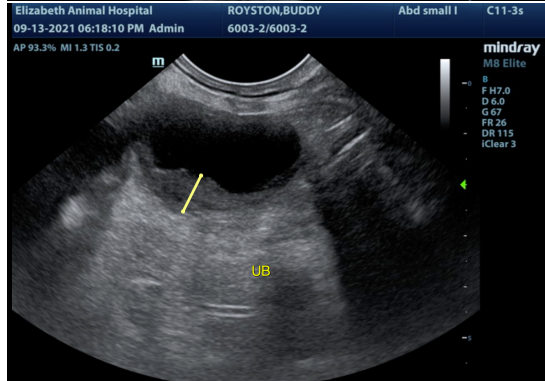
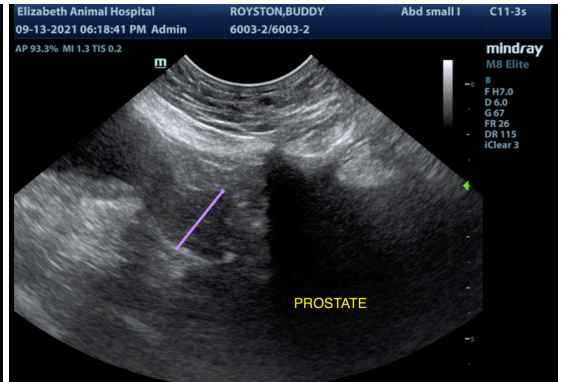
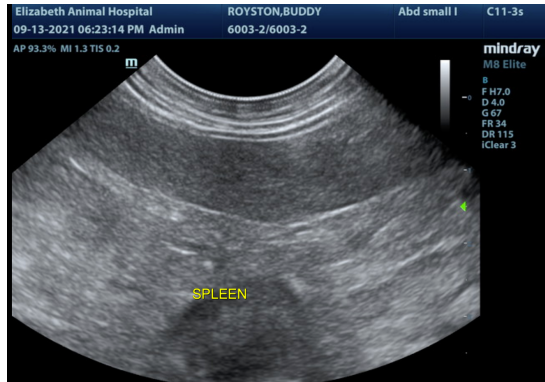
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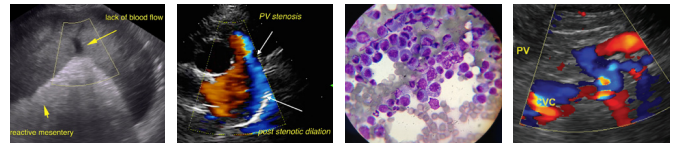
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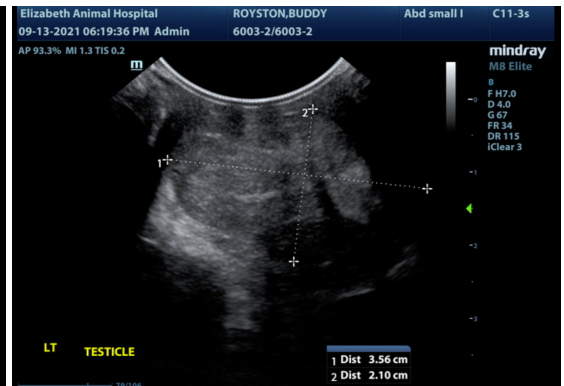
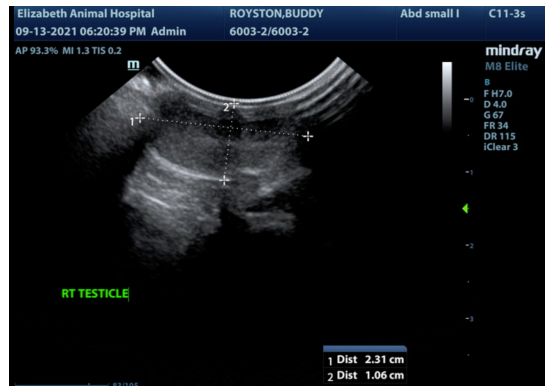
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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