



PATIENT

Raleigh Potter

SPECIES

Canine

BREED

Australian Shepherd X

SEX

Neutered Male

AGE

12 Years

WEIGHT

31 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Patti Mayfield

HOSPITAL NAME

Smiling Dog Vet
Services

REFERRING VET

Dr. Scott Shaw

INVOICE

25169

DATE

9/2/21

PRESENTING CLINICAL SIGNS

Patient has been reluctant to go on walks lately and is showing increased panting and anxiety (noise phobia).

Abnormal PE/Chem/CBC/UA Results: 8/24/21: CBC/CHEM/T4 -- CBC WNL -- ALT: 309 U/L (18-121) -- ALP: 905 U/L (5-160) -- AST: 56 U/L (16-55) -- CHOL: 352 mg/dL (131-345) -- T4, fT4 = WNL

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 (0.87 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. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Rare non-obstructive stones are present. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.87 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Rare non-obstructive nephroliths present. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.56 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 0.52 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.

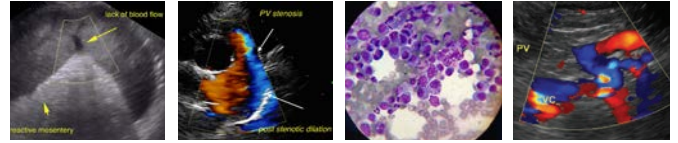
Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a 2.08 cm x 2.39 cm iso/hypoechoic nodule deviating the splenic capsule.

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. 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 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. 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.

PRIMARY FINDINGS

- Mildly mottled spleen with iso/hypoechoic nodule – differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to obtain a definitive diagnosis.
- 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.

SECONDARY FINDINGS

- Rare non-obstructive nephroliths in the kidneys – The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver changes observed are relatively mild and non-specific. No focal lesions were observed in the liver, and no evidence of biliary disease was seen. In these situations I would:

- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc...
- Consider PCR on urine/serum for leptospirosis (if not on antibiotics)/serology if recent antibiotic history
- If not already done, consider pre and post prandial bile acids to evaluate liver function



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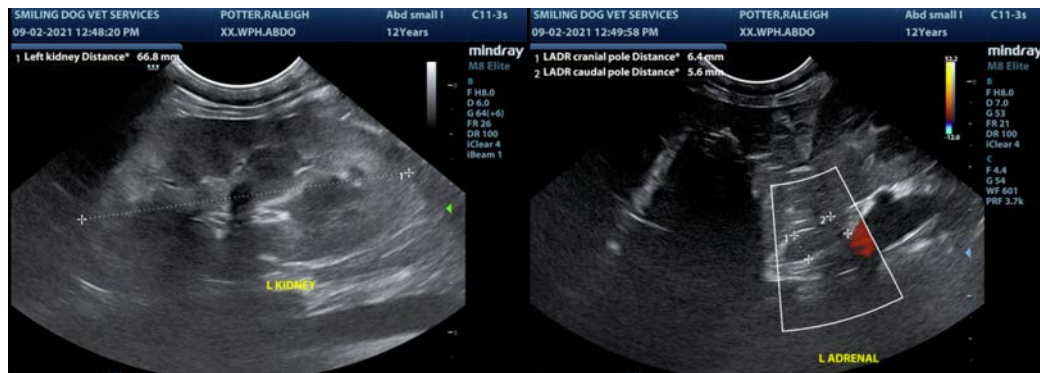
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- If the ALP is significantly elevated relative to the ALT and symptoms consistent with cushings are present, consider adrenal function testing (ACTH stim)
- Consider Fine needle aspirate if round cell neoplasia is on your differentia list (25 g needle, normal coags)
- If no response to supportive care (denamarin, fluids, antibiotics,+/- ursodiol etc...) Consider liver biopsy with samples obtained for histopathology, culture, and copper levels.

Additionally, there is a nodule in the spleen. This nodule deviates the capsule, so it is slightly more concerning. Options moving forward include fine needle aspirate and continued monitoring with ultrasound or splenectomy. Recommend 3-view thoracic radiorographs to look for evidence of intrathoracic disease (to explain the panting) and to look for any evidence of metastasis.

I would be surprised if this dog is having symptoms associated with the splenic nodule at this time, and it is possible that the liver changes are not symptomatic either. Therefore, continue close observation for possible concurrent disease (respiratory, cardiac, etc.).





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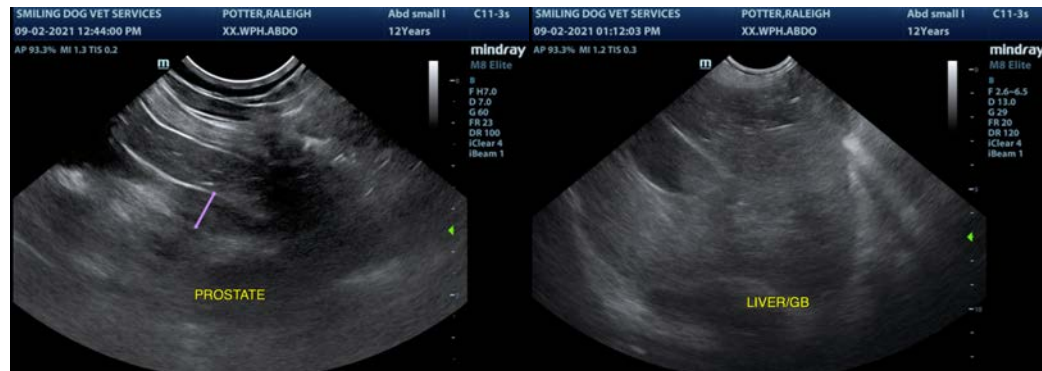
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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