



PATIENT

Sadie Gennett

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

13 years

WEIGHT

64 lbs

PRESENTING CLINICAL SIGNS

History: patient has been restless, panting, pacing and also having intermittent cough. Patient was on course of NSAIDs and Gabapentin and antibiotics. Owner really concerned something else is going on internally cause she feels patient still showing clinical signs despite being on these medications. Chest Radiographs performed today and sent off as well but then looked unremarkable. Abnormal PE/Chem/CBC/UA Results: Only abnormality is a increase ALP - 458

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall appears diffusely mildly thickened and irregular. The trigone, ureteral papilla and urethra to a depth of 2.0 cm appeared free of focal lesions and no calculi are observed. The findings are most consistent with cystitis.

The left kidney has a normal shape and size (5.3 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.2 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello
DVM, MS, Diplomate
ACVIM (Small Animal
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Adrenal Glands

The left adrenal gland is normal in size measuring 0.68 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 0.79 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.

IMAGING PERFORMED BY

Dr. Smatt

Spleen

HOSPITAL NAME

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The spleen is subjectively (normal or large) 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 an ill-defined, hypoechoic nodule that measured 1.4 cm within the parenchyma.

REFERRING VET

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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. There is an ill-defined hypoechoic nodule that measured 1.5 x 1.28 cm. The gallbladder lumen is moderately distended. The wall of the gall bladder is

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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

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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

Goldendoodle

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 duodenum measured as normal and the jejunum measured as normal (0.44 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

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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.

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Free Abdomen

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Evaluation of the peritoneal cavity did not reveal any evidence of lymphadenomegaly. Scant anechoic free fluid was noted. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

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PRIMARY FINDINGS:

- Large mottled spleen with hypoechoic nodule. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Heterogenous liver with ill-defined, 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.
- Irregular, urinary bladder mucosa. 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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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bladder wall appears mildly, diffusely irregular. Cystitis could cause discomfort and panting. I recommend urinalysis and culture.

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The changes to the spleen and liver are both subjective and non-specific. These nodules could represent benign lesions or something more significant. Consider FNA of the liver and spleen along with three view chest radiographs.

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The adrenal glands are relatively normal in size, but that does not exclude a diagnosis of Cushing's disease. If the liver aspirate is consistent with a vacuolar hepatopathy and the patient has signs consistent with Cushing's you can consider adrenal function testing as this could be causing panting, restlessness and an elevated ALP.

SEX

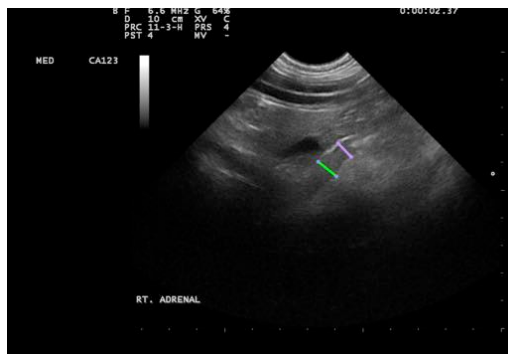
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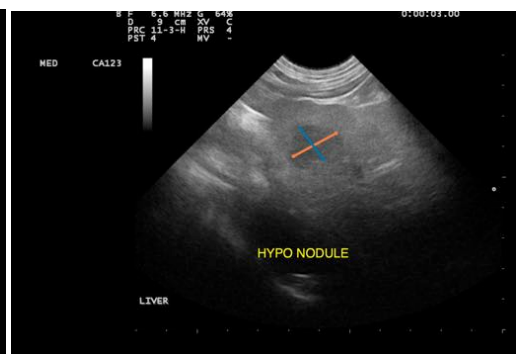
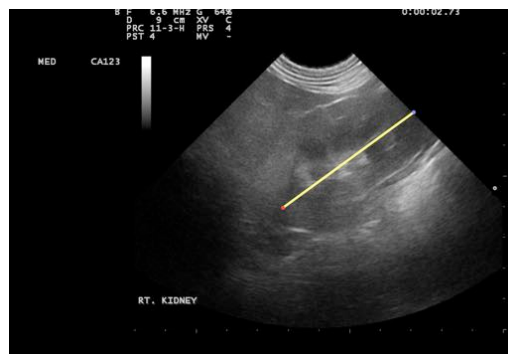
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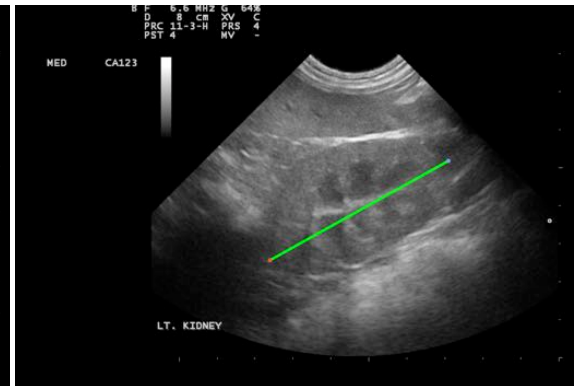
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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