



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Luna Carr

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

14 Years 1 Month

**WEIGHT**

55 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Michaleen

**HOSPITAL NAME**

DPC Vet Hospital

**REFERRING VET**

Dr. Ward

**INVOICE**

43921

**DATE**

7/12/23

Reason for Visit: constipation History: Estimated 11-12yr old SF mixed breed presented today for constipation. Owner says it has been 4 days since last full bowel movement. Last night, owner saw a small amount of light brown, liquidy stool yesterday. P vomited bile 2x (both last week). Owner says appetite is still good. Per Mrs, P has been constipated before, but Mr does not recall. P had spinal stroke (trouble with mobility from lumbar spine down). Mr says this has not affected Ps defecation patterns before.

Abnormal PE/Chem/CBC/UA Results: Hydration: Adequate Mentation: BAR EENT: Nuclear sclerosis OU, no discharge. AU clear, no abnormal debris or odor, comfortable. No nasal discharge. Oral cavity: Fractured 108/208, moderate tartar Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful, no fluid wave, no palpable masses or organomegaly. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 6/9. Ambulatory x 4, see below. No lameness. Neurological: Alert and appropriate mentation. Gait: 10-degree left head tilt. Ambulatory with paraparesis and mild vestibular ataxia. Cranial nerves: positional left ventral strabismus; no nystagmus. Postural Reactions: Absent right pelvic limb, delayed left pelvic limb, intact both thoracic limbs. No pain on lumbar palpation. Rectal Exam: No masses or lymphadenopathy. Scant dark diarrhetic feces. ALT=137 (10-125) ALKP=287 (23-212) Otherwise WNL, platelets 369k/uL UA pending sample 4Dx: Lyme positive; unsure of vaccination history--lived in Ohio for most of her life

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.2 cm. The right kidney measures 6.3 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.50 cm. The right adrenal gland measured 0.45 cm at the cranial pole and 0.40 cm at the caudal pole.

**Spleen**

The **spleen** was enlarged and heterogeneous with a hypoechoic nodule noted measuring 1.0 cm at the mid body.



**PATIENT** *Liver*

Luna Carr The **liver** was swollen, heterogeneous, and hypoechoic with increased portal markings. The gallbladder and common bile duct were unremarkable.

**SPECIES** *Gastrointestinal*

Canine The **gastrointestinal tract** revealed minor upper GI hypertrophy. Upper gastrointestinal tract revealed variable thickening with increased muscularis and spastic bowel with reactive mesentery. Variable intestinal thickening noted throughout the GI tract.

**BREED** *Pancreas*

Mixed The pancreas revealed mixed hyperechoic parenchymal changes. Significant amount of inflammation noted in the region of the pancreas and upper GI tract, consistent with pancreatitis/gastroenteritis. However, I'm concerned for an underlying round cell neoplastic event.

**SEX**

Spayed Female

**AGE** **ULTRASONOGRAPHIC FINDINGS**

14 Years 1 Month

- Enlarged, heterogeneous spleen with hypoechoic nodule
- Swollen, heterogeneous, hypoechoic liver
- Age related renal changes
- Pancreatitis/gastroenteritis

**WEIGHT**

55 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Ultrasound guided FNA of the splenic nodule and general liver warranted. Treatment for gastroenteritis and pancreatitis recommended until cytology can be evaluated. Prognosis is guarded.

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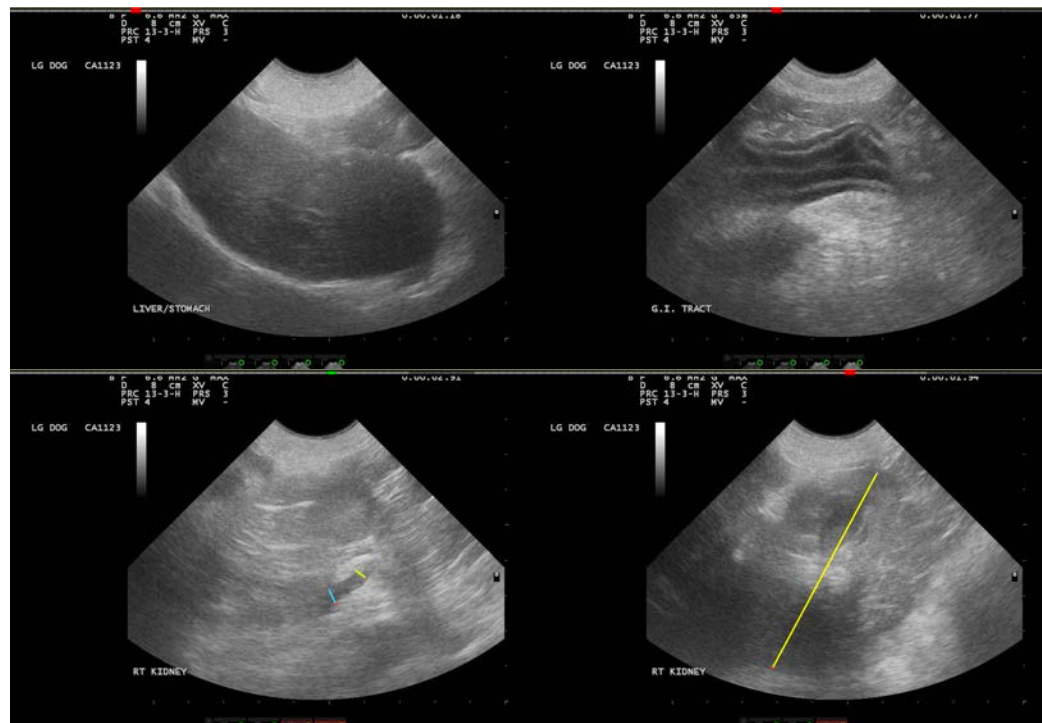
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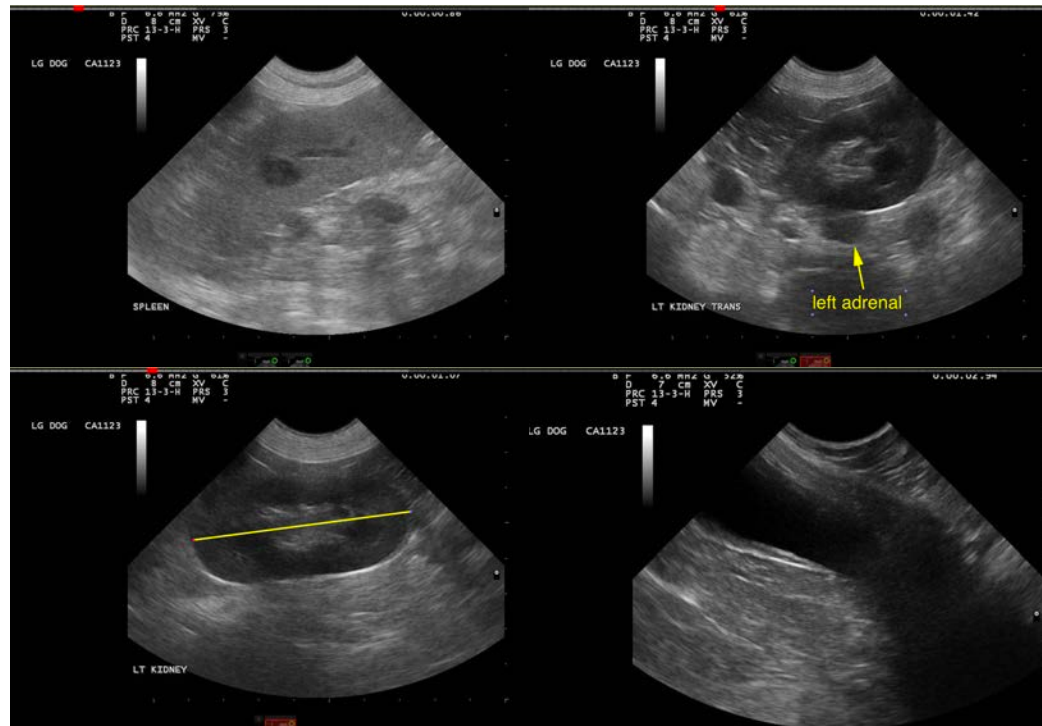
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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