

PATIENT

Lucy Sparber

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

14 Years 1 Month

WEIGHT

13.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

34245

DATE

1/13/22

PRESENTING CLINICAL SIGNS

Echo being done as well- Chief Concern / Provisional Diagnosis: ~ recheck gall bladder, o. decided to try medical management and if p. didn't improve would perform additional diagnostics~ Relevant Medical History and Physical Exam findings: ~ patient is eating well and maintaining weight, has been excited about food again~ Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~ bw in july~slightly low albumin that normalized after starting urosdiol Current medications (include full name, dosage and frequency): ~O stopped giving all medications due to diarrhea sildenafil 6.25 mg 1 po bid ursodiol 40 mg 1 po bid gabapentin 25 mg 1 po bid prn pain starting amlodipine 2.5 mg/ml 0.5 ml po sid due to recent bp elevation (average 200)~

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 left kidney has a normal shape and size (3.5 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 hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.0 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 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.

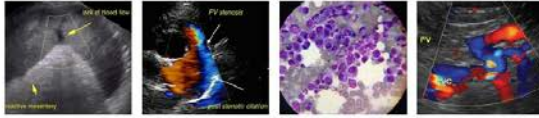
The right adrenal gland is normal in size measuring 0.55 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. The appearance is somewhat abnormal in that there is a very ill-defined hyperechoic area in the adrenal measuring approximately 1.0 cm x 0.55 cm (previous measurement 6 months ago was 0.8 cm x 0.58 cm). This abnormal area appears relatively stable and has not significantly progressed.

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.

Liver

The liver is large in size, and normal in 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.



PATIENT

Lucy Sparber The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation. These changes can be consistent with an early gall bladder mucocele. The appearance is slightly improved to similar from the last scan on 7/2021.

SPECIES

Canine **Gastrointestinal**

BREED

Shih Tzu 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.

SEX

Spayed Female 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 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

14 Years 1 Month The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Wall thickness measures 0.2 cm. 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.

WEIGHT

13.9 Pounds **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.

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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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

PRIMARY FINDINGS

- Large amount of echogenic debris within the distended gallbladder, some of which is adhered to the wall – This could represent an early mucocele and cholestasis, but there is no surrounding inflammation or discreet wall thickening. The gallbladder appears stable from the last evaluation.
- Hyperechoic region on right adrenal gland – This area appears stable from the previous scan 7/2021 and likely represents an incidental finding.
- 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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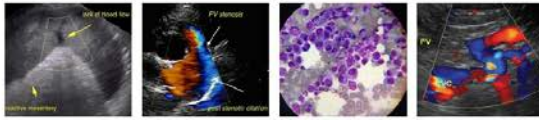
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SECONDARY FINDINGS

- Decreased corticomedullary distinction – The bilateral renal findings are consistent with age-related change.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

Today's scan appears relatively similar to the previous scan 6 months ago. There has not been dramatic progression based on today's scan, but you should correlate with how the pet is feeling, current bloodwork, liver function testing, etc. The recommendations on the previous scan would still hold today, although my concerns for an immediate problem regarding either the gallbladder or the adrenal gland are much lower.

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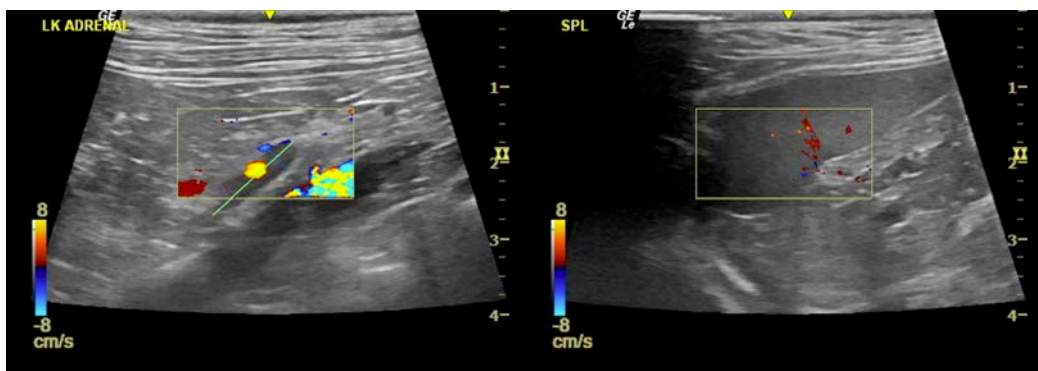
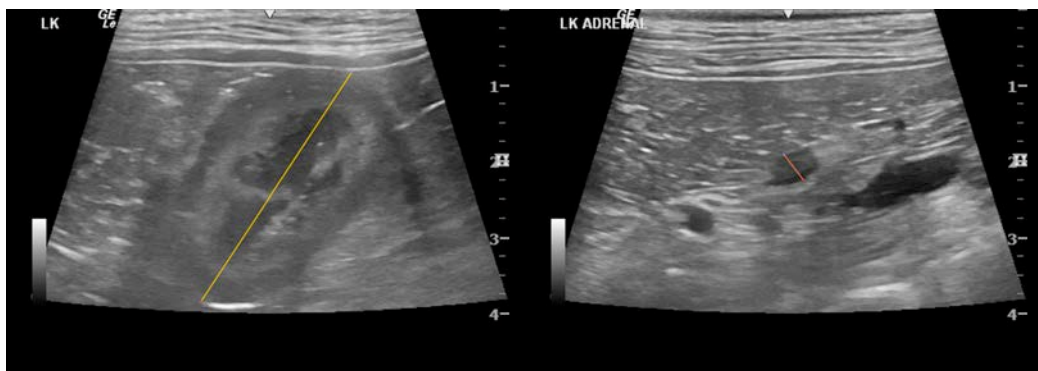
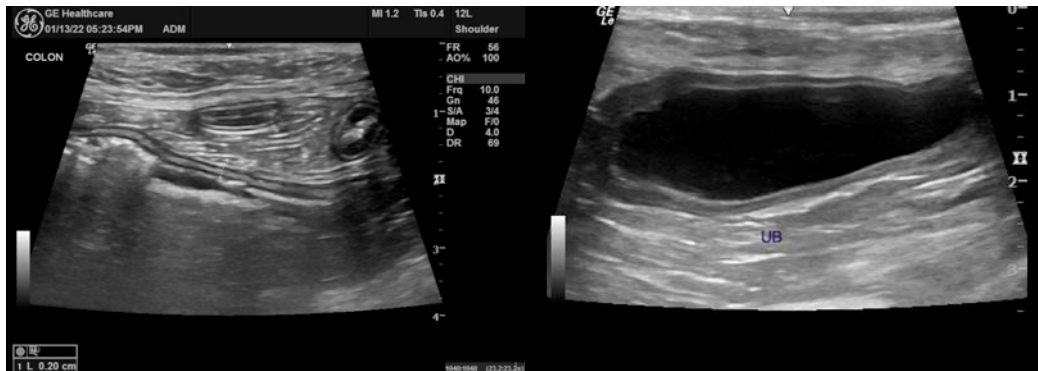
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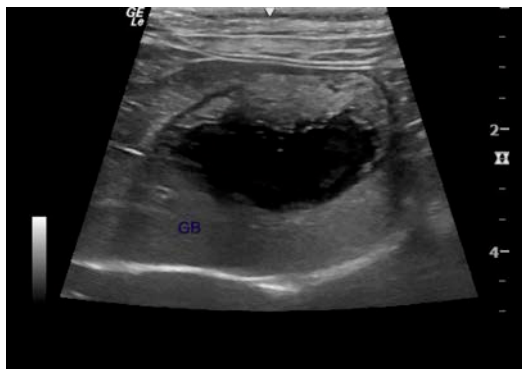
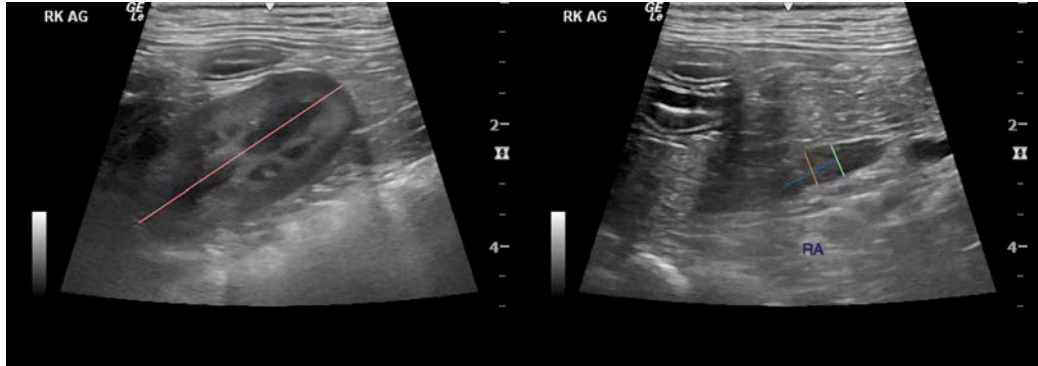
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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