



PATIENT

Kona Hemstreet

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

11 years

WEIGHT

68 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Charlie Rodriguez

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Dr. Norman

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1/14/22

PRESENTING CLINICAL SIGNS

Kona presented for being ADR. Tail tucked, lethargic, and not moving much. Abnormal PE/Chem/CBC/UA Results: Relatively unremarkable. CHolesterol was 724 and alp was 230. Spec cpl normal. Physical exam is a little unremarkable as well. Chest rads were obtained and normal. Abdominal rads were obtained and an area of large colon seems to be possible adhered into a ball but unsure. On 3 views this is seen. She is defecating normaly however.

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 (7.2 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. Pinpoint non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.4 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. Non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.62 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. 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.

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



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gallbladder lumen is moderately distended. The wall of the gallbladder 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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. The duodenum measured 0.84 cm. The jejunum measured 0.41 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 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. There was no evidence of a diffuse mesenteric lymphadenopathy, but there is a prominent sublumbar lymph node that measured 1.1 cm. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

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PRIMARY FINDINGS:

- Heterogenous 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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- Moderate gallbladder sludge. 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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- Moderate gastric dilation with suspected ingesta. Correlate findings with feeding history as the shadowing material is most consistent with kibble visualized. If the patient was adequately fasted consider the possibility of foreign material, delayed gastric emptying or less likely a partial outflow tract obstruction (not observed).

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SECONDARY FINDINGS:

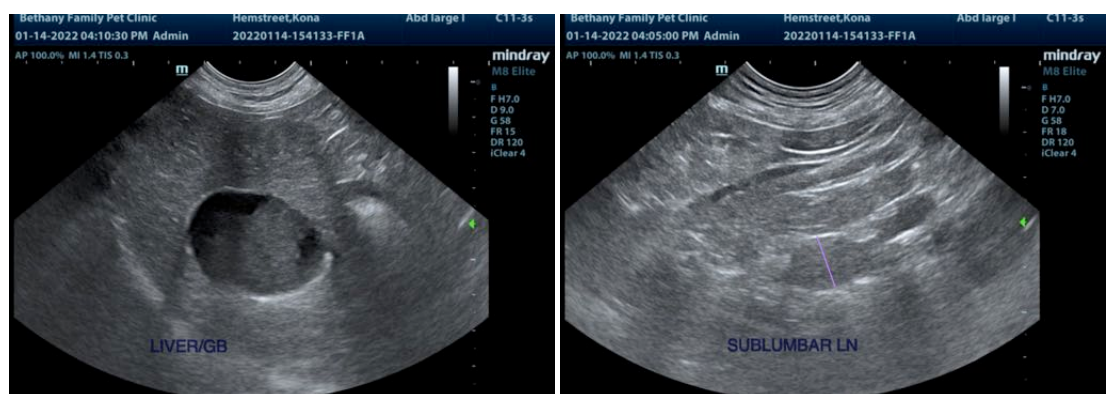
- Prominent sublumber lymph node. This is a large dog so hopefully this is within normal limits. I recommend to continue monitoring and a thorough rectal exam.
- Mildly thickened small intestine. The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease). The bowel subjectively looks normal, but measures as slightly thickened. If there are no GI signs present then I recommend to continue monitoring as it may be normal for this large dog.
- Non-obstructive nephroliths visualized in both 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

An obvious ultrasonographic lesion is not observed to explain the lethargy reported. The liver appears somewhat heterogenous and there is some sludge in the gallbladder, but this can be a fairly common finding in older dogs and no focal hepatic lesions are observed. I recommend to continue monitor the liver values. If they continue to rise you can consider a liver function test, FNA and reassessment of the gallbladder with ultrasound.

There is a relatively large amount of shadowing debris within the stomach. Correlate with history to ensure that this is normal ingesta and not foreign material.

The sublumber lymph node appears prominent. This may be within normal limits for this patient, but I recommend evaluation for lumbar pain and a rectal exam to ensure there is no sublumber lymphadenopathy palpable along with normal anal glands.





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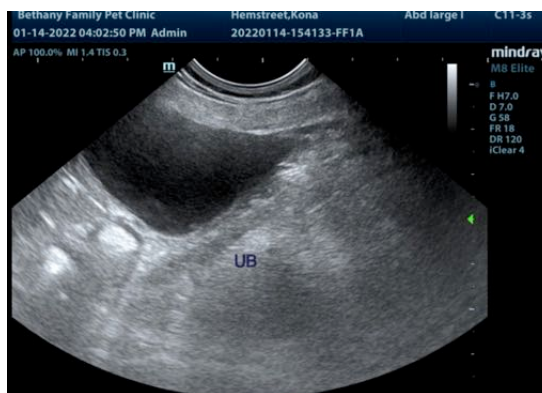
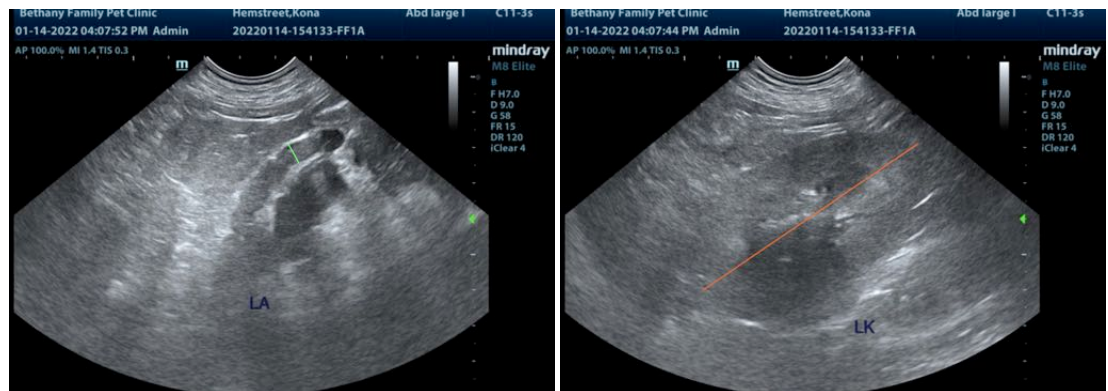
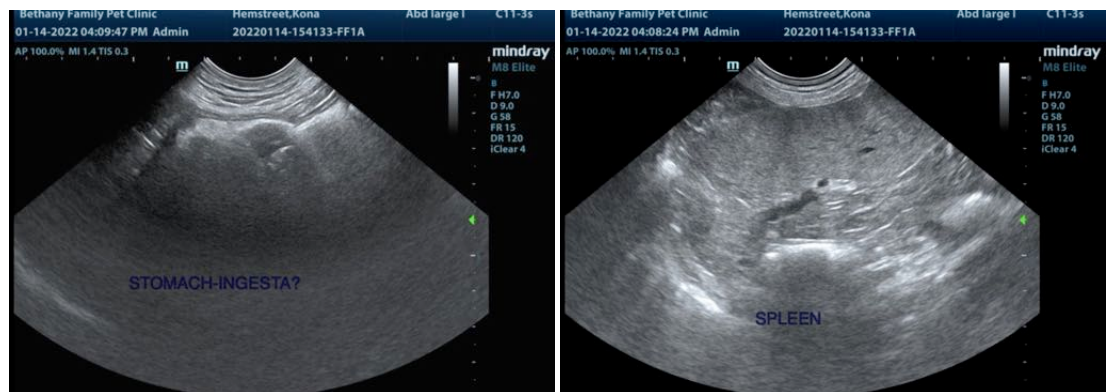
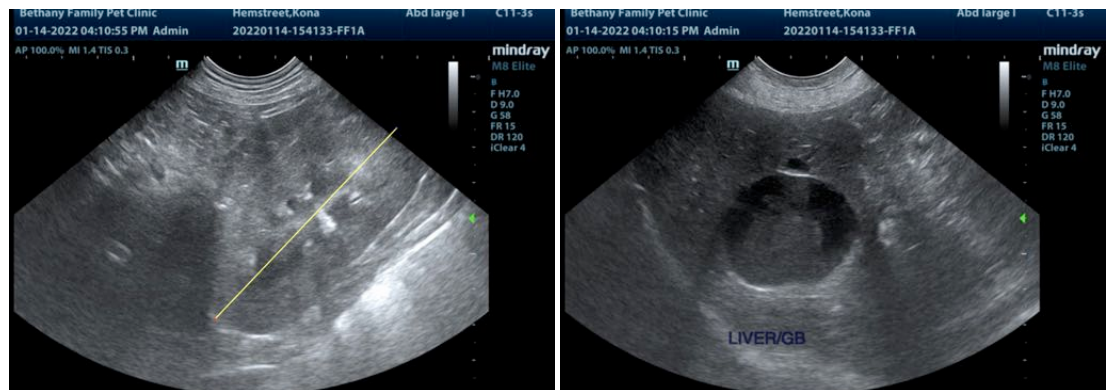
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The information and recommendations provided are based on the images presented by the referring



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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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