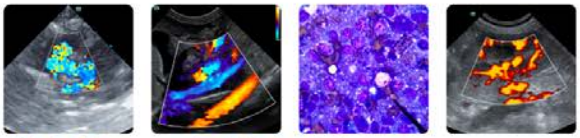


PATIENT

Jinx Charles

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Spayed Female

AGE

9 Years 10 Months

WEIGHT

19.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Stoney Creek Veterinary Hospital

REFERRING VET

Dr. Eldred

INVOICE

72248

DATE

1/15/26

PRESENTING CLINICAL SIGNS

P presented after seizure episode- ataxic on arrival, Rads vertebral heart score 11.2, hepatomegaly, prominent spleen.

Abnormal PE/Chem/CBC/UA Results: Neu 2.8, Chem 240, Crea 2.2, BUN 60, Phos 7.1, ALT 160, ALKP 589 Urinalysis usg 1.021, Protein 500mg, Blood

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, or masses. In the dependent portion of the urinary bladder there is hyperechoic shadowing, sandy debris, and small stones.

The left kidney has a normal shape and size (5.05 cm) with small pinpoint non-obstructive mineralizations. Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.46 cm) with pinpoint non-obstructive mineralizations. Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.53 cm at the cranial pole and 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.

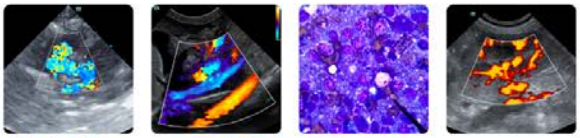
The right adrenal gland is normal in size measuring 1.07 cm at the cranial pole and 0.50 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.61 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

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

Jinx Charles

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Spayed Female

AGE

9 Years 10 Months

WEIGHT

19.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Stoney Creek Veterinary Hospital

REFERRING VET

Dr. Eldred

INVOICE

72248

DATE

1/15/26

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris and some areas have early mucosal stranding and organization of the debris into an early mucocele. There is a large amount of primarily non-organized echogenic debris present as well. There is no evidence of bile duct dilation.

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. Duodenum wall measures 0.33 cm. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 visible/mildly mottled in the right limb. 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.

Other

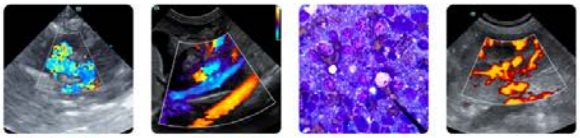
There is a fat opacity structure visualized ventral to the urinary bladder, most consistent with a lipoma, measuring 0.81 cm x 1.8 cm. Recommend continued monitoring.

ULTRASONOGRAPHIC FINDINGS

- Dependent sandy debris/small stones visualized in the urinary bladder – Recommend urinalysis and culture +/- radiographs.
- Age related changes visualized associated with both kidneys.
- Hyperechoic foci most consistent with benign myelolipomas visualized associated with the spleen.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Large gallbladder with moderate amount of intraluminal debris starting to organize into an early mucocele – The gall bladder changes are most consistent with a developing mucocele. Consider medical management and close monitoring for progression of this lesion.

Carolina Veterinary Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND

SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Jinx Charles

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Spayed Female

AGE

9 Years 10 Months

WEIGHT

19.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Stoney Creek Veterinary Hospital

REFERRING VET

Dr. Eldred

INVOICE

72248

DATE

1/15/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

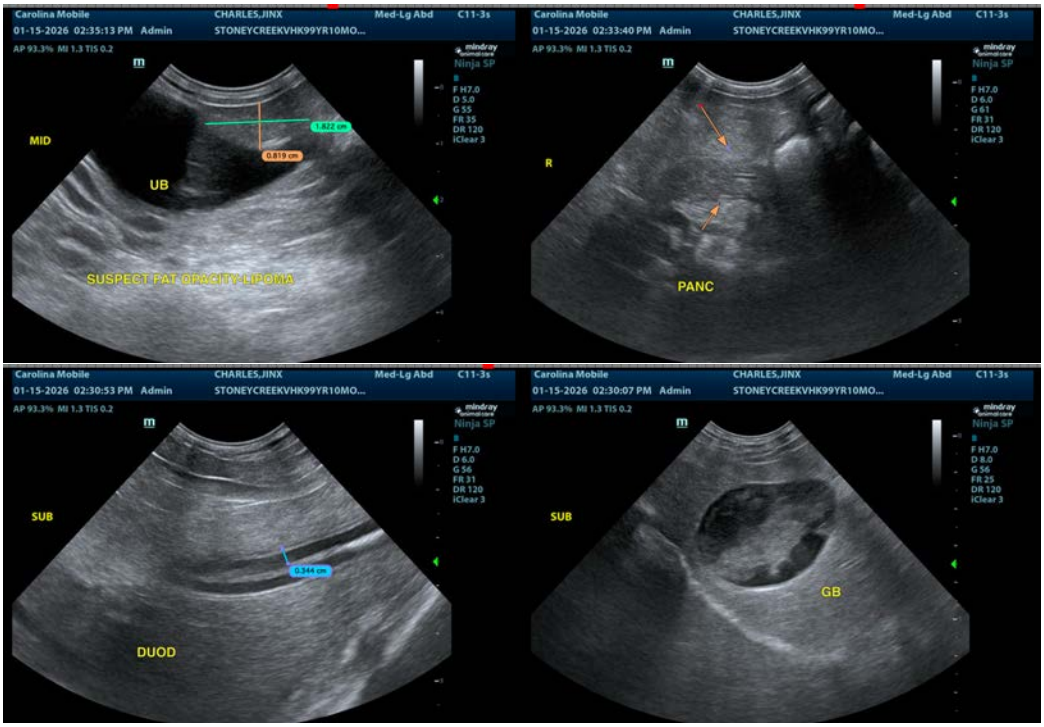
There is some hyperechoic shadowing, sandy debris/small calculi visualized within the urinary bladder as well as small pinpoint nephroliths visualized associated with both kidneys. Correlate with urinalysis +/- culture results.

There are mild changes visualized associated with both kidneys. Recommend a blood pressure (and the aforementioned urinalysis and culture) +/- urine protein to creatinine ratio to further evaluate.

The liver is large and heterogeneous with no significant focal lesions. The findings are most consistent with a vacuolar hepatopathy, although other hepatopathies are possible. If further evaluation is desired, a liver function test and a fine needle aspirate could be considered.

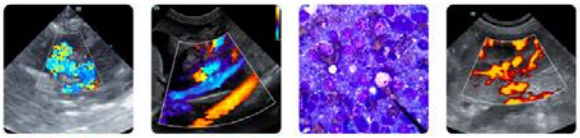
There is an early mucocele visualized. Recommend starting chronic Ursodiol therapy and continued monitoring of the gallbladder for progression for a more significant lesion.

I suspect the seizure activity described is not related to the ultrasonographic findings on today's exam. Liver function testing will help to look for a more significant liver dysfunction. If liver function, blood pressure and blood sugar levels are normal, a primary neurologic cause would be suspected.



Carolina Veterinary Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND

SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Jinx Charles

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Spayed Female

AGE

9 Years 10 Months

WEIGHT

19.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Stoney Creek Veterinary Hospital

REFERRING VET

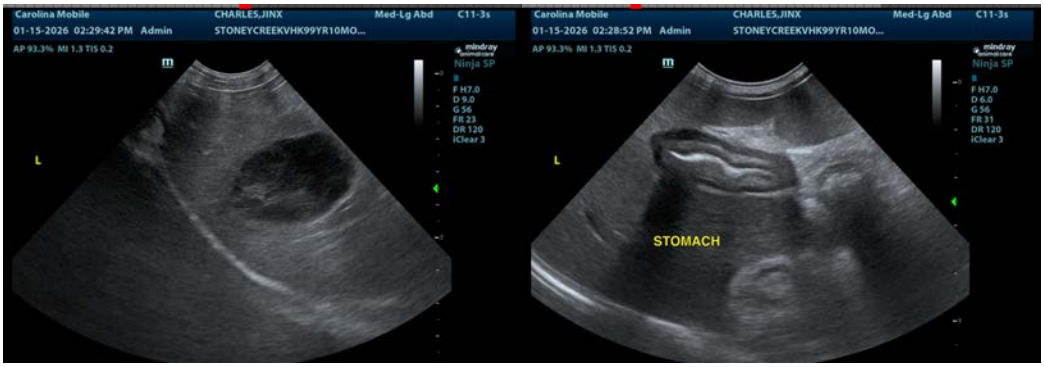
Dr. Eldred

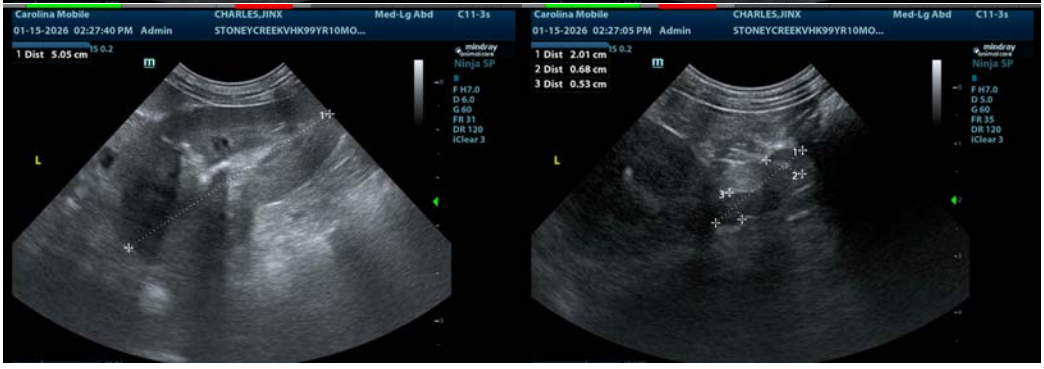
INVOICE

72248

DATE

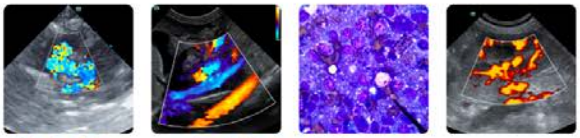
1/15/26





Carolina Veterinary Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND

SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Jinx Charles

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Spayed Female

AGE

9 Years 10 Months

WEIGHT

19.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Stoney Creek Veterinary Hospital

REFERRING VET

Dr. Eldred

INVOICE

72248

DATE

1/15/26

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.

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

info@sonopath.com