



PATIENT

Lucille Olivieri

PRESENTING CLINICAL SIGNS

SPECIES

recurrent UTI for the last 3-4 mths. stable heart disease MVD
Abnormal PE/Chem/CBC/UA Results: pyuria, hematuria

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Chihuahua

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is diffusely thickened and irregular, measuring 0.38 cm at its thickest portion in the apex of the urinary bladder. Additionally, there are multiple small, somewhat polypoid appearing mass effects, one measuring 0.3 cm x 0.37 cm. The area of trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear free of any discreet mass effects or calculi. Findings are most consistent with diffuse cystitis and inflammatory polyps, but underlying neoplasia cannot be ruled out.

SEX

Spayed Female

The left kidney has a normal shape and size (3.8 cm) with pyelectasia at 0.28 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

13 Years

The right kidney has a normal shape and size (4.1 cm) with pyelectasia at 0.34 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

9 Pounds

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM

The right adrenal gland is normal in size measuring 0.30 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 BY

Loetitia Saint-Jacques,
LVT

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.

HOSPITAL NAME

Sierra Pet Clinic

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

REFERRING VET

Dr. Swalander

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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.

SPECIES

Canine

BREED

Chihuahua

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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Spayed Female

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.

AGE

13 Years

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.

WEIGHT

9 Pounds

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

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM

A brief view of the heart was submitted. No significant pericardial effusion was seen.

IMAGING BY

Loetitia Saint-Jacques,
LVT

ULTRASONOGRAPHIC FINDINGS

- Diffusely irregular and thickened urinary bladder with focal polypoid-like masses – most consistent with diffuse cystitis and inflammatory polyps, but underlying neoplasia cannot be excluded as a possibility.
- Decreased corticomedullary distinction in both kidneys with bilateral pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Moderate gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Moderate distention of the stomach with fluid and shadowing material – Shadowing material in the gastric lumen-correlate with feeding history and abdominal radiographs. If this patient was adequately fasted consider such differentials as delayed gastric emptying, ingested foreign material or a partial outflow tract obstruction (none observed.)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

The changes observed in the urinary bladder are most consistent with chronic cystitis. With chronic cases, it is very important to only treat according to culture and sensitivity results to try to avoid inducing resistance. No obvious lesions are visualized as a possible cause for the cystitis (i.e., stones, focal masses, etc.). Additionally, the kidneys appear somewhat dilated, which could be consistent with pyelonephritis.

BREED

Chihuahua

- Recommend urinalysis and culture and treatment based on these results. Treatment should likely be at least 4 weeks with a culture to determine negative status on antibiotics at two weeks, then again one week after cessation of antibiotics.

SEX

Spayed Female

- Recheck ultrasound could be performed in approximately 4-6 weeks to ensure the bladder changes are improving/resolved.

AGE

13 Years

- Recommend re-culture two post cessation of antibiotics, then at one month, then at 3 months, then every 6 months as needed.

WEIGHT

9 Pounds

- Recommend chronic probiotic therapy.
- Recommend current bloodwork to rule out conditions that could predispose to UTIs (diabetes, Cushing's, renal disease, etc.).
- Recommend frequent urination, hygienic wipes +/- canine cranberry supplement, etc. depending on the bacteria being cultured.

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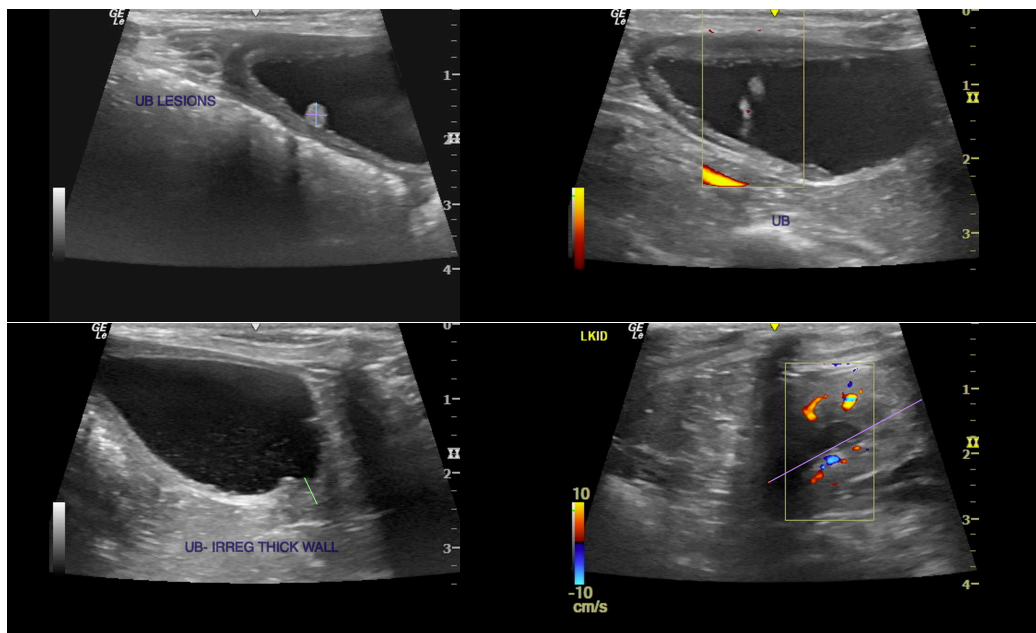
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Chihuahua

SEX

Spayed Female

AGE

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WEIGHT

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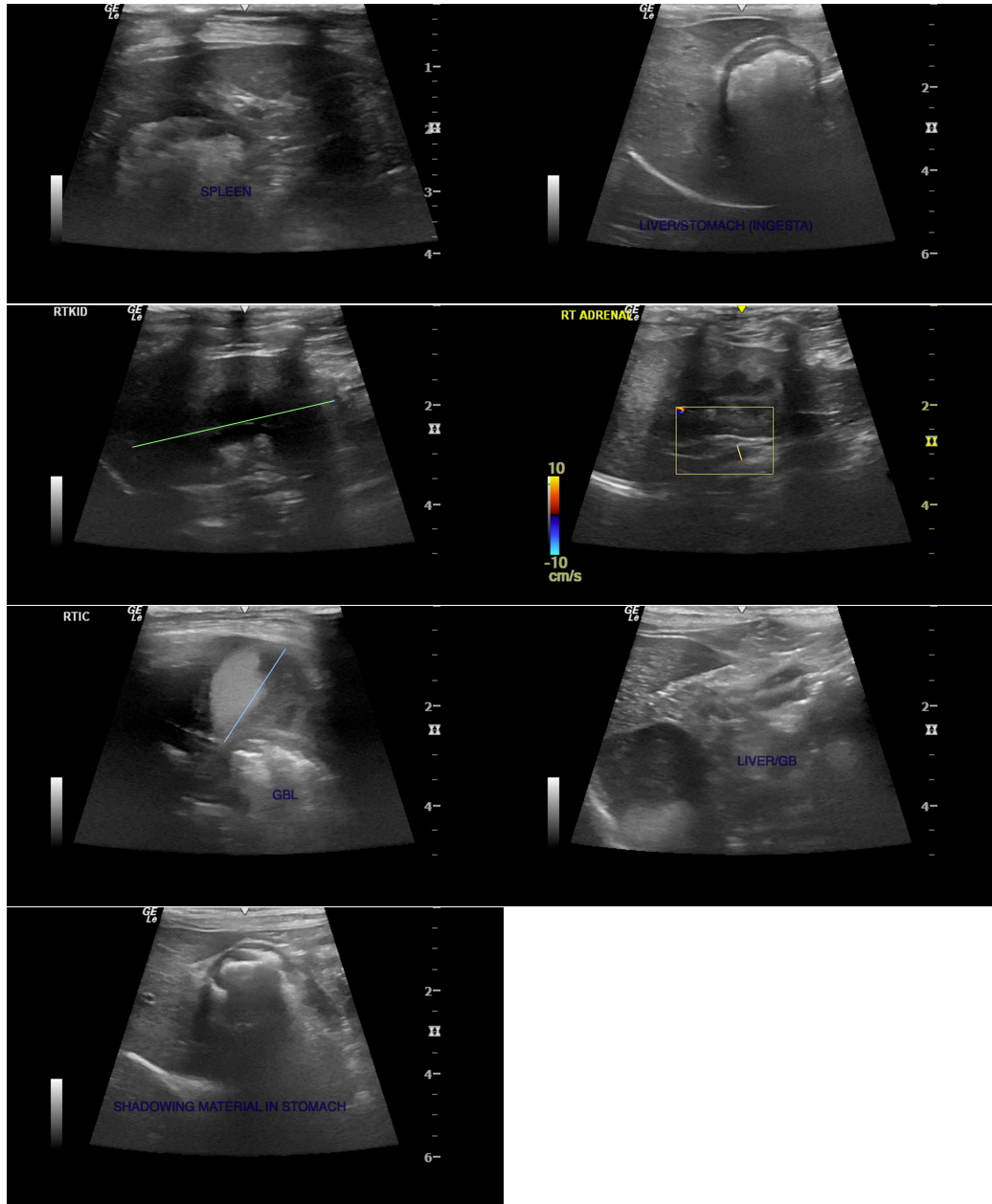
Dr. Swalander

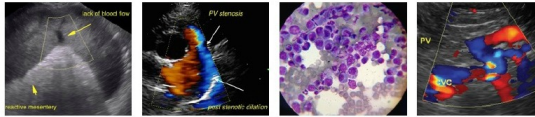
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Chihuahua

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com

SEX

Spayed Female

AGE

13 Years

WEIGHT

9 Pounds

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