



PATIENT

Miranda Holck

PRESENTING CLINICAL SIGNS

SPECIES

Canine

Miranda came in 1-13-22. Blood work / ua shows very very high wbc (all 5 types increased). I also palpated a large liver or spleen. The ALT is normal but AST is a little increase. GGT is also increased. There is protein in a dilute urine. HEPATOMEGALY SPLENOMEGALY CUSHINGS DISEASE MASS* HYPOTHYROIDISM

BREED

Chihuahua

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.

SEX

Spayed Female

The left kidney has a normal shape and size (4.28 cm) with too numerous to count cortical cysts, the largest measuring 0.5 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.

AGE

12 Years

The right kidney has a normal shape and size (4.3 cm) with numerous small cortical cysts. 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.

WEIGHT

12 Pounds

Adrenal Glands

The left adrenal gland is normal in size measuring 0.58 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.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM

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. 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. There is a small hypoechoic nodule visualized within the parenchyma, measuring 0.28 cm x 0.61 cm.

HOSPITAL NAME

North Hills VC

REFERRING VET

Dr. David Bagget

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. There is a cystic lesion visualized measuring 1.18 cm x 1.51 cm near the diaphragmatic surface.

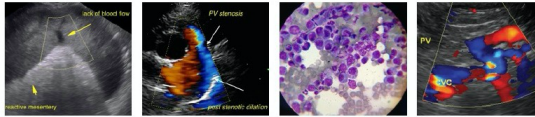
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The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation. These changes can be consistent with an early gall bladder

DATE

1/25/22



PATIENT

Miranda Holck mucocele. The omentum appears hyperechoic surrounding the gallbladder, but there is no evidence of any free fluid.

SPECIES *Gastrointestinal*

Canine The stomach contains minimal luminal contents. Most of the gastric wall measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. There are some more focal areas where the gastric wall appears somewhat prominent, hypoechoic and thickened. In these areas, there are prominent rugal folds, and wall thickness is measured at 1.38 cm. The distinction of the gastric wall layers is adequate, but slightly decreased. Findings could be consistent with a focal gastric wall thickening or prominent rugal folds.

BREED

Chihuahua

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. 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.

AGE

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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.

WEIGHT

12 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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild mesenteric lymphadenopathy present with mesenteric lymph nodes measuring 1.1 cm, 0.47 cm, 0.48 cm, and 0.4 cm. The omentum appears of increased echogenicity in the cranial abdomen in the area of the gallbladder and stomach.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM

IMAGING BY

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LVT

ULTRASONOGRAPHIC FINDINGS

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- Significant gallbladder distention with a large amount of gallbladder sludge adhered to the wall and surrounding inflammation – Could be consistent with gallbladder disease. Consider medical management and close monitoring.

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- Questionably thickened gastric mucosa – There is the impression of gastric wall thickening. Possible differentials include inflammation, edema, and neoplasia. Additionally, this could be artifact due to rugal folding.

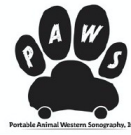
- Heterogeneous liver with liver cyst – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

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- Hypochoic nodule in the spleen – There is a non-cavitated, hypochoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

SPECIES

Canine

- Decreased corticomedullary distinction in both kidneys with numerous small cortical cysts – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

BREED

Chihuahua

- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is the general impression of cranial abdominal inflammation present. The gallbladder has a large amount of debris and polyps adhered to the gallbladder wall. Additionally, there is some inflammation surrounding the gallbladder. The lab work reported is not 100% typical for gallbladder disease, and there is no surrounding free fluid. For now, recommend medical therapy (antibiotics such as Clavamox and Ursodiol) with very close monitoring with ultrasound. If liver enzymes spike, or the abdomen becomes painful, etc., this patient should be re-evaluated, as this could become a surgical lesion.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM

There is questionable gastric wall thickening. There is an area of stomach that repeatedly appears prominent, but normal gastric folding can closely resemble a mass effect. Recommend continued monitoring. If there is a concern for gastric disease, consider upper GI endoscopy or surgical evaluation.

Both kidneys have reduced corticomedullary distinction and cysts. These findings are most consistent with age related kidney disease. Recommend blood pressure evaluation, urinalysis and culture.

IMAGING BY

Loetitia Saint-Jacques,
LVT

An obvious cause for the elevation in white blood cell count is not definitively observed, but I suspect the gallbladder could be playing a role. Recommend pathologist review of a blood smear to look for any atypical cells, and reevaluation with ultrasound and bloodwork after two weeks of antibiotics (treatment will likely need to be longer, but I would reevaluate at this point). Recheck sooner if the patient is not doing well.

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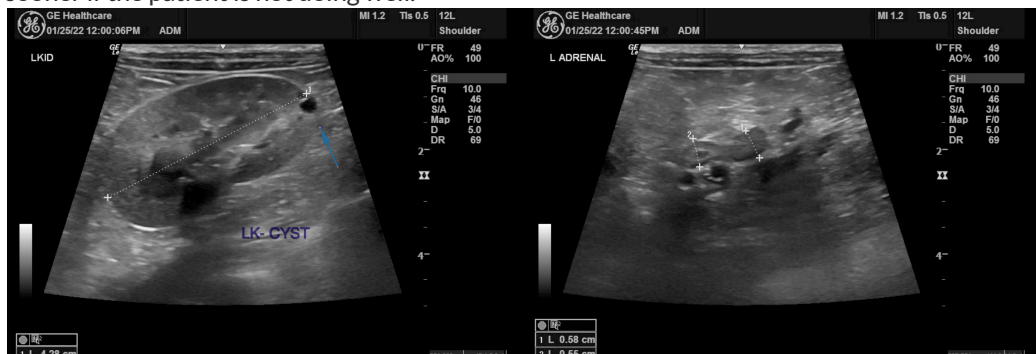
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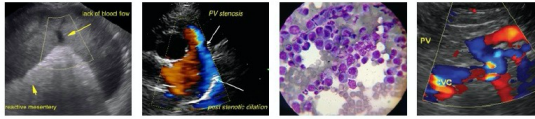
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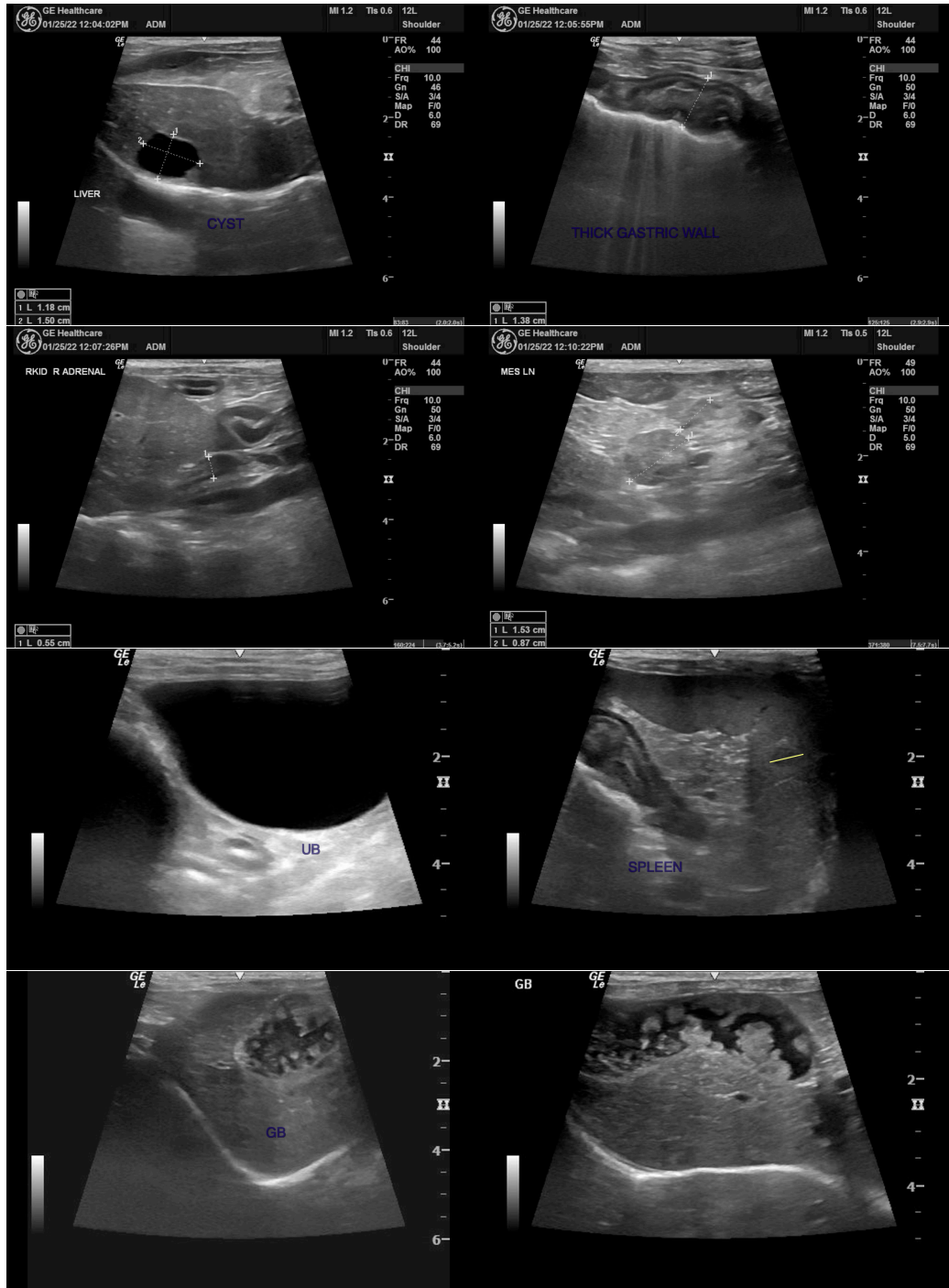
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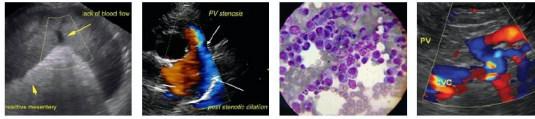
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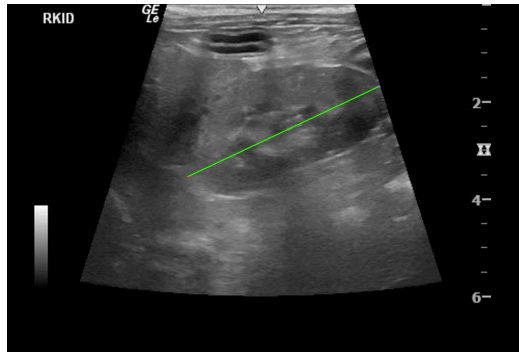
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Spayed Female

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.

AGE

12 Years

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.

WEIGHT

12 Pounds

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