

PATIENT

SweetPeaMoore

PRESENTING CLINICAL SIGNS

Overall labwork is pretty normal! Accuplex neg, T4 normal, no UTI/crystals, WBC/RBC normal, BUN is slightly elevated which can indicate a stomach ulcer. Rec starting a medication that will help with ulceration or acid reflux. SweetPea also has some liver value elevations so next step would be abdominal U/S to look at liver and gall bladder
Abnormal PE/Chem/CBC/UA Results: AST (SGOT) 90 ALT (SGPT) 294 Proteinuria 1+

SPECIES

Canine

BREED

Chihuahua

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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.

AGE

11 Years

The left kidney has a normal shape and size (3.01 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

10.4 Pounds

The right kidney has a normal shape and size (3.47 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal in size measuring 0.52 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 0.48 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 PERFORMED BY

Loetitia Saint-Jacques, RVT

Spleen

HOSPITAL NAME

Sierra Oaks VS

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

REFERRING VET

Dr. Josh Ettlin

The liver is normal to borderline small in size, and normal in 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.

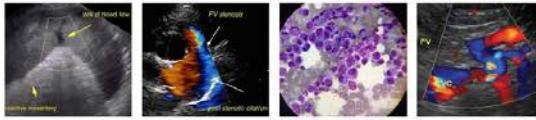
INVOICE

34003

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mildly echogenic focal area of poorly vascular material or tissue within the gallbladder lumen measuring 1.45 cm x 0.85 cm. There is a hyperechoic focus on this tissue consistent with a small stone or mineralization. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

SPECIES

Canine

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. On occasional images of the pyloric region, there is a small bulge in mucosa measuring 1.89 cm. This has normal layering and appearance is likely an artifact/incidental finding, but an early mass effect cannot be excluded.

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. Jejunum wall measured 0.15 cm. 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

11 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

10.4 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.

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Other

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

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PRIMARY FINDINGS

- Localized minimally vascular material within the gallbladder – This could be consistent with a small area of organized debris or relatively low vascularity tissue such as a polyp, mass effect, etc. No obstruction noted. Recommend continued monitoring.

HOSPITAL NAME

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SECONDARY FINDINGS

- Focal irregularity to the pyloric mucosa – I suspect this is an artifactual finding, but recommend continued monitoring, particularly if vomiting is occurring.
- Borderline small liver – This could be normal in this small individual. Recommend liver function testing.

REFERRING VET

Dr. Josh Ettl

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

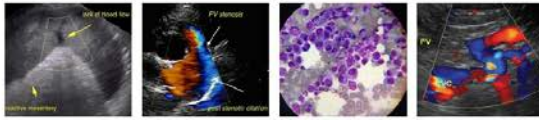
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No focal hepatic lesions were visualized. The liver was difficult to visualize between rib spaces and seems subjectively small. Consider pre- and post-prandial bile acids to evaluate liver function. Additionally, the gallbladder was slightly distended and had a focal area of mixed echogenicity debris or possibly tissue present. Typically if there is evidence of a gallbladder issue, you will see more of an ALP elevation, so I suspect this is incidental, but recommend continued monitoring in case this is an early mass effect. It is not uncommon to have minimal to no ultrasonographic lesions with a mild ALT

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SweetPeaMoore elevation. Consider the following:

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- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc...
- Consider PCR on urine/serum for leptospirosis (if not on antibiotics)/serology if recent antibiotic history
- If not already done, consider pre and post prandial bile acids to evaluate liver function
- If the ALP is significantly elevated relative to the ALT and symptoms consistent with cushings are present, consider adrenal function testing (ACTH stim)
- Consider Fine needle aspirate if round cell neoplasia is on your differential list (25 g needle, normal coags)
- If no response to medical care (denamarin, +/- antibiotics +/- ursodiol etc...) Consider liver biopsy with samples obtained for histopathology, culture, and copper levels, particularly if liver enzyme elevations are rising or liver function is abnormal.
- In this patient, I would consider a contrast CT scan if the bile acids are significantly elevated in order to screen for a portosystemic shunt.

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REFERRING VET

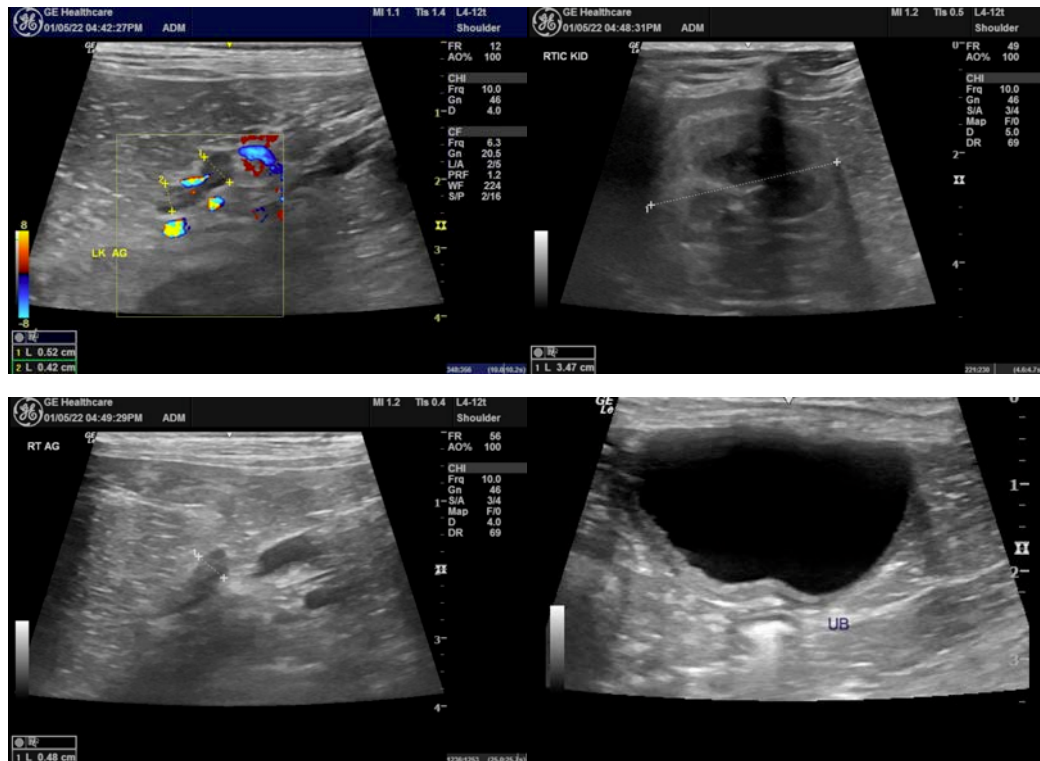
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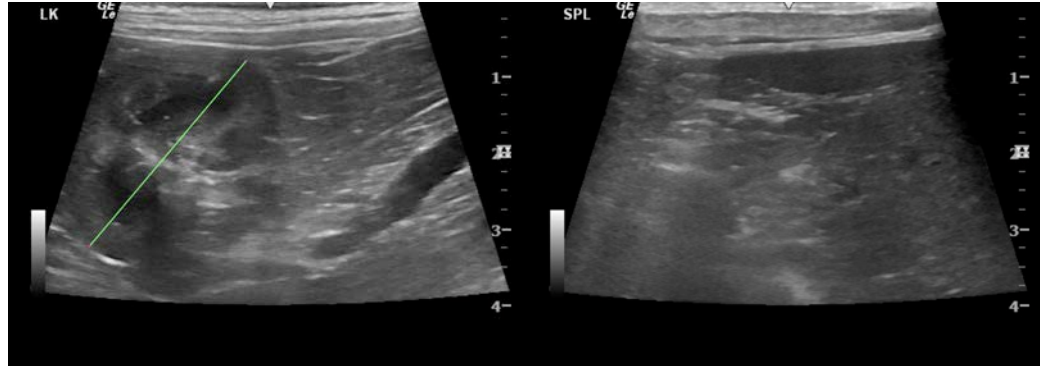
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AGE

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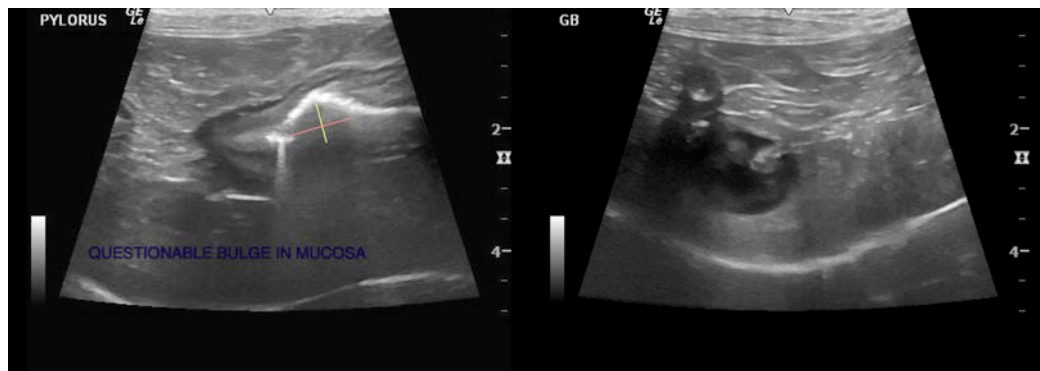
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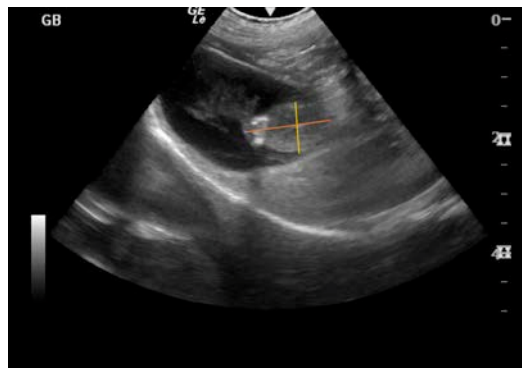


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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