



PATIENT PRESENTING CLINICAL SIGNS

Silvi Cowart

Increased panting, increased appetite, urinating more often than normal. Hx of UTI that persisted despite 1 week of appropriate abx based on culture (amoxicillin) SRR consistently WNL No hx of coughing.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Heart murmur (stable - dx in the past w/ mild mitral/tricuspid insufficiency), multiple SFSQ masses, recessed vulva w/ mild black peri - vulvar discharge, otherwise NSF on PE BW/Urinalysis: CHEM: increased ALP (248), mild hypercalcemia (12.7), increased CHOL (346) CBC: haemoconcentration (63%), otherwise WNL TT4: WNL @ 2.4 UA: USG = 1.026; 2+ proteinuria (UPC slightly elevated @ 0.7); pyuria (Rods 51-100), WBC 2-3/hpf Recheck BW/urinalysis after 1 week of amoxicillin: CHEM: increased ALP (319), hypercalcemia (12.6), increased CHOL (381) - phosphorus = 4.8 CBC: Haemoconcentration (61%) UA: USG = 1.036 1+ proteinuria (UPC WNL @ 0.3) Pyuria (WBC 11-20), cocci and rods >100/hpf Urine culture: E. coli - sensitive to amoxicillin. Thoracic rads: NSF

BREED

Shepherd X

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

13 Years

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly thickened, irregular, and has some evidence of mineralization in the apical portion, measuring at 0.65 cm. The regions of the trigone, ureteral papillae, and visible urethra to a depth of 2.0 cm appear normal with no evidence of wall thickening or mucosal irregularities. No mass effects are visualized. There is a small amount of dependent shadowing debris and small calculi visualized.

WEIGHT

66.4 Pounds

The left kidney has a normal shape and size (6.64 cm) with pinpoint non-obstructive nephroliths. Overall echogenicity is normal with adequate 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.

INTERPRETED BY

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

The right kidney has a normal shape and size (6.86 cm) with pinpoint non-obstructive nephroliths. Overall echogenicity is normal with adequate 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.

IMAGING PERFORMED BY

Dr. Jessica Bailes

Adrenal Glands

HOSPITAL NAME

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The left adrenal gland is normal in size measuring XXcm 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.

REFERRING VET

Dr. Jessica Bailes

The right adrenal gland is normal in size measuring XXcm 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

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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.

DATE

1/6/23



PATIENT

Liver

Silvi Cowart

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.

SPECIES

Canine

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. At least two shadowing hyperechoic stones are visualized within the gallbladder lumen. There is no evidence of bile duct dilation.

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Shepherd X

Gastrointestinal

SEX

Spayed Female

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.

AGE

13 Years

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 measures 0.35 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

WEIGHT

66.4 Pounds

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 area of 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.

IMAGING PERFORMED BY

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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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ULTRASONOGRAPHIC FINDINGS

- Irregular mineralized apical portion of the urinary bladder with dependent shadowing small calculi/sandy debris – most consistent with cystitis and small calculi. Recommend a urinalysis and culture and treatment until bladder abnormalities resolve.
- Hyperechoic shadowing stones visualized within the gallbladder – findings are consistent with choleliths, which often are an incidental finding. Recommend continued monitoring with liver values and chronic Ursodiol therapy.
- Moderate shadowing debris visualized within the gastric lumen – correlate these findings with the feeding history. If the patient was adequately fasted, then consider the possibility of ingested foreign material. Correlate with abdominal radiographs.

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PATIENT

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SPECIES

Canine

BREED

Shepherd X

SEX

Spayed Female

AGE

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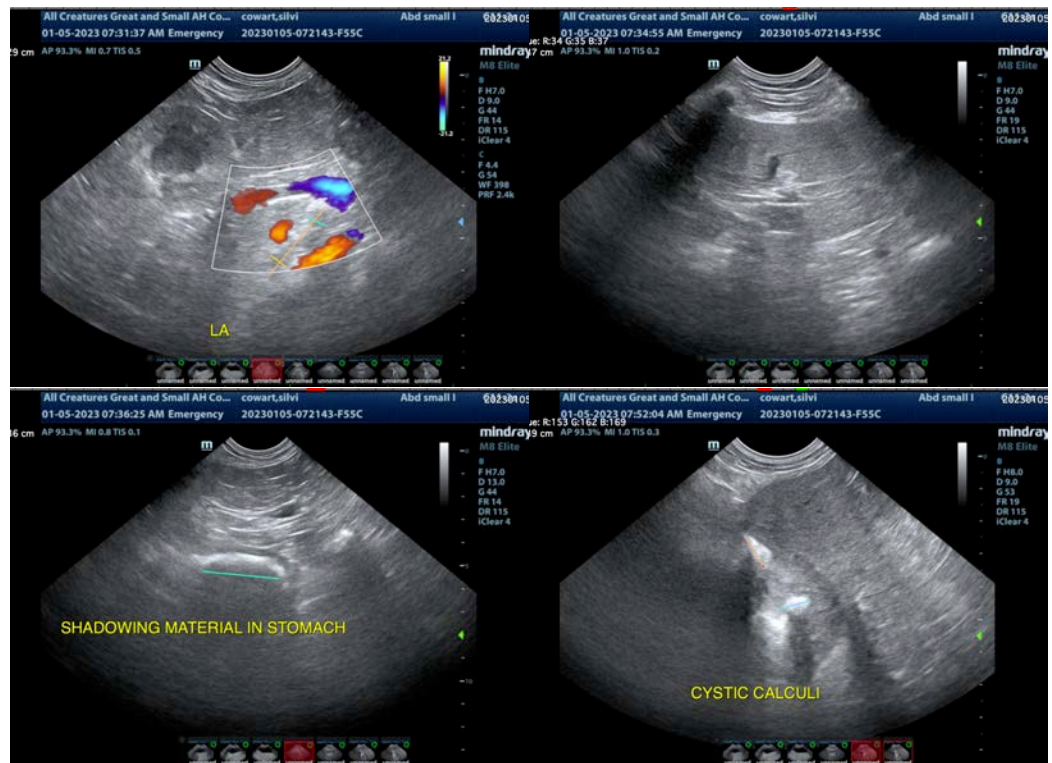
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed in the urinary bladder are most consistent with chronic cystitis, although the irregularity in the apical portion could be an early neoplastic lesion (much less likely). Recommend scrupulous treatment of the urinary tract infections with antibiotics continued until bladder lesions resolve and stones are passed (ideally if struvite), and reculture prior to cessation of antibiotics, and again 7-10 days after cessation. Recommend chronic probiotic therapy, possibly cranberry supplement. If e.coli infections are an issue, external wipes and frequent urination, and if the external genitalia are a factor causing bacterial trapping, dampness, etc., then consider a vulvoplasty.

There are shadowing stones visualized within the gallbladder and there is a large amount of intraluminal material adhered to the gallbladder wall. Recommend chronic Ursodiol therapy and continued monitoring of the gallbladder. Often these are asymptomatic, but there is significant debris present to cause issues.

Correlate the history and radiographs with gastric contents to ensure the stomach empties and the shadowing material is merely ingesta.

Consider an ionized calcium and PTH level +/- PTHrP level to further evaluate the hypercalcemia reported, as well as a thorough rectal exam, evaluated the anal glands.





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REFERRING VET

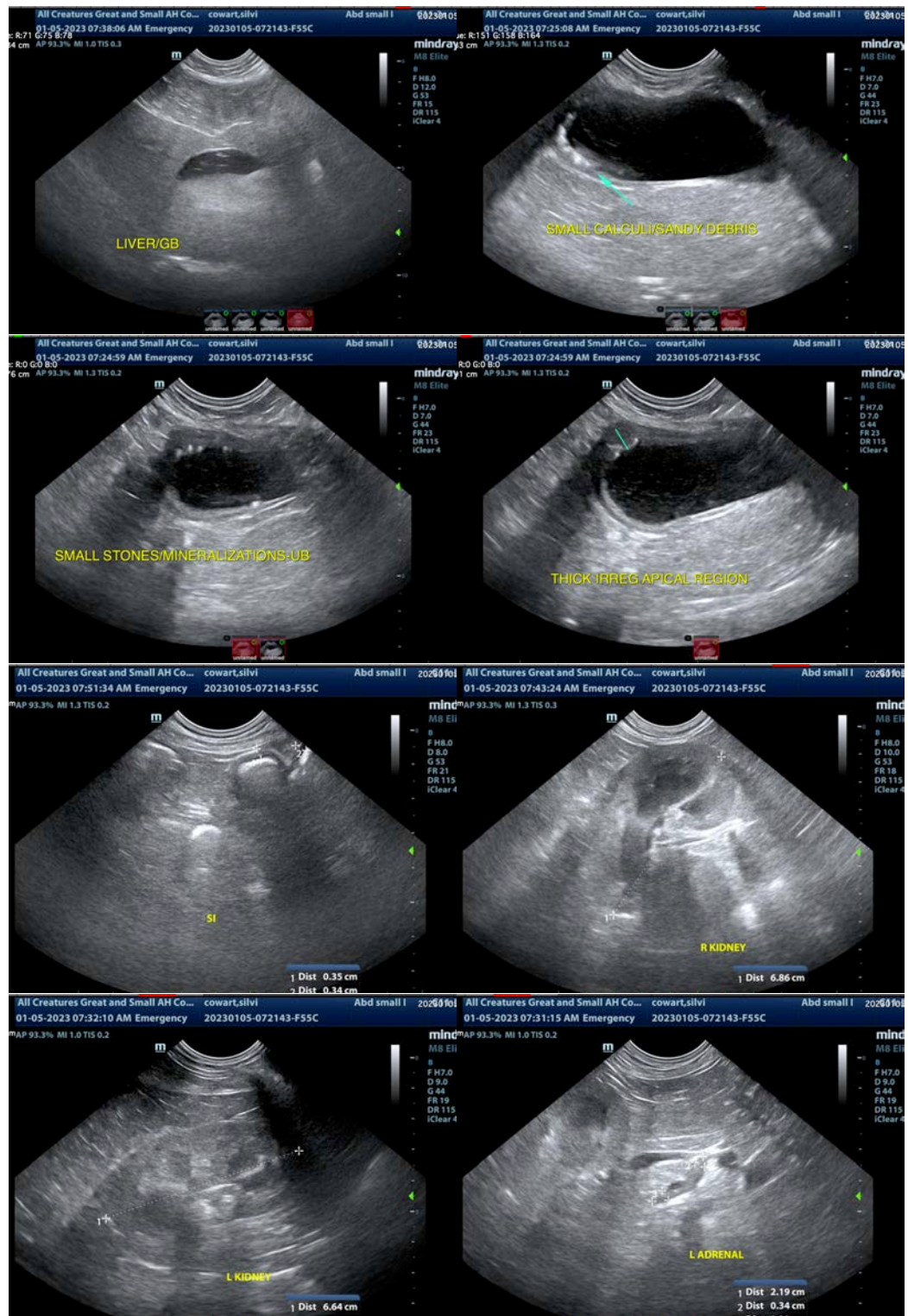
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Shepherd X

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

kathleen.sennello@sonopath.com

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