

PATIENT

Peanut Lundeen

PRESENTING CLINICAL SIGNS

SPECIES

Canine

Re-eval before U/S. O claims P doing much better walking and passing stool No c/s/v/d. Appetite and drinking WNL. current lab work normal and on chronic hepatoprotectants. Diet: Holistic select kibble + chicken + ground turkey + carrots Did have a Hx of inappetent. V/D but resolved. Abnormal PE/Chem/CBC/UA Results: Meds: Ursodial and Denamarin Advanced. Hx of RTL lameness with knuckling and CP deficits.

BREED

Maltese X

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 (3.0 cm) with non-obstructive nephroliths measuring 0.1 cm and 0.17 cm. 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.

AGE

8 Years 9 Months

The right kidney has a normal shape and size (3.51 cm) with 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.

WEIGHT

7.8 Pounds

Adrenal Glands

The left adrenal gland is normal in size measuring 0.51 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
(Small Animal Internal
Medicine)

The right adrenal gland is normal in size measuring 0.57 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 Oaks VS

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.

REFERRING VET

Dr. Liz Byers

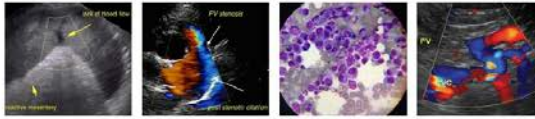
The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

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42216

DATE

10/19/22



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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. The pyloric wall appears somewhat prominent with intact wall layering at 0.32 cm. This is likely within normal limits but should be monitored.

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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 0.23 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. Colon wall measured 0.20 cm.

AGE

8 Years 9 Months

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

7.8 Pounds

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. A normal pancreaticoduodenal lymph node is visualized at 0.28 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

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Kathleen Sennello DVM,
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- Large, heterogeneous liver – 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.

IMAGING BY

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- Large gallbladder debris – A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of lab work and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.

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- Small non-obstructive nephroliths visualized in the kidneys – The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

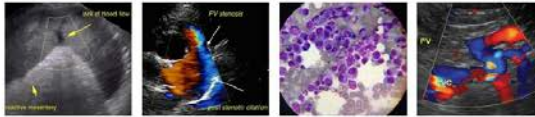
Correlate findings with recent bloodwork and clinical signs. The liver appears somewhat large and heterogeneous. This is a non-specific finding. If liver enzyme values are normal, the significance of this is uncertain. Additionally, the gallbladder has a large amount of intraluminal debris with some

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Peanut Lundeen early adherence to the wall, but no evidence of inflammation or wall thickening. Options moving forward include continued monitoring or starting chronic Ursodiol therapy.

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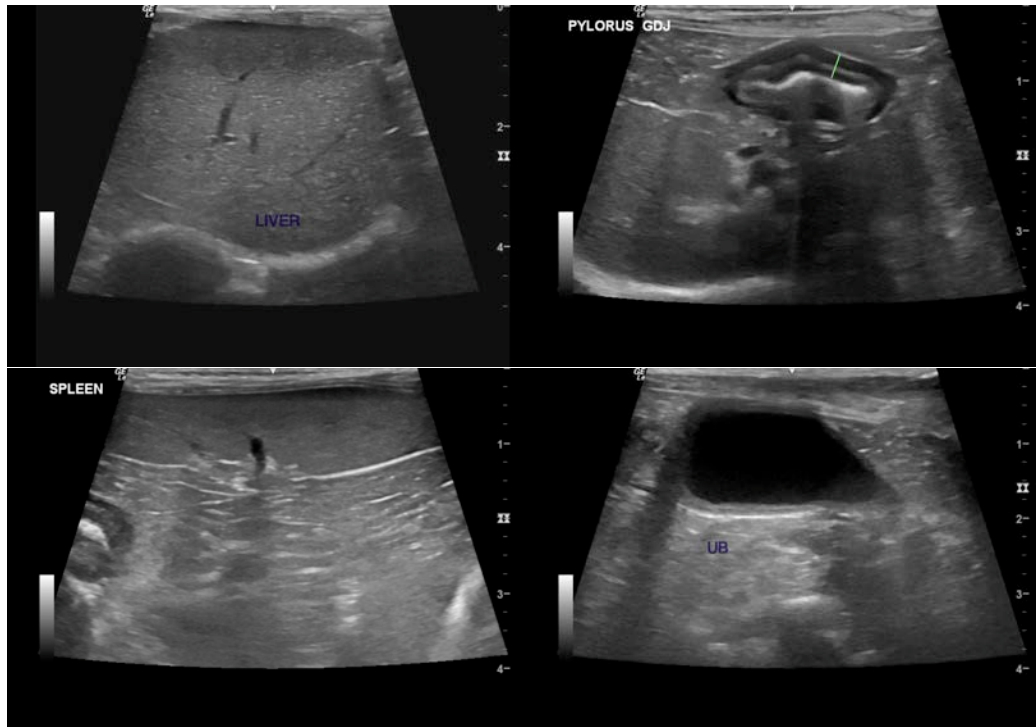
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HOSPITAL NAME

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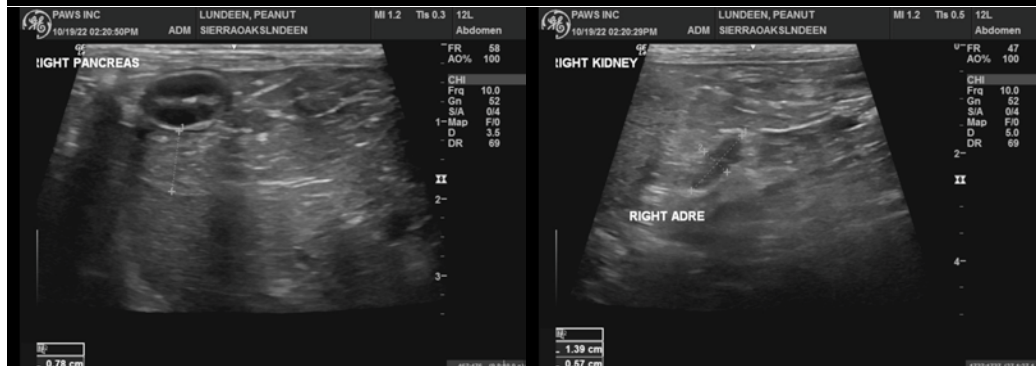
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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