
PATIENT

Mai-Ling Drnovscek

SPECIES

Canine

BREED

Pug

SEX

Spayed Female

AGE

9 Years

WEIGHT

7.0 kg

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Crystal Hill

HOSPITAL NAME

BPH East Hamilton

REFERRING VET

Dr. Wittenrich

INVOICE

26604

DATE

10/22/21

PRESENTING CLINICAL SIGNS

Has had diarrhea for a few days and has vomited a few times. O does not think P ate today. P is not consistent with eating food which is not normal. O thinks P is losing weight Has been lethargic not wanting to go for walks. PE: Mild diffuse abdominal discomfort. Clavaseptin, Metroniazole, Cerenia inj (10/21/21)

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.

The right kidney has a normal shape and size (4.03 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.

The left kidney has a normal shape and size (3.44 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

The left adrenal gland is normal in size measuring 0.41 cm. 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 0.40 cm. 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

The spleen echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The spleen is subjectively normal in size with no focal parenchymal abnormalities. The blood flow through the hilus and splenic parenchyma appears normal.

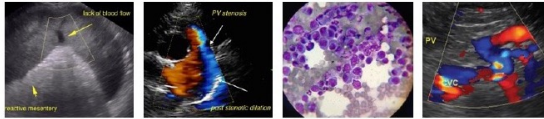
Liver

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.

The gall bladder lumen is moderately distended. Some areas of the wall appeared mildly thickened with adherent debris. There is a moderate amount of echogenic, non-organized debris in the dependent portion of the gallbladder. There is no evidence of bile duct dilation, but the tissue surrounding thickened gallbladder wall appears mildly hyperechoic. Gallbladder wall measured 0.26 cm.

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



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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.

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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measured 0.46 cm. Jejunum wall measured 0.36, 0.38 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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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.

PRIMARY FINDINGS

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- Moderately thickened small intestine – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
- Mildly dilated gallbladder with thickened wall and mildly inflamed tissue surrounding – The gallbladder debris present is not excessive, but the gallbladder wall does appear somewhat thickened. Findings would be most consistent with cholangitis.

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SECONDARY FINDINGS

- Small amount of shadowing material in the gastric lumen – correlate with feeding history. This could be shadowing ingesta or less likely foreign material.

INTERPRETED BY

Kathleen Sennello
DVM, MS, Diplomate
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Internal Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears subjectively thickened in this patient, but appears to retain normal wall layering. Additionally, the gallbladder wall looks somewhat thickened and mildly inflamed. Correlate with bloodwork values (are liver enzymes elevated, elevated white blood cell count, etc.). If clinical findings are supportive of gallbladder disease, consider starting Ursodiol and antibiotics and monitoring the gallbladder very closely. These findings are not consistent with a mucocele, so this finding is questionable.

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Unfortunately, there are many causes for diarrhea and vomiting, which are difficult to diagnosis by ultrasound alone. Consider a GI panel with PLI, TLI, cobalamin and folate to further evaluate for underlying pancreatic inflammation and small intestinal disease. Recommend serial abdominal radiographs to look for any evidence of ingested foreign material not evident on today's scan.

REFERRING VET

Dr. Wittenrich

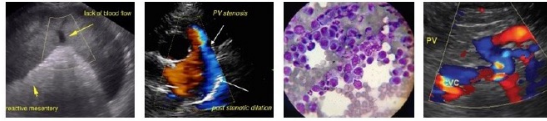
If eating, consider a novel protein/hydrolyzed protein diet, probiotic therapy, and if symptoms persist and gallbladder disease seems unlikely, then consider obtaining GI biopsies.

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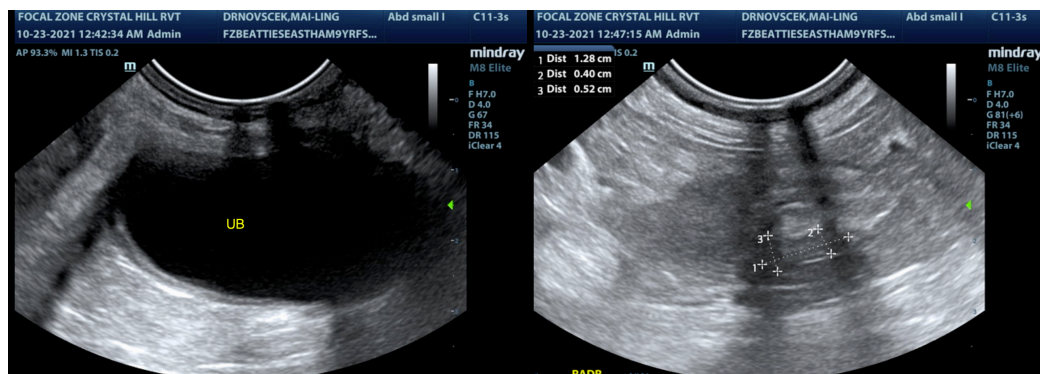
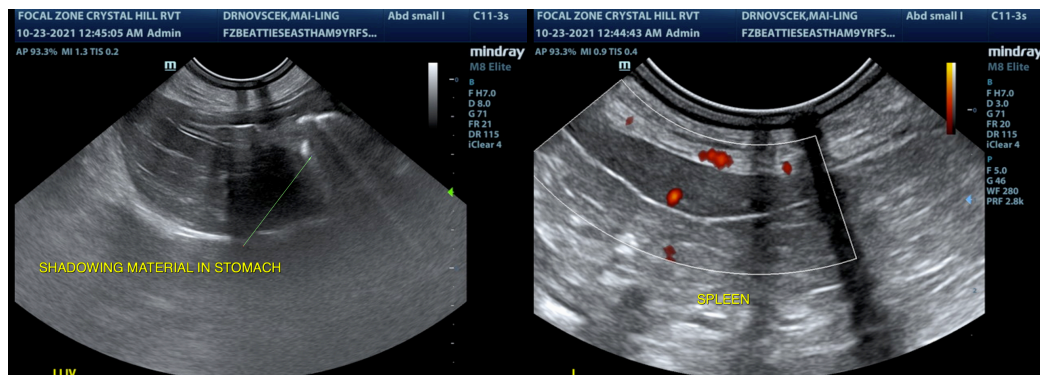
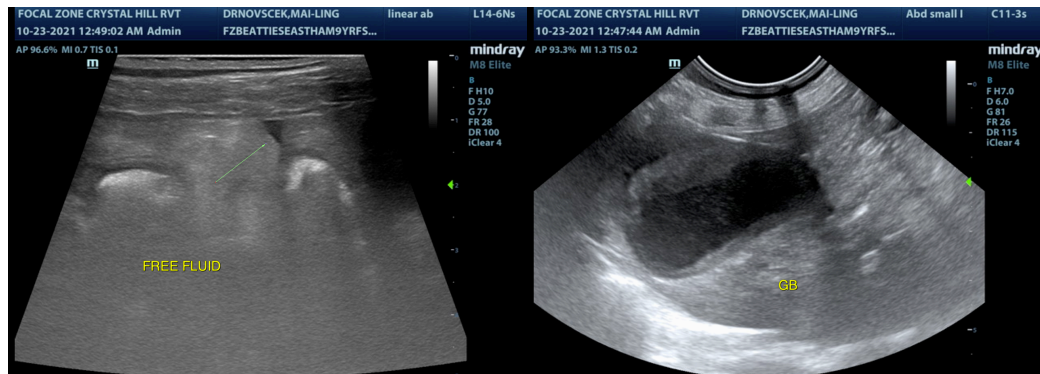
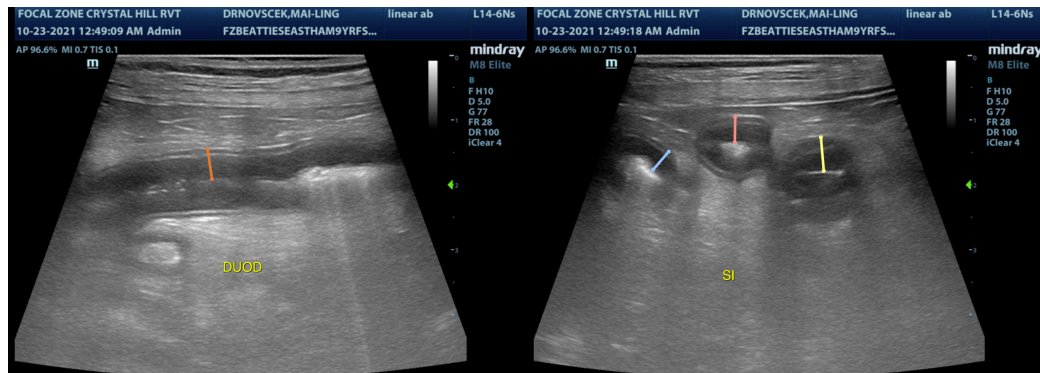
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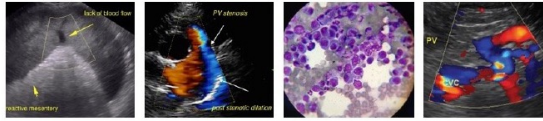
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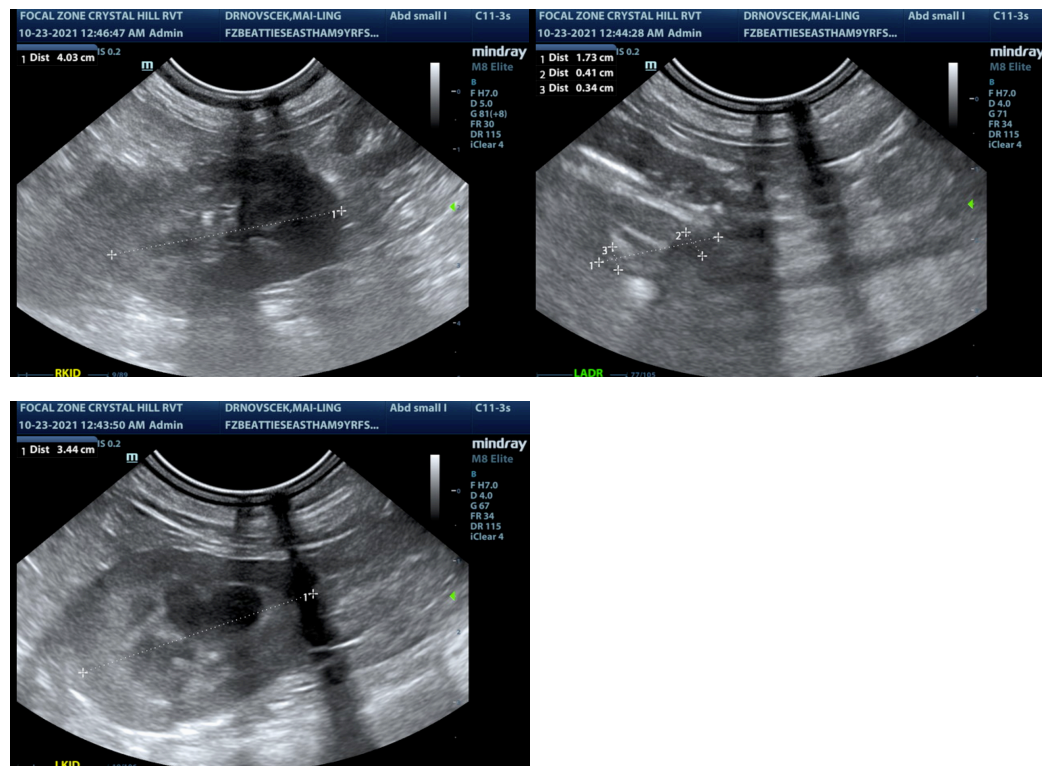
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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