



PATIENT

CC Emerald Pet Rescue

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

6 Years 6 Months

WEIGHT

8.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Marysville Veterinary

REFERRING VET

Dr. Grace Berg

INVOICE

26660

DATE

10/26/21

PRESENTING CLINICAL SIGNS

Adopted 10/8/2021- Chief Concern/Provisional Dx: Chronic regurgitation of food and water History: Pt had a chronic hx of regurgitating food and water when adopted 10/8/21 Physical : Occasional harsh lung sounds with increased respirations Senior Screen : Unremarkable Radiographs: 10/11 Radiographs Radiographic Findings Whole body radiographs are supplied. Cardiovascular and pulmonary structures are within normal limits. The length of esophagus and trachea are negative for abnormalities. There is small bubble-like accumulations of gas in the subcutaneous tissues dorsal to the thorax, assumed injection site. Abdominal detail is satisfactory, but limited as there is little intra-abdominal fat. The stomach is mildly distended with gas and fluid. Small bowel segments appear mildly fluid distended but are not dilated. The colon contains scant distal feces and minimal gas. Radiopaque G.I. foreign material is not identified. There is a small thin piece of wire in the right cranial ventral abdomen, likely incidental (these wire foreign bodies are generally previously ingested barbecue brush bristles which have migrated from the stomach/bowel into the adjacent soft tissues. They are very commonly seen and rarely of clinical importance). Conclusion Normal cardiopulmonary structures. There is no evidence of esophageal abnormality. Thin patient. Mild distention of the stomach with fluid and gas. This may suggest recent ingestion of water, however, this gastric character can be associated with atony associated with gastritis and dysmotility, or potentially, gastric outflow or proximal small bowel obstruction. Other abdominal viscera are without defined abnormalities.

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 left kidney has a normal shape and size (3.69 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 right kidney has a normal shape and size (3.6 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 0.44 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 0.35 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.

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.



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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.

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.23 cm 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. No masses or focal lesions were observed.

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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. The duodenum wall measured 0.37 cm. Jejunum wall measured 0.34 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.

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.

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Free Abdomen

No free fluid present. Prominent mesenteric lymph nodes are observed measuring 0.4, 0.49, and 0.5 cm. The omentum is of normal echogenicity.

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Loetitia Saint-Jacques, RVT

Other

There are two ovoid, hypoechoic structures caudal to the left and right kidneys, which could be consistent with intact ovarian tissue or with GI lymph nodes. On the left side, the structure measures 0.88 cm x 0.33 cm. On the right side, the structure measured 0.63 cm.

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The uterine stump is visualized between the urinary bladder and the colon. This is consistent with either a prominent uterine stump or an intact uterus.

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PRIMARY FINDINGS

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

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SECONDARY FINDINGS

- Hypoechoic, ovoid structures caudal to both kidneys – could be consistent with intact ovaries or with GI lymph nodes.

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- Prominent (but not fluid filled) uterine body – could be consistent with uterine stump or intact uterus.

SPECIES INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Canine

A cauda for the reported regurgitation is not clearly observed. Consider evaluation for esophageal or pharyngeal disease including a barium swallow with either fluoroscopy or immediate radiographs and esophagoscopy to look for esophagitis or any obstructive lesions. Additionally, consider an ACTH stimulation test and testing for myasthenia gravis (ACH receptor antibody test).

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Additionally, there is questionable either lymph nodes or intact ovarian tissue visualized, and the uterine body appears prominent. Based on the information provided, this is a newly homed pet, so spay history is not certain. Correlate with external physical exam findings (i.e. size of vulva, is there mammary tissue present, etc.). Options to further investigate would waiting for signs of heat to develop, or you could consider LH and AMH levels (anti-mullerian hormone). A low LH and high AMH level would be most consistent with an intact female (unfortunately no hormone testing is 100% accurate). This issue is likely unrelated to the reported regurgitation.

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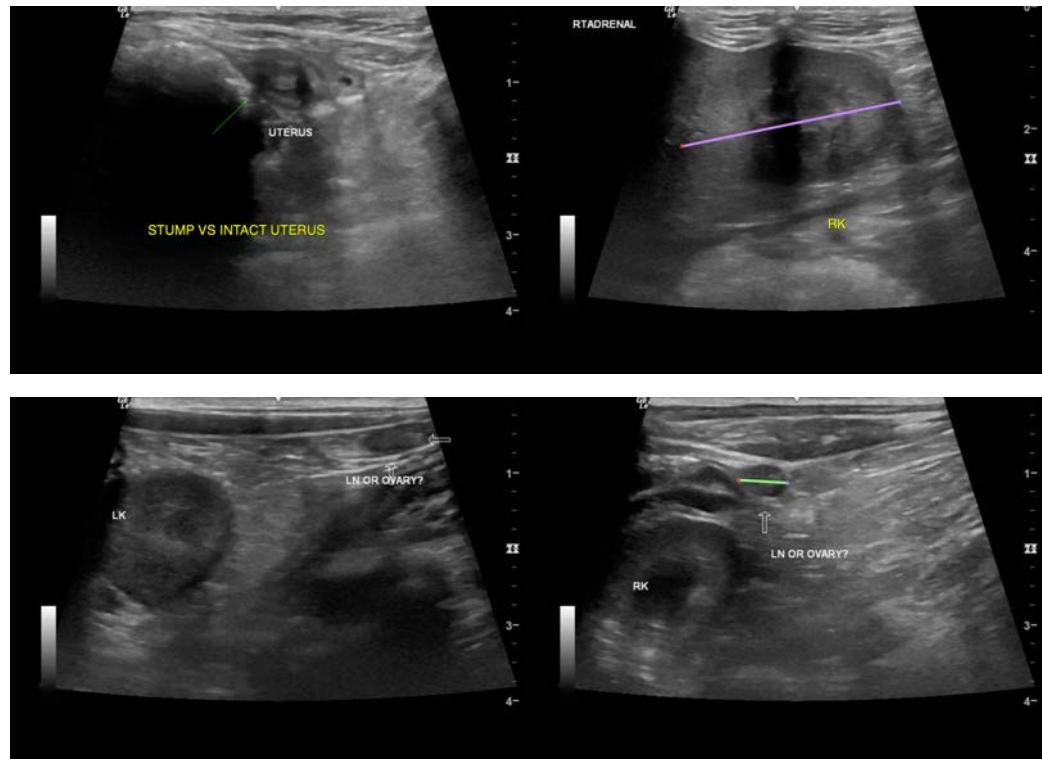
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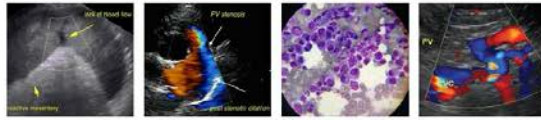
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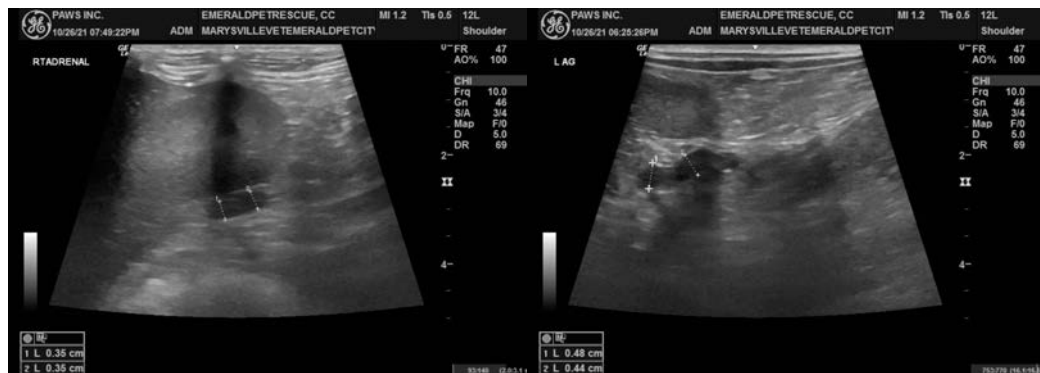
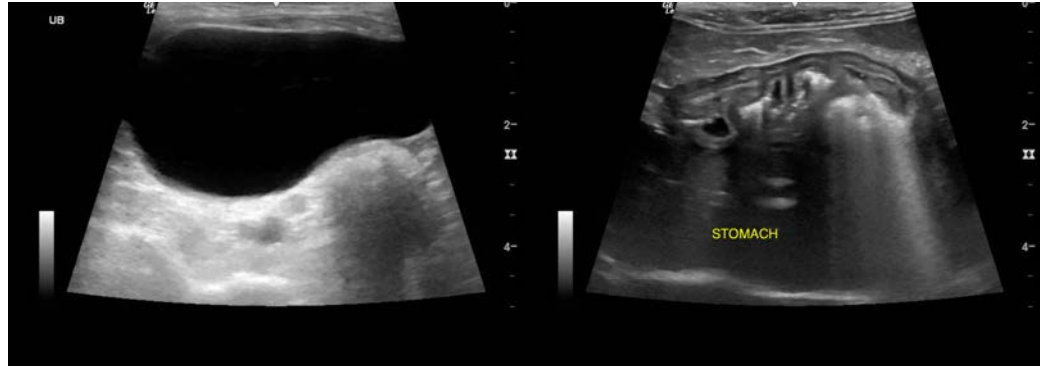
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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