



**PATIENT**

Luna Sanchez

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Spayed Female

**AGE**

9 Months

**WEIGHT**

17.9 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Gardner

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Gardner

**INVOICE**

42383

**DATE**

10/27/22

**PRESENTING CLINICAL SIGNS**

Transfer from salem ER for hx of Anorexia since saturday, diarrhea since sunday, vomiting since monday. BW showed cholangiohepatitis. P possibly ate mushrooms QAR to QDR, T: 101.2, HR: 110, RR32, mm icteric/m w/ CRT < 2s. EENT: Mild right side facial swelling, Mild chemosis OD. H/L: NMA, SSP; lungs clear, eupneic. ABD: tense on deep palpation but pliable. M/S: amb x 4 w/ no lameness. NEU: appropriate mentation. AFAST: gallbladder wall edema, scant FF in abdomen \_\_ A: Acute Hepatopathy (cholestatic) - r/o infectious (cholangiohep, lepto, SPD), inflammatory, reactive, secondary to pancreatitis, cancer, other thrombocytopenia - SPD, consumption, destruction, loss fever/vomiting/diarrhea\_\_

Abnormal PE/Chem/CBC/UA Results: Salem ER labs CBC - HCT 49%, WBC 13.9, PLT 16k\* (man platelet 36,000) Chem - Glu 119, Creat 0.7, BUN 11, Phos 6, Ca 9.2, TP 5.9, ALB 2.7, Glob 3.2, ALT 287\*, ALP 1325\*, Tbili 2.9\*, Chol 144, Na 157, K 4.8, Cl 113 PCV 50%, TS 5.8 g/dL lepto - negative 10/27/22 CBC: HCT 37 WBC 12.39 Net 5.45 plts 16 Chem 17: Creat 0.4 Ca 7.8 TP 4.6 ALB 2.0 ALT 195 ALP 845 Tbili 4.8 -Mild improvment EPOC: HCT 33 pH 7.465 lytes wnl

**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 (6.4 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.84 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.45 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

**Spleen**

The spleen is large. The spleen echotexture is heterogenous and mottled, 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**

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.



**PATIENT**

Luna Sanchez

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

**SPECIES**

Canine

**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. No masses or focal lesions were observed.

**BREED**

Australian Shepherd

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 measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.)

**SEX**

Spayed Female

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

**AGE**

9 Months

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**

**WEIGHT**

17.9 kg

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

**Free Abdomen**

**INTERPRETED BY**

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

There is a moderate amount of anechoic free fluid. There is a prominent lymph node visualized in the cranial abdomen measuring 1.56 cm in diameter. The omentum is generally of normal echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING PERFORMED BY**

Dr. Gardner

- Large, mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

**HOSPITAL NAME**

Wilvet Salem

- Hypoechoic, prominent pancreas with surrounding hyperechoic mesentery – The pancreatic changes are most consistent with mild pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

**REFERRING VET**

Dr. Gardner

- 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.

**INVOICE**

42383

- Moderate amount of free abdominal fluid

**DATE**

10/27/22

- Prominent cranial abdominal lymph node – Mild/moderate lymphadenopathy, differentials include inflammation, infection, or neoplastic change.



**PATIENT**

Luna Sanchez

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Spayed Female

**AGE**

9 Months

**WEIGHT**

17.9 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Gardner

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Gardner

**INVOICE**

42383

**DATE**

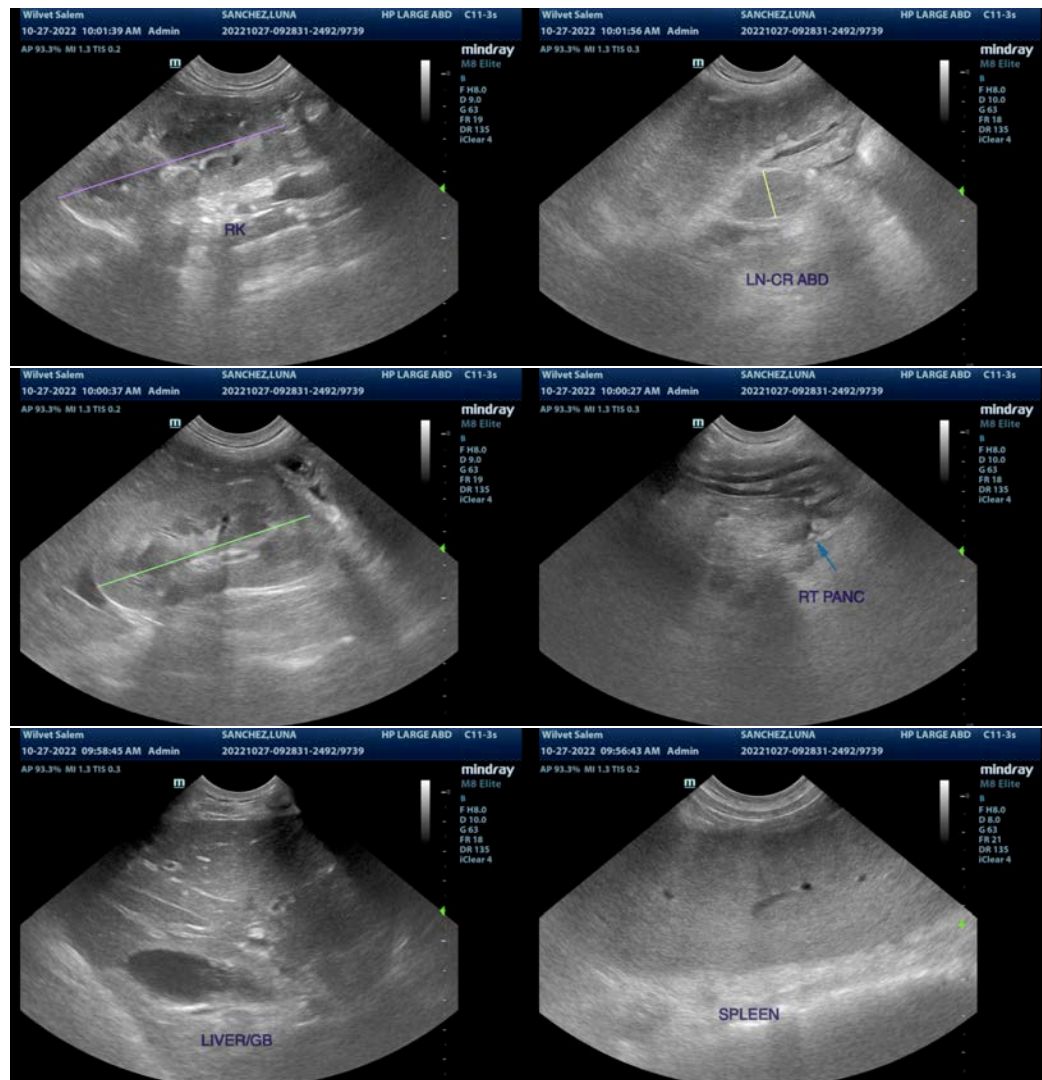
10/27/22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is significant hepatosplenomegaly present. This can be due to infiltrative disease, congestion, etc. Recommend a fine needle aspirate of the liver and spleen provided coagulation parameters are relatively normal. There is no evidence of significant gallbladder disease, so the liver enzymes observed are likely due to a primary hepatopathy.

The pancreas appears somewhat prominent and mottled in the left and right limb. Findings are most consistent with mild pancreatitis. Correlate with a quantitative cPLI level.

There is a moderate amount of free fluid present. This is likely secondary to the hypoalbuminemia reported, although keep in mind the possibility of intrathoracic disease or cardiac disease. Recommend 3-view thoracic radiographs +/- cardiac ultrasound.





**PATIENT**

Luna Sanchez

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Spayed Female

**AGE**

9 Months

**WEIGHT**

17.9 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Gardner

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

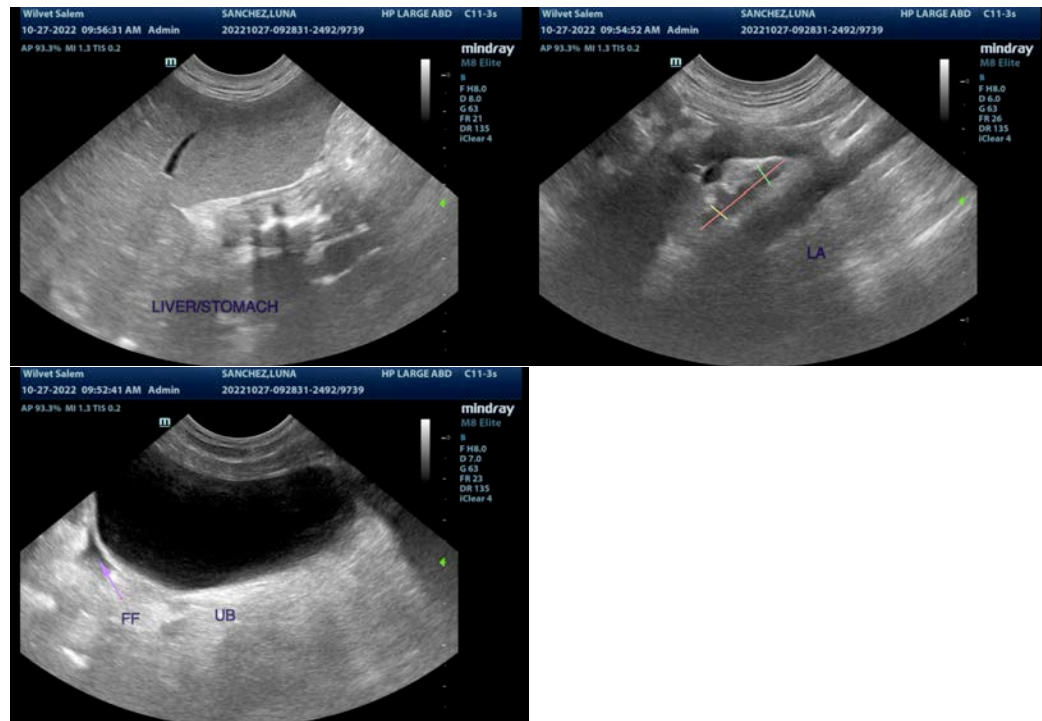
Dr. Gardner

**INVOICE**

42383

**DATE**

10/27/22



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.

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

kathleen.sennello@sonopath.com