



PATIENT

Bonnie Fannin

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

12 Years

WEIGHT

12 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

North Jersey AH

REFERRING VET

Dr. Mark Reidel

INVOICE

13629

DATE

10/8/21

PRESENTING CLINICAL SIGNS

History: Chronic hematuria, some struvite crystals. R/O neoplasia, uroliths. Currently on Convenia.

Abnormal PE/Chem/CBC/UA Results: U/A: 2+ protein, trace glucose, 3+ blood, 3+ struvite, USG; 1.053.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with moderately echogenic urine. The Bladder wall appears mildly thickened and slightly irregular in the area of the trigone. The ureteral papillae appear normal and there are no calculi visualized. The proximal urethra to a depth of 2.0 cm is visible. There is a large amount of shadowing from gas in the nearby colon, but the urethra is somewhat prominent, measuring 0.34 cm in diameter. Findings are most consistent with cystitis, but neoplasia cannot be ruled out. Visualization is impaired by lack of urine distention and gas in the colon.

The right kidney has a normal shape and size (3.54 cm) with mild corticomedullary rim sign). 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, infarcts or hydroureter. Numerous small pinpoint non-obstructive nephroliths. Renal vasculature is normal.

The left kidney has a normal shape and size (2.95 cm) with corticomedullary rim sign. 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, infarcts or hydroureter. Numerous small non-obstructive nephroliths (0.34 cm). Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 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 0.41 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.

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. 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.

Gastrointestinal



PATIENT

Bonnie Fannin

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.

SPECIES

Canine

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 (0.27 cm in wall thickness) and the jejunum measured as normal (0.2 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Chihuahua

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.

SEX

Spayed Female

Pancreas

The (pancreas/region 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.

AGE

12 Years

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.

WEIGHT

12 Pounds

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

- Non-obstructive nephroliths evident in both kidneys- The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.
- Echogenic debris in the urinary bladder with prominent urethra- The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture. The urethra is somewhat prominent but difficult to visualize due to gas in the local colon. You should be able to palpate the urethra on rectal exam to see if there are any irregularities. I recommend urinalysis and culture.

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

North Jersey AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No dramatic lesions are visualized in the urinary bladder. There is some mild mucosal irregularity noted and the urethra appears somewhat prominent. I recommend urinalysis and culture. If an infection is noted, I recommend reimaging post treatment with more urine distention to better evaluate that area. If no infection is noted, consider urine braf test and reevaluation of the urinary bladder with ultrasound when it is more distended. Additionally, the urethra appears somewhat prominent. Consider rectal exam to palpate this. IF an infection is not noted, you could also consider a traumatic catheterization or cystoscopy. I recommend a urine culture approximately a week after cessation of antibiotics (or a weeks after the convenia should be out of the system).

REFERRING VET

Dr. Mark Reidel

INVOICE

13629

DATE

10/8/21



PATIENT

Bonnie Fannin

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

12 Years

WEIGHT

12 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

North Jersey AH

REFERRING VET

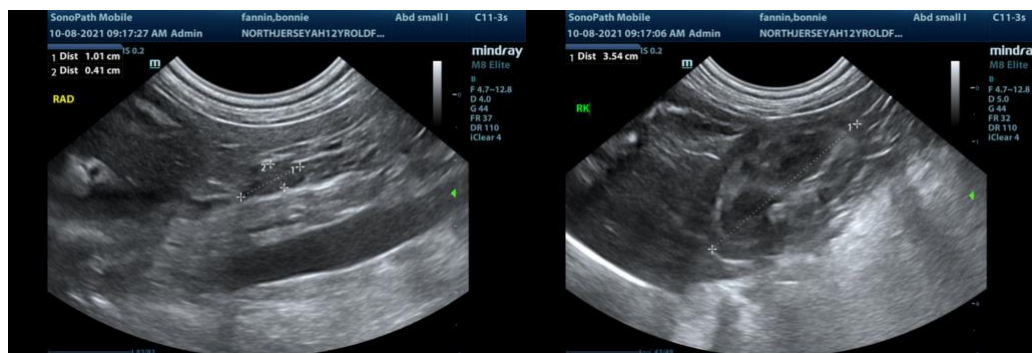
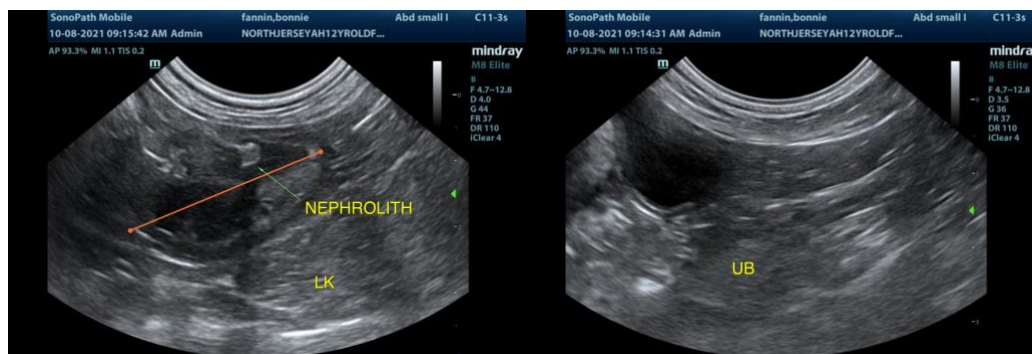
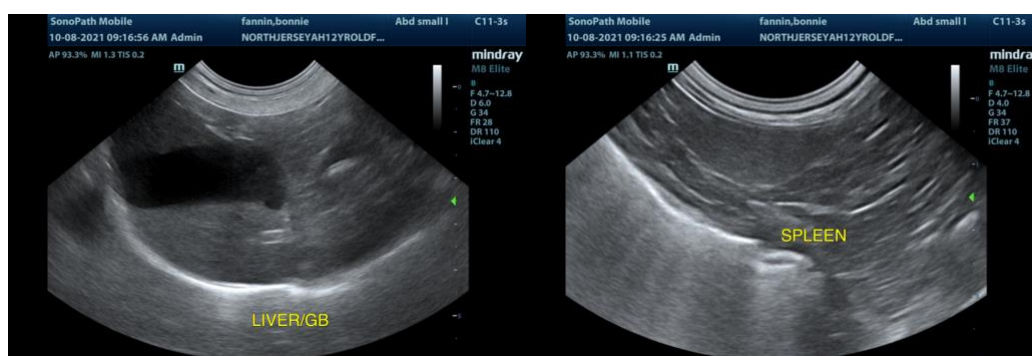
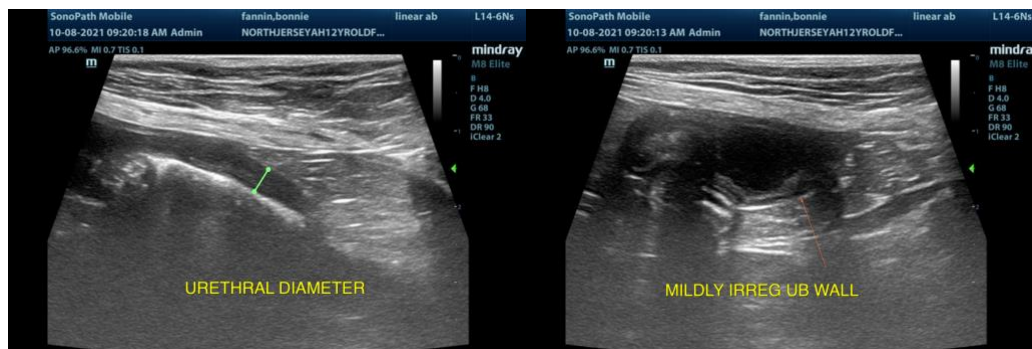
Dr. Mark Reidel

INVOICE

13629

DATE

10/8/21

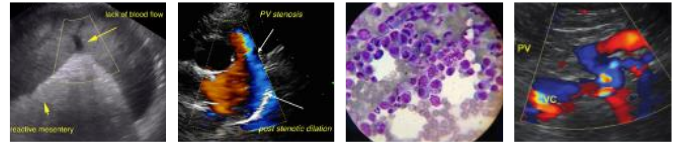


INVOICE

13629

DATE

10/8/21



PATIENT

Bonnie Fannin

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

12 Years

WEIGHT

12 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

North Jersey AH

REFERRING VET

Dr. Mark Reidel

INVOICE

13629

DATE

10/8/21



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)
kathleen.sennello@sonopath.com