



**PATIENT PRESENTING CLINICAL SIGNS**

Zena Cline Presents for evaluation of vomiting and diarrhea for several days now. P was previously seen a week ago for a mammary nodule. Decreased appetite, p will only eat some treats.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Mild discomfort on palpation of R cranial abdomen. Tacky mm, slight skin tent. cbc - Neu 19.97 (3-12), HCT 62% chem - BUN 59 (7-25), Glu 133, Glob 1.7 (2.3-5.2), CRE 1.3 elevated precision PSL UA (11/10) - USG 1.024, 1+ occult blood, 3+ protein UPC - high 3.5

Canine

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Toy Poodle **Urinary System**

**SEX** 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.

Spayed Female

**AGE** The left kidney has a normal shape and size (3.94 cm) with a 0.25 cm cortical cyst. Overall echogenicity is slightly hyperechoic with poor 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.

11 Years 4 Months

**WEIGHT** The right kidney has a normal shape and size (3.83 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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.

4.4 kg

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.57 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 0.39 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 PERFORMED BY**

Dallas Reynolds, LVT

**Spleen**

The spleen is subjectively normal in size. 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. There are too numerous to count small hypoechoic lesions in the spleen. Some of the larger hypoechoic, irregular, somewhat moth-eaten lesions visualized measure at 0.48, 0.39, and 0.20 cm.

**HOSPITAL NAME**

Lone Mountain AH

**REFERRING VET**

Dr. Lilliana Munoz

**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 gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris and some areas have early mucosal stranding and organization of the debris into an early mucocele. There is a large amount of primarily non-organized echogenic debris present as well. There is no evidence of bile duct dilation.

**DATE**

11/17/22



**PATIENT**

**Gastrointestinal**

Zena Cline

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. Duodenum wall measures 0.40 cm. Jejunum wall measures 0.21 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**BREED**

Toy Poodle

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 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 moderate pancreatitis.

**AGE**

11 Years 4 Months

**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. A mesenteric lymph node is visible at 0.40 cm. A sublumbar lymph node is visible at 0.33 cm. The omentum is generally of normal echogenicity, very mildly hyperechoic around the region of the pancreas.

**WEIGHT**

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**PRIMARY FINDINGS**

- Mottled spleen with numerous small hypoechoic nodules – 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.
- Hypoechoic, irregular pancreas with mildly 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.
- Gallbladder distention with echogenic debris and early mucosal stranding – The gall bladder changes are most consistent with a developing mucocele. Consider medical management and close monitoring for progression of this lesion.

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**SECONDARY FINDINGS**

- Decreased corticomedullary distinction in both kidneys with occasional cortical cysts – The bilateral renal findings are consistent with age-related change.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a mild amount of inflammation surrounding the pancreas with a slightly prominent hypoechoic tissue. Findings are most consistent with current mild pancreatitis or previous episodes of pancreatitis. Correlate with a quantitative cPL level and recommend empirical treatment for pancreatitis.

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Additionally, the spleen is mottled with numerous hypoechoic nodules. Recommend a fine needle aspirate of the spleen.

**SPECIES**

Canine

The gallbladder is distended with echogenic debris that is starting to organize into a mucocele. Recommend chronic Ursodiol therapy and continued monitoring of liver enzymes and the gallbladder for possible progression of this lesion.

**BREED**

Toy Poodle

The changes visible in the kidneys are somewhat consistent with chronic progressive renal disease, but with the proteinuria reported, this could be more significant. Recommend a blood pressure evaluation, urinalysis and culture, and if the proteinuria persist, consider further evaluation for and medical treatment of a protein losing nephropathy.

**SEX**

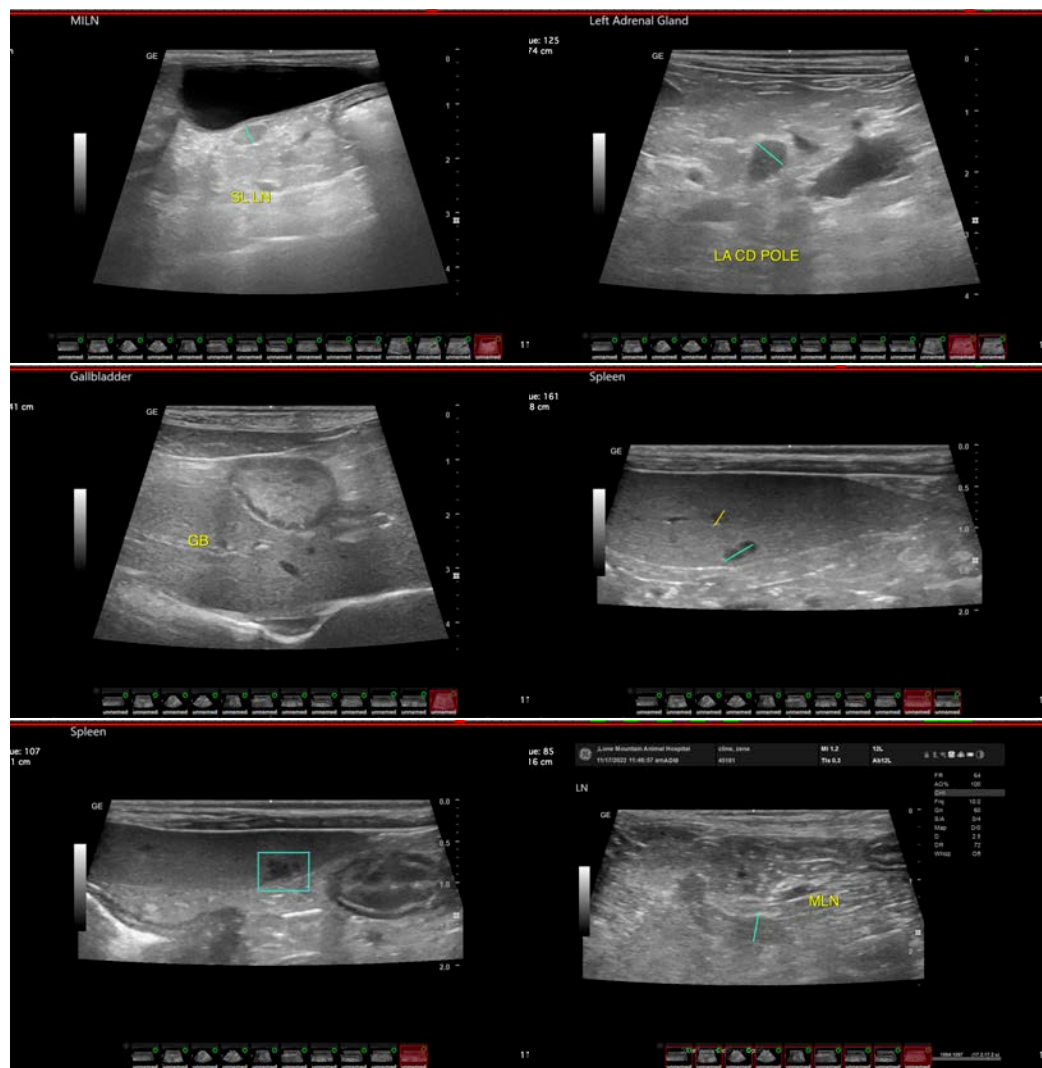
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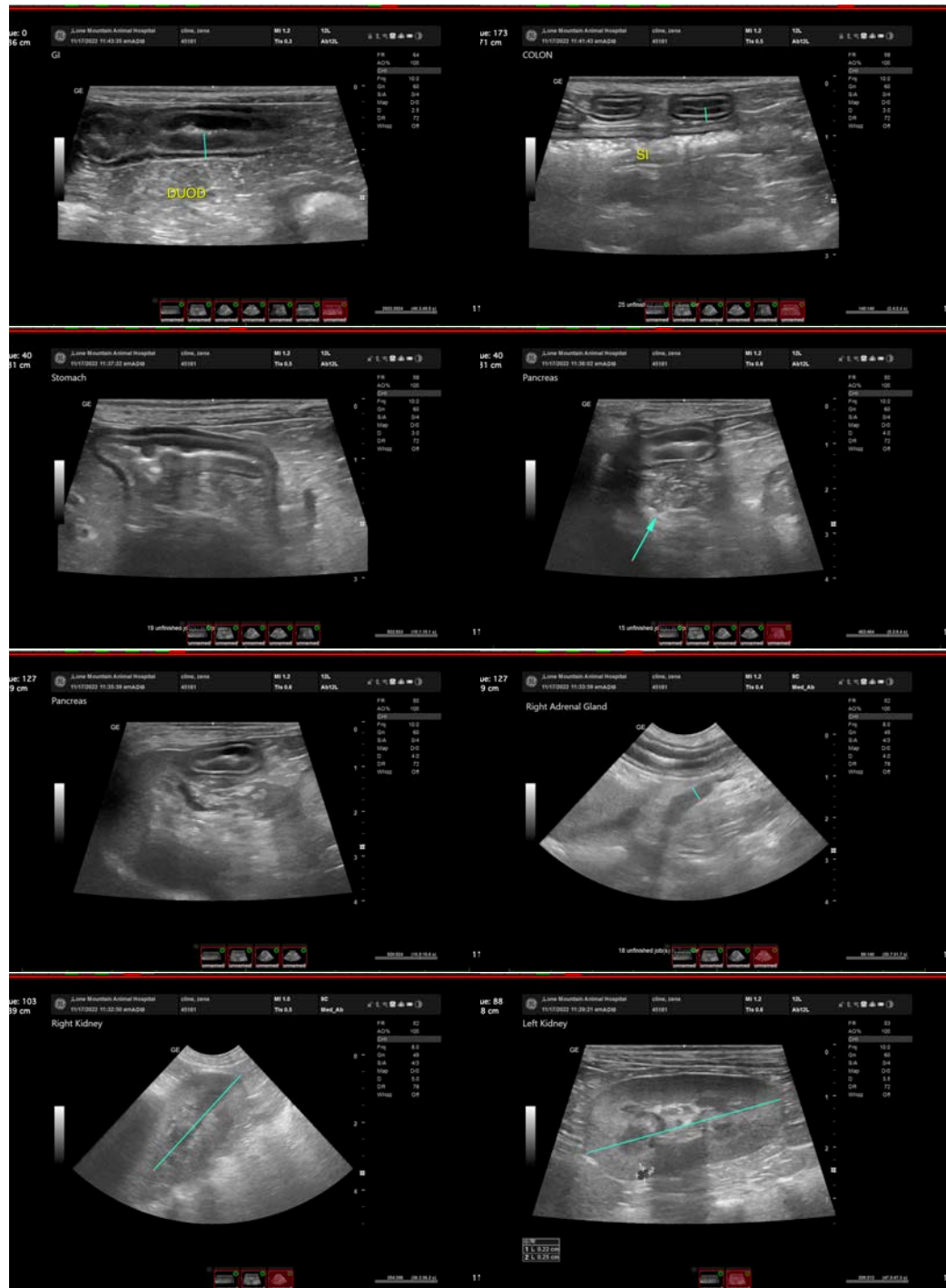
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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