

**PATIENT PRESENTING CLINICAL SIGNS**

Chu Cabral

anorexia / shaking Diabetic ketoacidosis / Weight loss. Meds: Winpred 1 mg tablet SID  
Abnormal PE/Chem/CBC/UA Results: Hyperglycemia ALP mild increase / urea mild increase mild decrease in K level Urinalysis report is showing glucosuria , ketones , bacteria ( cocci ) , Proteinuria

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

JRTX

**Urinary System**

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

**SEX**

Spayed Female

The left kidney has a normal shape and size (4.62 cm) with small occasional non-obstrutive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

10 Years

The right kidney has a normal shape and size (4.34 cm) with occasional small non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

6.36 kg

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.36 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 XXcm 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.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**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.

**HOSPITAL NAME**

Tansley Woods VH

**Liver**

The liver is subjectively normal in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

**REFERRING VET**

Dr. El-Ghazawi

The gall bladder lumen is moderately distended. The wall of the gall bladder has adherent debris measuring approximately 0.30 cm in thickness. The cystic and common bile ducts are normal/not visible.

**INVOICE**

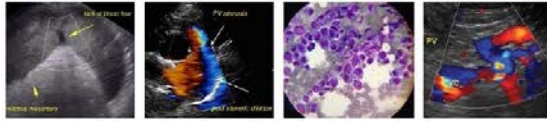
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**Gastrointestinal**

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.

**DATE**

12/1/22



**PATIENT**

Chu Cabral

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. Jejunum wall measures 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SPECIES**

Canine

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.

**BREED**

**Pancreas**

JRTX

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.

**SEX**

Spayed Female

**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.

**AGE**

10 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

6.36 kg

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Hyperechoic liver – The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy. This is likely consistent with a diabetic hepatopathy.
- Moderate gallbladder debris adherent to the gallbladder wall – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Crystal Hill

There are no underlying mass lesions observed and no significant pancreatic inflammation is appreciated. There is some debris in the urinary bladder. Recommend a urinalysis and culture and continued monitoring of the gallbladder, as there is debris adherent to the gallbladder wall, which could be an indication of mild cholecystitis.

**HOSPITAL NAME**

Tansley Woods VH

Recommend intensive care for diabetic ketoacidosis. If the patient is not responding to therapy, consider reevaluation of the abdomen, as sometimes pancreatic inflammation can become more apparent with rehydration, etc.

**REFERRING VET**

Dr. El-Ghazawi

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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**HOSPITAL NAME**

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**REFERRING VET**

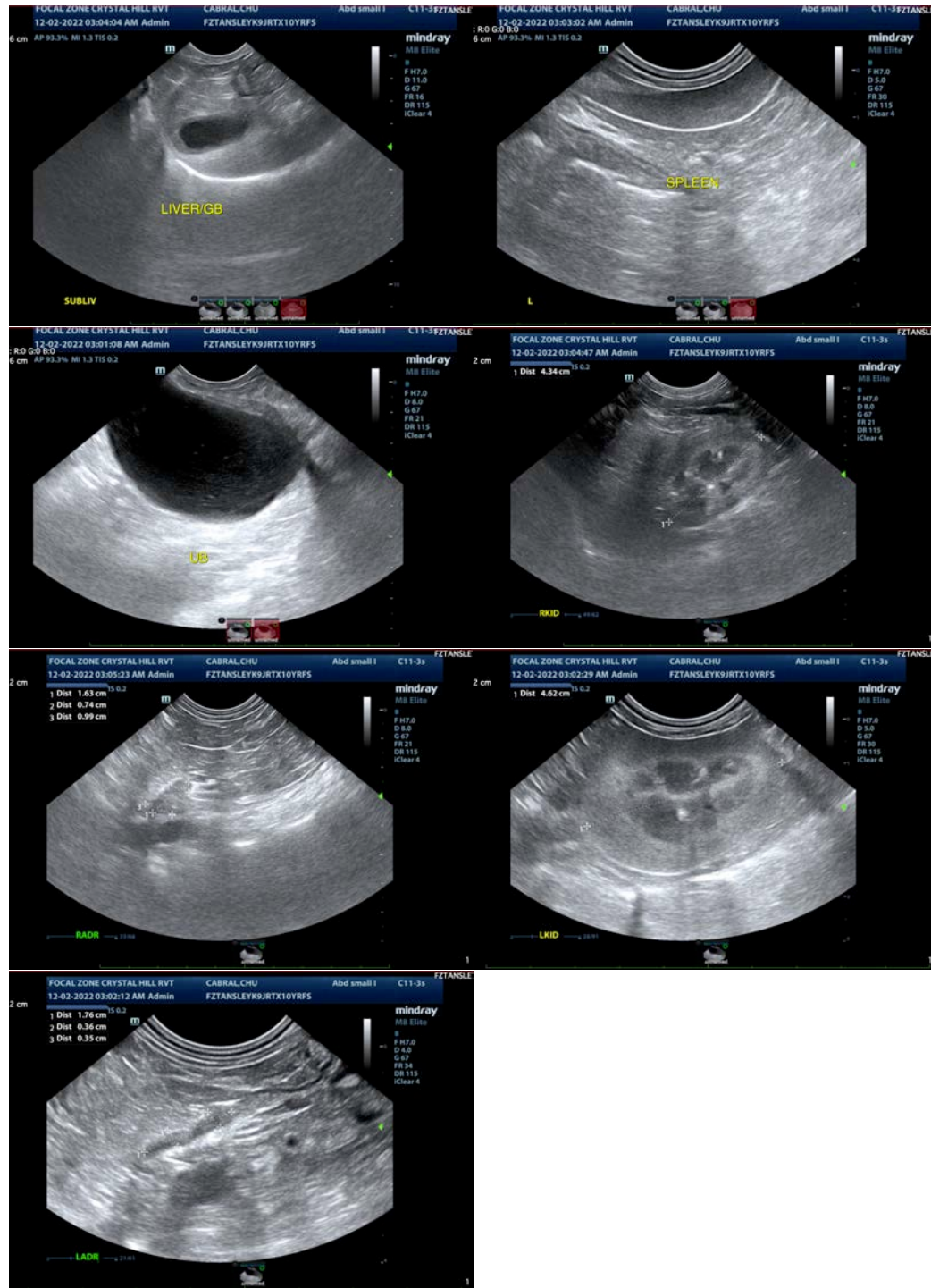
Dr. El-Ghazawi

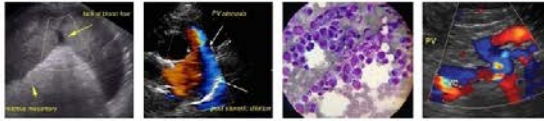
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**PATIENT**

Chu Cabral

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.

**SPECIES**

Canine

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

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