

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Nina Marks
SPECIES Canine
BREED Jack Russell Terrier
SEX Spayed Female
AGE 13 years
WEIGHT 15 Pounds

PRESENTING CLINICAL SIGNS
 History: Referring veterinarian: Lindsay Sjolín, DVM Patient's Name: Nina Owner's first and last name: Jesse Marks Species: Canine Gender(altered?) S Age: 13Y Weight in #: 15 Breed: Jack Russell Terrier Mix History: History of vomiting in the morning for approximately 1 month. Increasing in frequency. Physical exam findings: No significant findings on PE Abnormal CBC values: mild elevation in hemotocrit Abnormal Chemistry Values: ALT 179 (18 - 121 U/L) Abnormal UA Values: N/A Radiograph Findings(email radiographs if available): N/A Reason for Ultrasound: evaluate for cause of vomiting.

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 (4.47 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 (4.1 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 0.72 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 0.61 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. There are two small, hypoechoic lesions visualized. One measured 1.16 cm and one measured 0.42 cm.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of

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IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Alpine AH

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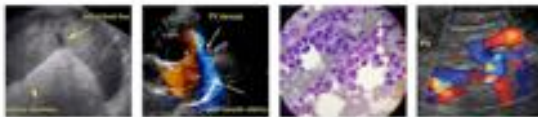
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the vasculature and biliary tract appear normal. There are numerous, very ill-defined, hypoechoic nodules visualized and measured approximately 0.47 cm and 0.52 cm. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

SPECIES

Canine

Gastrointestinal

BREED

Jack Russell Terrier

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.

SEX

Spayed Female

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Mucosal speckling was noted. Wall appears subjectively, mildly increased. The duodenum measured 0.48 cm and the jejunum measured 0.31 cm. Bowel loops follow a typical curvilinear path with distinct wall layering. 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.

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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

There is one small triangle of free fluid visualized. There is an occasional prominent, but not enlarged lymph node visualized and the omentum is generally of normal echogenicity.

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Heart

No pericardial effusion was seen.

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ULTRASONOGRAPHIC FINDINGS

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PRIMARY FINDINGS:

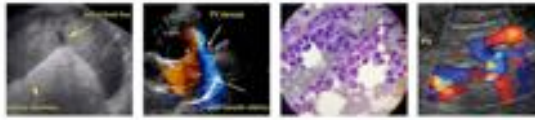
- Two small, hypoechoic nodules in the spleen.
- Heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. There is a possibility that this represents age related change.
- Subjectively thickened small intestine with mucosal speckling visualized. The mild small

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intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Possible considerations to further evaluate the ALT elevation and the mottled liver include:

- Pre and post prandial bile acids to evaluate liver function.
- Screening for Leptospirosis.
- FNA of the liver.
- Alternately you can implement chronic Denamarin therapy and monitor the values closely.

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No prominent lesions are visualized to explain the vomiting and mild ALT elevation reported. There is some diffuse mottling to the liver which is a non-specific finding and the small intestine appears subjectively thickened. There were two small, hypoechoic nodules in the spleen. These may represent benign or cancerous lesions. You can consider a FNA, but they are small and it may be difficult to get a representative sample. Otherwise, you can consider continued monitoring with ultrasound. I recommend three view thoracic radiographs.

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The changes in the bowel are relatively mild and non-specific, but they can be consistent with underlying inflammation. Options to further address this include:

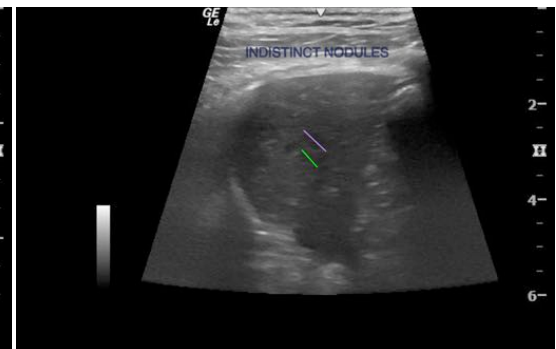
- Consider a hydrolyzed protein or novel protein prescription diet.
- Consider a GI Panel to Texas A&M with a quantitative PLI, TLI, cobalamin and folate to further evaluate the small intestine.
- Consider starting an antacid for possible bilious vomiting syndrome.
- If symptoms continue despite symptomatic therapy, diet change, etc. then consider upper GI endoscopy.

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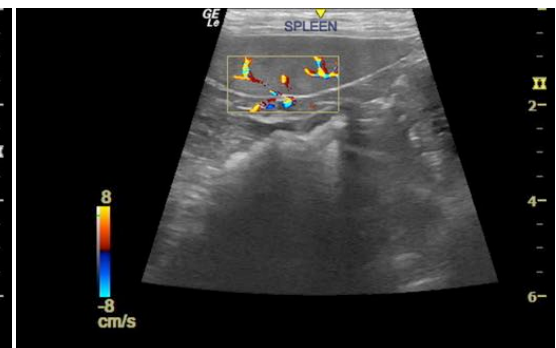
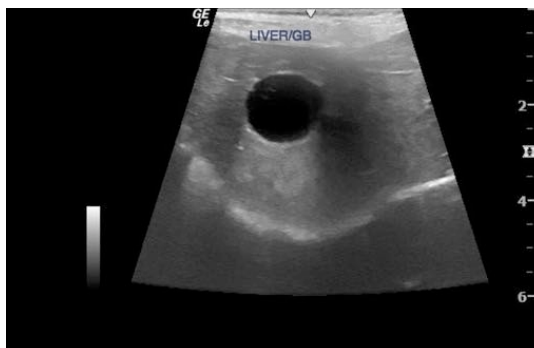


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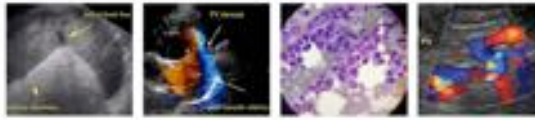
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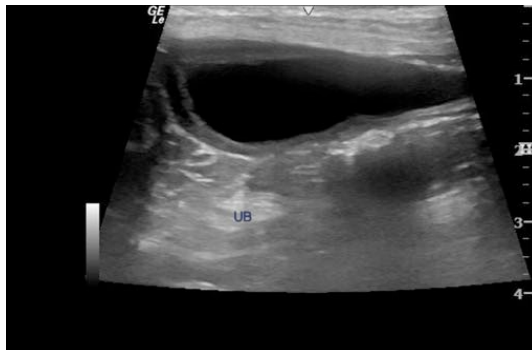
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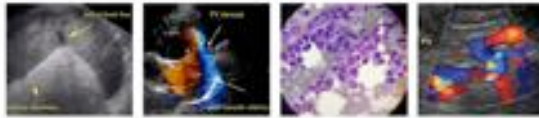
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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