

PATIENT PRESENTING CLINICAL SIGNS

Dudley Cotter
Hematuria- stone noted on RADS= repeated RADS and still in same location, checking to see if lodged in bladder wall- occ straining intermittent- recent change in urinary habits- leaked on couch- Hx of GI- bland diet due to a chronic GI issue vomiting but bland diet works well- urinating blood towards end of his walks the last couple days. Hx of pancreatitis as well-
SPECIES
Abnormal PE/Chem/CBC/UA Results: urine culture- no growth- 3+ blood, 1+ bili, 6.0pH, protein 1+, >100rbc, 1041 USG, WBC 0-2, Occ calcium oxalate,
Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Miniature Schnauzer
Urinary System

SEX
The urinary bladder is mildly distended with anechoic urine. The bladder wall is mildly diffusely thickened and irregular particularly in the apical area of the urinary bladder where the wall measures 0.34 cm in thickness. In the dependent portion of the bladder is a large shadowing structure that measured 0.73 cm. This is most consistent with a calculus. On additional images I suspect this area separates into multiple smaller stones many of which can be seen in the proximal urethra and some just proximal to the prostate. There is no evidence of masses visualized.
Neutered Male

AGE
The prostate is normal in size (0.89 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.
9 years

WEIGHT
The left kidney has a normal shape and size (4.73 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. Small, numerous, non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.
19 lbs

INTERPRETED BY
The right kidney has a normal shape and size (4.4 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. Numerous, non-obstructive nephroliths were noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.
Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY
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.
Loetitia Saint-Jacques, RVT

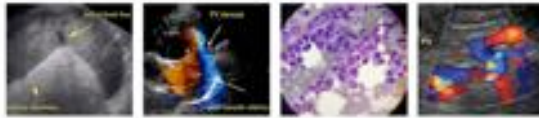
HOSPITAL NAME
The right adrenal gland is normal in size measuring 0.49 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.
Sierra Pet Clinic

REFERRING VET
Dr. Seprka

Spleen

INVOICE
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.
94904

DATE
12/23/21



PATIENT *Liver*

Dudley Cotter 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 gallbladder lumen is significantly distended with the gallbladder measuring 2.9 cm in diameter. The wall of the gallbladder does not appear significantly thickened and has a smooth mucosal surface aside from some areas where there is hyperechoic adherent debris. Intraluminally the contents are primarily anechoic. The cystic and common bile ducts are normal/not visible. There is no evidence of inflammation surrounding the gallbladder.

SPECIES

Canine

BREED

Miniature Schnauzer

Gastrointestinal

SEX

Neutered Male

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.

AGE

9 years

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 (0.33 cm) and the jejunum measured as normal (0.29 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

WEIGHT

19 lbs

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.

INTERPRETED BY

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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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

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.

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Heart

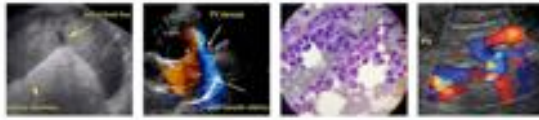
A brief view of the heart was submitted. No pericardial effusion was seen.

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PATIENT **ULTRASONOGRAPHIC FINDINGS**

Dudley Cotter

PRIMARY FINDINGS:

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered Male

AGE

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WEIGHT

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- Irregular urinary bladder wall with numerous small, shadowing calculi with extension of the calculi into the proximal urethra.
- Large distended gallbladder with adherent debris at the wall. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Numerous, small, non-obstructive nephroliths in both kidneys. The hyperechoic mineralized foci observed at the corticomedullary junction of both kidneys are consistent with small, non-obstructive nephroliths.

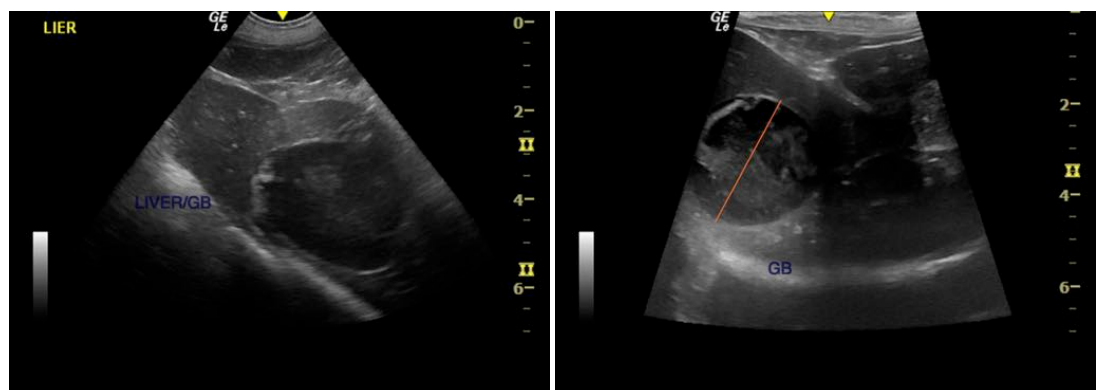
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

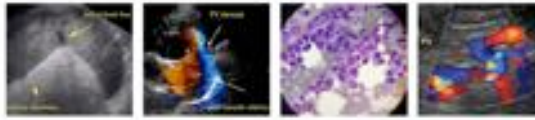
There are numerous small stones in the urinary bladder that appear mobile and are visualized in different places including the proximal urethra. It is impossible to predict the risk for obstruction, but the urinary bladder is clearly not overtly distended at this time. I recommend cystotomy with catheterization of the urethra to ensure no interurethral stones are left behind.

The gallbladder is distended and has some adherent debris associated with the gallbladder wall. Overall the amount of debris present is not significant and there is no surrounding inflammation or thickening. Correlate with blood work results. At the time of cystotomy the surgeon can express the gallbladder and ensure that it empties easily. There are no significant indications for gallbladder removal based on this scan.

There were no significant ultrasonographic changes to the GI tract or pancreas to correlate with the history of GI issues. Consider a GI panel to Texas A&M with a quantitative PLI, TLI, cobalamin and folate to further evaluate for chronic pancreatic inflammation and small intestinal changes. At the time of cystotomy consider obtaining GI biopsies as well as evaluating the gallbladder.

I recommend three view thoracic radiographs prior to surgery and a blood pressure evaluation.





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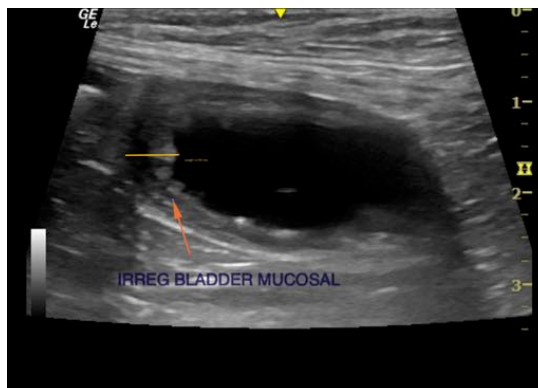
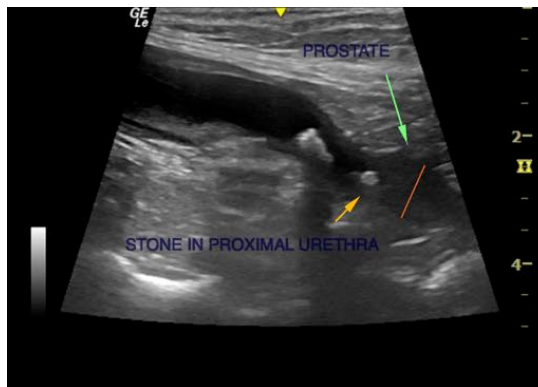
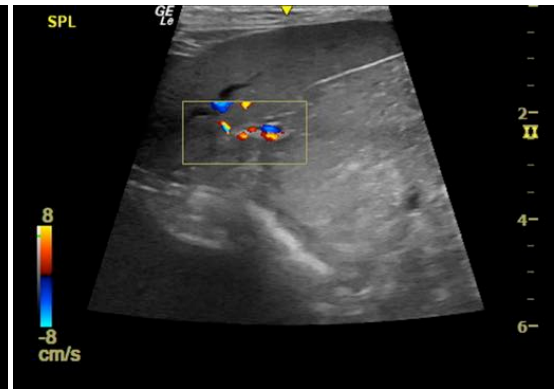
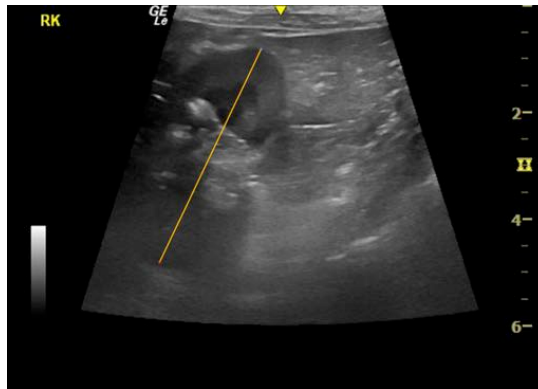
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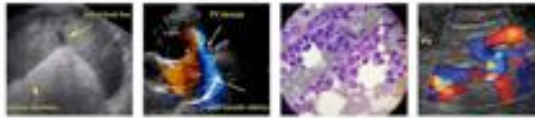
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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