



**PATIENT**

Mocha Tumey

**SPECIES**

Canine

**BREED**

Chihuahua X

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

4.9 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Raski

**INVOICE**

35665

**DATE**

2/16/22

**PRESENTING CLINICAL SIGNS**

Presented at our hospital for not eating since diagnosed with Pancreatitis 2 weeks ago. Patient is incredibly lethargic and unable to stand. Patient also has bloody/black diarrhea. Previous Health Concerns: None Current Medications: Metronidazole and Carafate Appetite/When did they eat last: 2 weeks ago

Abnormal PE/Chem/CBC/UA Results: Temp: 97.1F Abdominal: Very tense on palpation. No plication/fb noted. rdvm bloodwork 2/2/22: pancreatic enzymes increased, cpl abnormal, low Na/K ratio rdvm rads: no obvious obstruction or mass effect

**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 (3.59 cm) with mild pyelectasia at 0.17 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 (3.85 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 0.64 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 0.47 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 heterogenous in echotexture with subtle, indistinct focal mottling. 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, measuring 3.8 c in cross section. The wall appears diffusely thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris within the gallbladder lumen, and a large amount of surrounding inflammation with a small to moderate amount of free fluid in the area. Findings are concerning for possible gallbladder rupture.

There is no evidence of bile duct dilation.



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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. There is a hard shadowing object visualized within the gastric lumen. There is no evidence of an obstruction. Consider ingested foreign material or medication, etc.

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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

**Pancreas**

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

**Free Abdomen**

Scant anechoic free fluid is present. No lymphadenomegaly. There is hyperechoic mesentery in the cranial abdomen in the area of the gallbladder.

**ULTRASONOGRAPHIC FINDINGS**

- Large, distended gallbladder with a large amount of intraluminal debris, a thickened wall, and surrounding inflammation and fluid – most consistent with primary gallbladder disease and suspected rupture.
- Heterogeneous 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.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Hard shadowing foreign material within the gastric lumen – Consider ingested foreign material, medications, etc.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The gallbladder is very large and distended with a thickened wall and surrounding inflammation and fluid. I'm concerned that this represents a gallbladder rupture and severe gallbladder disease. Recommend full blood work, coagulation parameters, chest radiographs, and resuscitation. If the patient can be stabilized, emergency surgery is recommended. Additionally, there is hard shadowing material visualized with the gastric lumen. This could be consistent with ingested foreign material or



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medication, etc. Recommend evaluation at surgery and possible gastrotomy if indicated.

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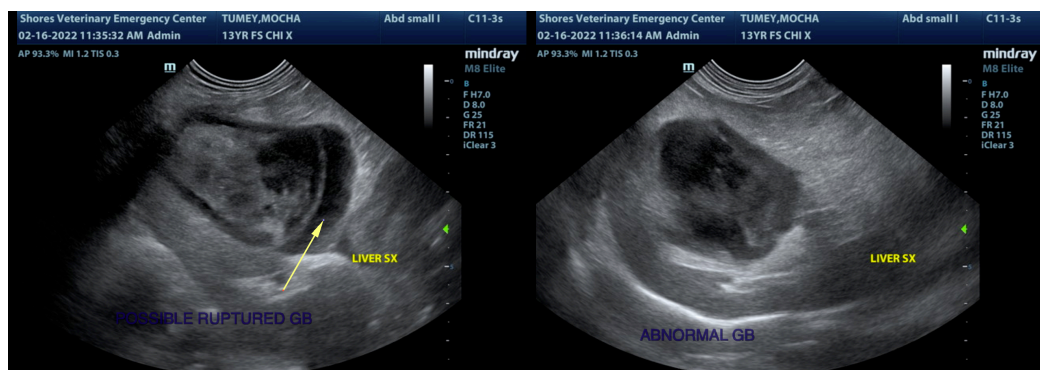
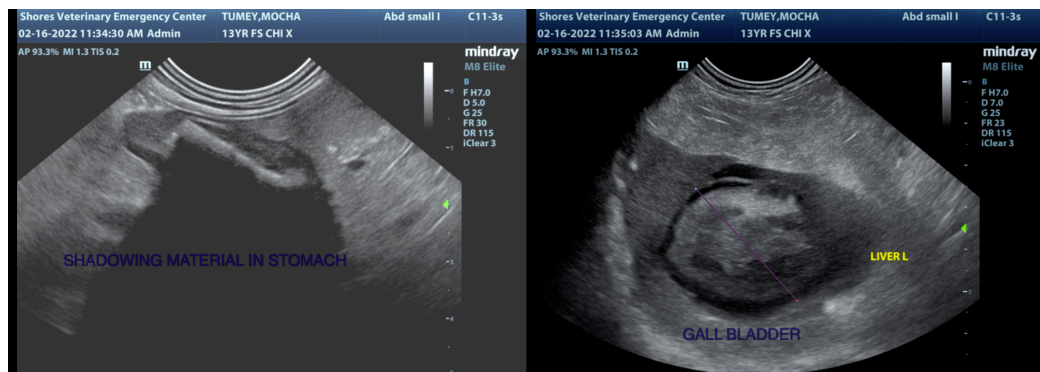
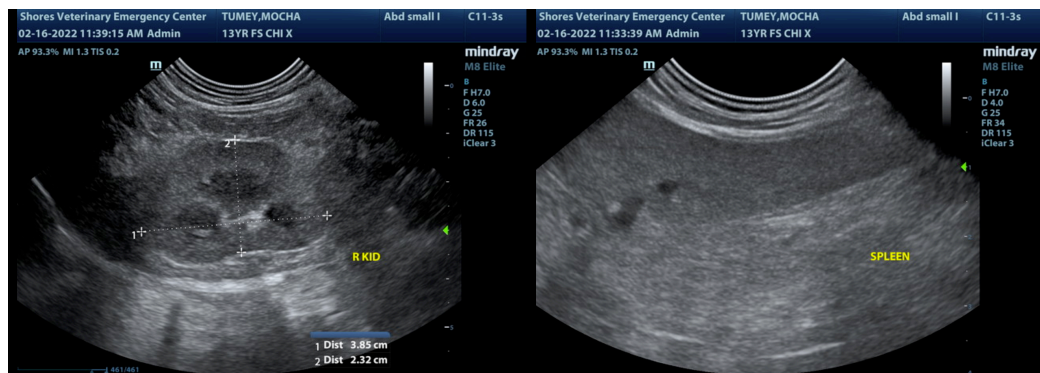
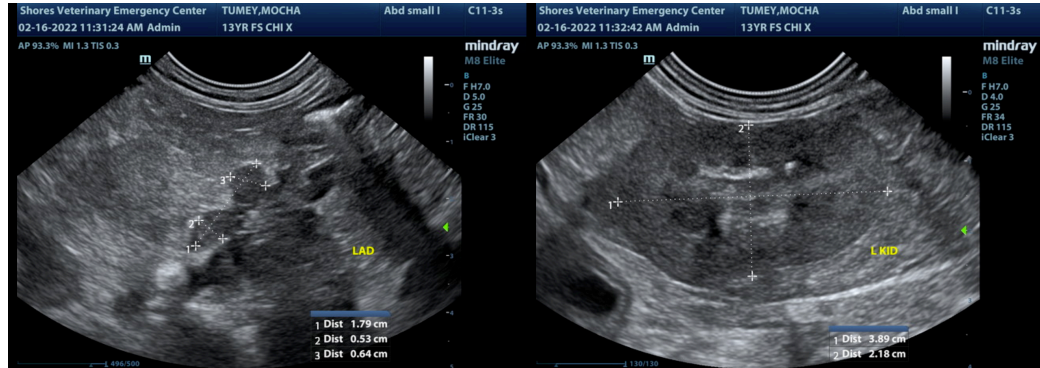
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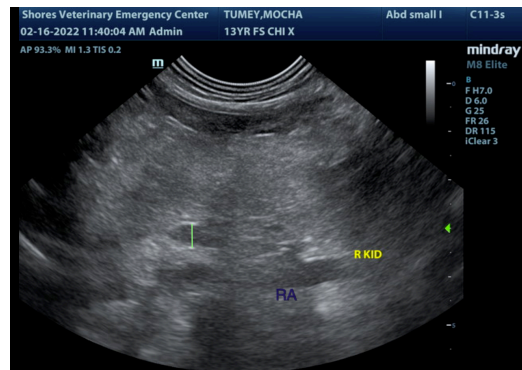
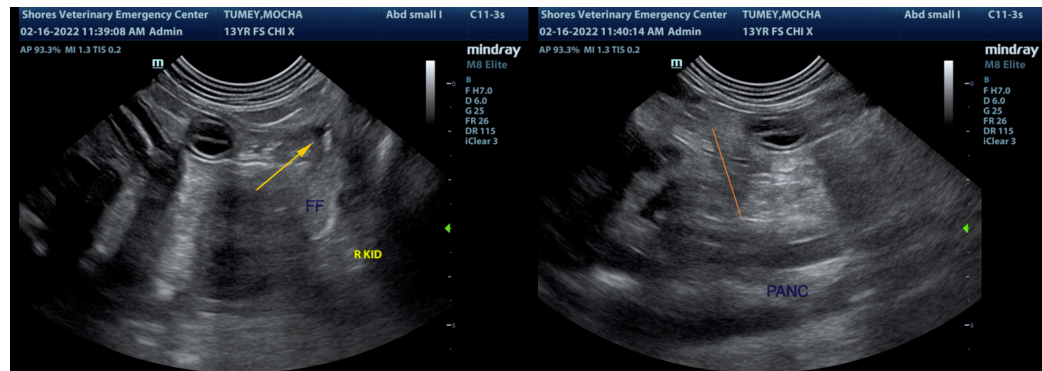
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com