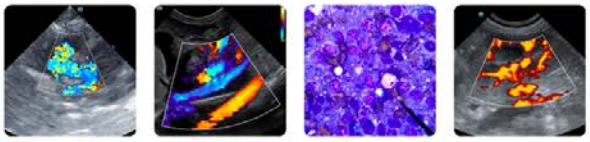


PATIENT

Tiramisu Bannett

SPECIES

Canine

BREED

Whippet

SEX

Spayed Female

AGE

13 Years

WEIGHT

35 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorsville Veterinary Clinic

REFERRING VET

Dr. Megan Bray

INVOICE

73105

DATE

2/19/26

PRESENTING CLINICAL SIGNS

Splenectomy/Pyometra performed at an ER in 2023. Heart Murmur (Gr 1/6). Hypothyroidism. Low grade mammary carcinomas previously removed. Protein Losing Nephropathy. P is on telmisartan.

Abnormal PE/Chem/CBC/UA Results: The patient's proteinuria has worsened, as indicated by the most recent urine protein: creatinine ratio. Urine Protein: Creatinine Ratio: 2.9 (INCREASED; highest recorded value). It was noted that a previous chemistry panel showed a mild elevation in some liver enzymes (GGT, ALP), awaiting liver chemistries

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 (6.56 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.

The right kidney has a normal shape and size (6.8 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.67 cm at the cranial pole and 0.68 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 caudal pole of the right adrenal gland is borderline “plump” measuring 0.81 cm. 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. The cranial pole is difficult to clearly define.

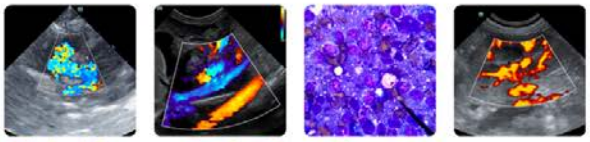
Spleen

The spleen is surgically absent.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly 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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains mild fluid/shadowing ingesta. 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.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate 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 0.49 cm. Jejunum wall measures 0.37 cm. Visualized peristalsis appears appropriate. The proximal duodenum appears moderately fluid distended with some intraluminal shadowing material. A focal lesion or obstruction is not clearly visualized.

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 area of 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.

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.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Surgically absent spleen.
- Mildly 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.
- Mild fluid/ingesta distention of the stomach with fluid and shadowing ingesta visualized within the duodenum – Correlate with feeding history. If the patient was adequately fasted, this could represent ileus or an unseen partial obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are mild age related changes visualized associated with the kidneys. No focal lesions are observed.

The liver is subjectively mildly heterogeneous. This is a non-specific finding. Correlate with current lab work. No focal lesions are observed.

There is a small amount fluid and shadowing ingesta visualized within the stomach. The proximal duodenum appears moderately distended. This could be normal in a post-prandial patient or possibly consistent with mild ileus. An unseen focal bowel lesion is possible but not visualized on today's exam.

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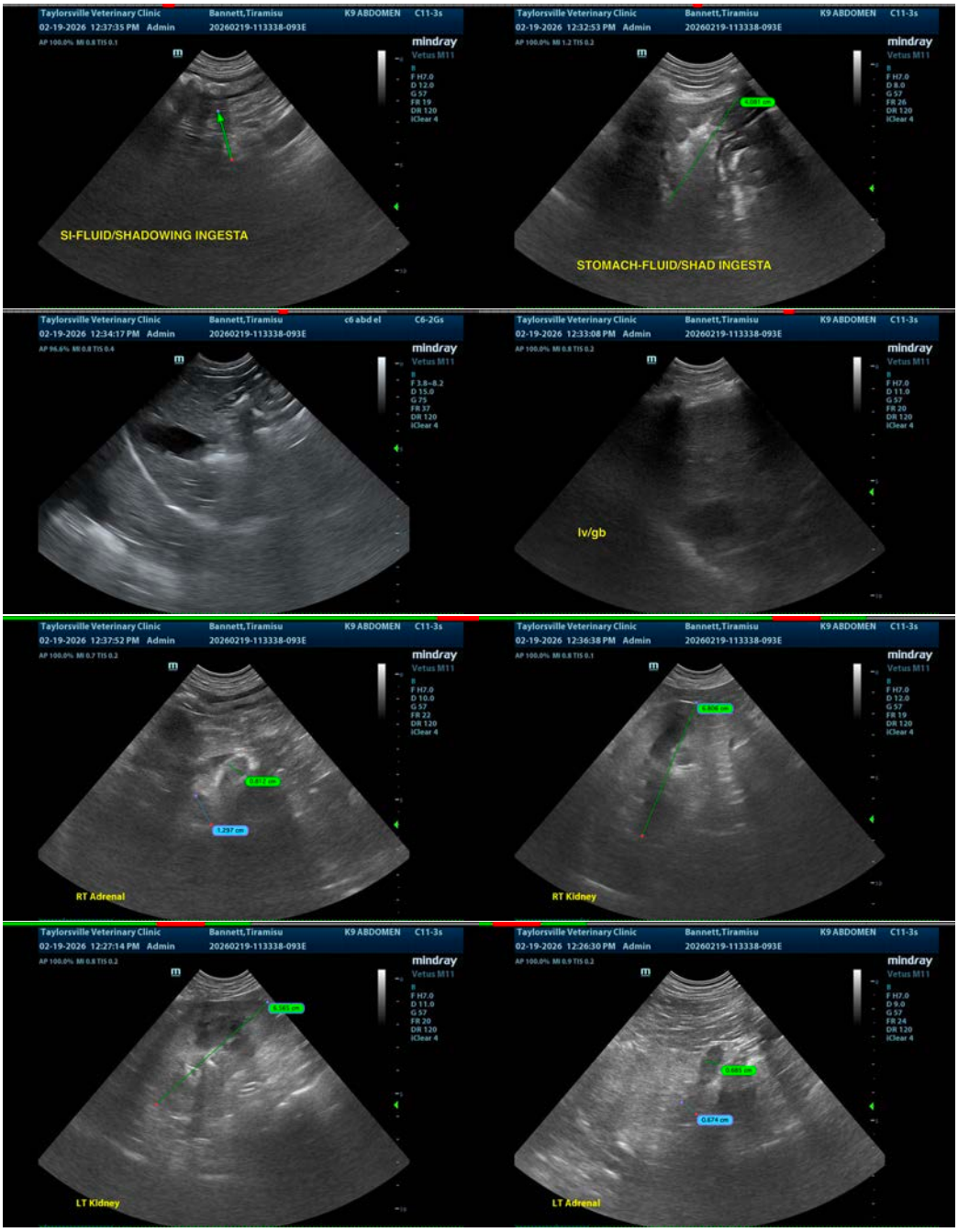
If not already done, general workup for the proteinuria would include blood pressure evaluation, vector borne disease testing, a urinalysis and culture, monitoring of urine protein to creatinine ratios from pooled samples (a combination of three samples from throughout the day). If this patient has gastrointestinal symptoms consistent with vomiting, etc., further evaluation of the fluid distention may be warranted.



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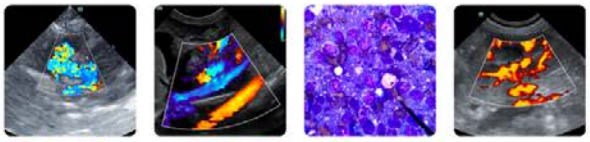

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com