



PATIENT

Pie Lezcano

SPECIES

Canine

BREED

Yorkie X

SEX

Spayed Female

AGE

8 Years

WEIGHT

7.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Megan Cassels-
Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Janeen Lezcano

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2/22/23

PRESENTING CLINICAL SIGNS

She is a rescue; I have had her since she was 7m old and she is certainly a bag of issues. She is hypothyroid, atopic and suffers from severe anxiety, displaying diverted aggression among other things. She has intermittent anorexia and multiple times a day has to excessively lick the air, chomp her lips and yawn. This behavior at times lasts 10-20 mins. I attached a video. She has been on multiple foods in the attempt to do food trials, but I can't say they have helped much. She has been on RC HP and is currently on Hill's d/d salmon. She is currently on: Soloxine 0.1mg BID, Reconcile 4mg in am and 2mg in pm, Apoquel 1.8mg sid in pm, Gabapentin mg po in AM. I have recently started her on Zofran mg BID. It has helped some.

Abnormal PE/Chem/CBC/UA Results: Most recent blood work CBC: WNL, Chem: creat: 1.0, T4: 1.0, no current urine but they have been normal in the past.

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 (3.48 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.58 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.49 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 0.50 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 homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

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Gastrointestinal

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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.

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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. Duodenum wall measures 0.33 cm. Jejunum wall measures 0.30 cm. 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

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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ULTRASONOGRAPHIC FINDINGS

- Distended gallbladder with large amount of debris and some debris adhered to the gallbladder wall – The significance of this is uncertain, as there is no surrounding inflammation. Correlate with lab work findings. You could consider Ursodiol therapy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal. Aside from a large amount of debris in the gallbladder, there are minimal changes to the gastrointestinal tract to indicate nausea, etc., although there can still be significant gastrointestinal disease without significant ultrasonographic changes (GI ulceration, etc.). This is certainly a frustrating problem, and it could span many body systems. Here are some suggestions (many of which you may have already tried/evaluated):

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- Anesthetic oral exam and nasopharyngeal exam, looking for any lesions. Additionally, nasal discharge can be hidden by frequent licking.
- Consider neurologic/behavioral disease. This seems less likely, but could be a form of OCD, seizure activity, etc.
- Given the response to anti-nausea medications, this could be a sign of nausea. You could consider an upper GI endoscopy to evaluate the esophagus and stomach and obtain biopsies.



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The gallbladder debris visualized is large, but I suspect it is somewhat incidental at this time. Continued monitoring is warranted. Recommend starting Ursodiol therapy and following lab work and the ultrasound appearance of the gallbladder over time, looking for possible progression of this lesion.

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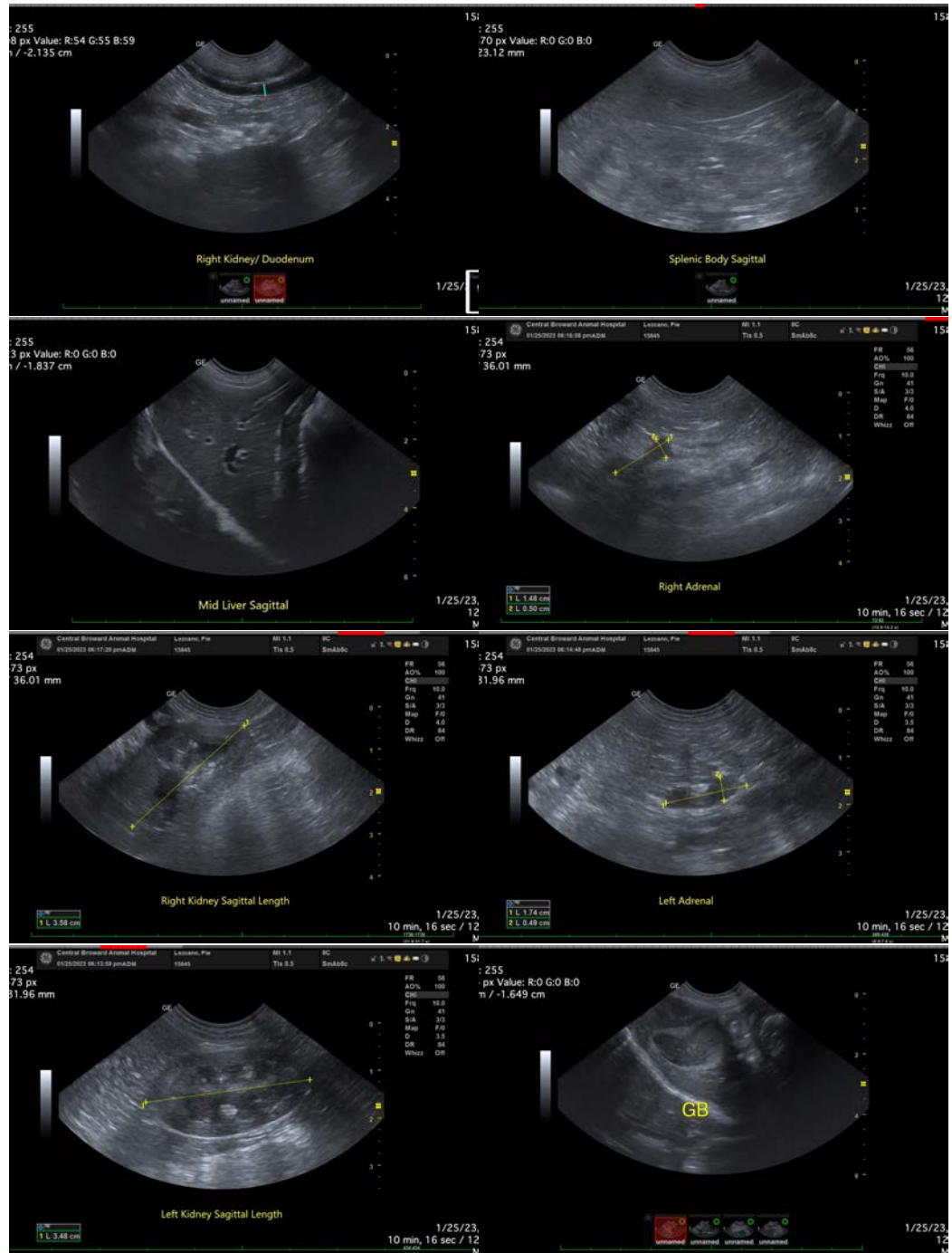
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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