



PATIENT

Arepita Proietto

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Spayed Female

AGE

6 years

WEIGHT

16.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cassels-Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Lezcano

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DATE

2/23/22

PRESENTING CLINICAL SIGNS

P presented in 12/21 for vomiting w possible hematemesis. On free catch sample hematuria was noted. P has never exhibited any urinary symptoms. Work up at the time was all normal. Although hematuria has improved on voided samples it is still persistent.

Abnormal PE/Chem/CBC/UA Results: 12/16/21: CBC: WNL, Chem: glob: 3.7H, T4: 2.1, UA, voided: 1.048, 1+ prot, 2+ bili, 3+ blood, RBC >50/hpf. Accuplex: ALL NEG 12/17: UA, cysto: 2+ blood, RBC 11-20/hpf, UCS: NEG 2/18/2022: UA, voided : SG: 1.036, trace prot, 2+ blood, RBC 4-10/hpf

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 (3.86 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 (4.93 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 0.4 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 0.55 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



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the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

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The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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. 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.

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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

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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

PRIMARY FINDINGS:

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- 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.

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- Minor gallbladder sludge. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

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- Moderate shadowing ingesta in the gastric lumen. Correlate with feeding history and abdominal radiographs. If this patient was adequately fasted consider such differentials as



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delayed gastric emptying, ingested foreign material or a partial outflow tract obstruction (none observed.)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder appears relatively normal and no obvious lesions are visualized to explain the hematuria noted. I recommend urinalysis and culture. If signs persist you can consider cystoscopic evaluation (this dog is borderline size wise for this procedure).

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The gastric lumen is distended with shadowing fluid and material precluding full evaluation of the stomach and proximal GI tract. Correlate this with feeding history. If the patient is adequately fasted this could be consistent with an obstruction/partial obstruction, mucosal lesion, etc. Correlate findings with abdominal radiographs. If vomiting persists and the material does not clear the stomach consider either endoscopic evaluation or surgery to further evaluate for foreign material or a gastric lesion.

SEX

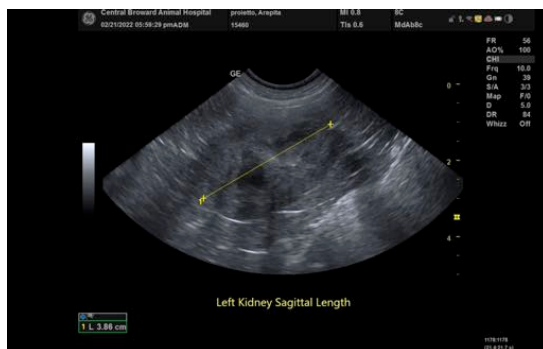
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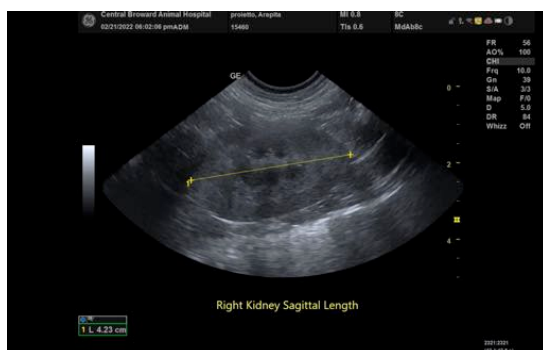
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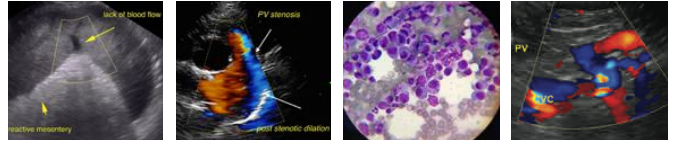


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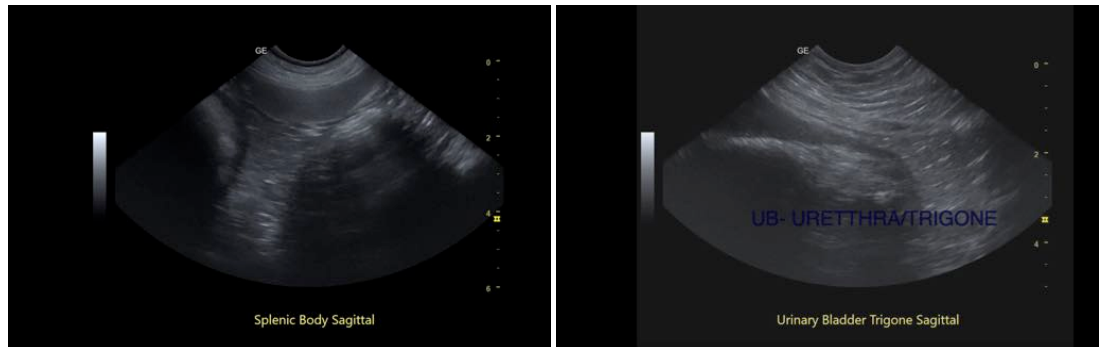
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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