

**PATIENT**

Sierra Gately

**PRESENTING CLINICAL SIGNS**

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

tense abdomen- came into DTVH on 2/19 for Vomiting and bloody watery diarrhea starting last night. Polydipsic, decreased appetite, white bile vomit this morning. On gabapentin, Tramadol, carprofen. Increased respiratory effort. No c/s. No med hx. Was referred to emergency clinic for hospitalization, tx and fluids. Today dog is eating better and stool is firming up.  
Abnormal PE/Chem/CBC/UA Results: 1. The appearance of the small bowel and colon are consistent with the history of colitis/diarrhea. 2. Microcardia. Differentials include hypovolemia versus a normal variant. 3. Chronic L1-2 intervertebral disc disease. 4. Severe elbow osteoarthritis. 5. Suspected left renal cortical degeneration. No evidence of a mechanical obstruction is seen. Supportive medical management for a nonspecific gastroenterocolitis (toxic, infectious, inflammatory) may be helpful however if clinical signs worsen or persist, an abdominal ultrasound would be recommended. In house CBC: Hct 50.1%, Retic HGB 21.5 (L), WBC 25.18 (H), Neut 22.65 (H), Mono 1.13 (H), otherwise wnl In house Chem 17 w/ lytes: Glu 122, Creat 2.8 (H), BUN 52 (H), ALKP 473 (H), otherwise wnl In house T4: 0.7 (L)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE**

16 Years

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is mildly irregular along the mucosal surface. There is no evidence of any masses or calculi in the area of the trigone, proximal urethra, or ureteral papillae. Findings are most consistent with diffuse cystitis or lack of urine distention.

**WEIGHT**

74 Pounds

The left kidney has a normal shape and size (5.69 cm) with pyelectasia at 0.4 cm. Overall echogenicity is slightly hyperechoic with poor 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.

**INTERPRETED BY**

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

The right kidney has a normal shape and size (5.3 cm). Overall echogenicity is slightly hyperechoic with poor 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.

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

**Adrenal Glands**

The left adrenal gland is normal in size measuring 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.

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The right adrenal gland is normal in size measuring 0.58 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.

**REFERRING VET**

Dr. Vannini

**Spleen**

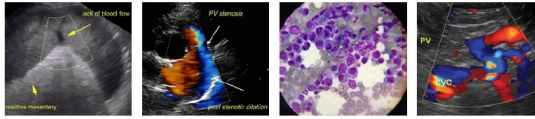
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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### **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.

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

### **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. No masses or focal lesions were observed.

## SEX

Spayed Female

## AGE

16 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. Jejunum wall measured 0.39 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

## WEIGHT

74 Pounds

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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Medicine)

### **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.

### **Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is an occasional prominent mesenteric lymph node visualized, one is seen at 0.79 cm. The omentum is of normal echogenicity.

## IMAGING BY

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LVT

## ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with left-sided pyelectasia – The bilateral renal findings are consistent with age-related change. Pyelectasia of the left kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Mildly irregular urinary bladder mucosa – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Heterogeneous liver – The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

## HOSPITAL NAME

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## REFERRING VET

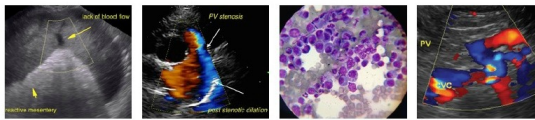
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Portable Animal Western Sonography, Inc.

IMAGING PERFORMED BY  
pawsonography@gmail.com 530-786-8340

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- Prominent mesenteric lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

Golden Retriever

No focal lesions are visualized on today's scan. The changes observed in the liver and kidneys are likely age related. Recommend blood pressure evaluation and urinalysis and culture. If there is concern for more significant liver disease, a liver function test and a fine needle aspirate could be considered.

**SEX**

Spayed Female

Recommend urinalysis and culture due to the mild irregularity to the urinary bladder wall. Hopefully the clinical signs reported are secondary to a bout of hemorrhagic gastroenteritis, which appears to be improving.

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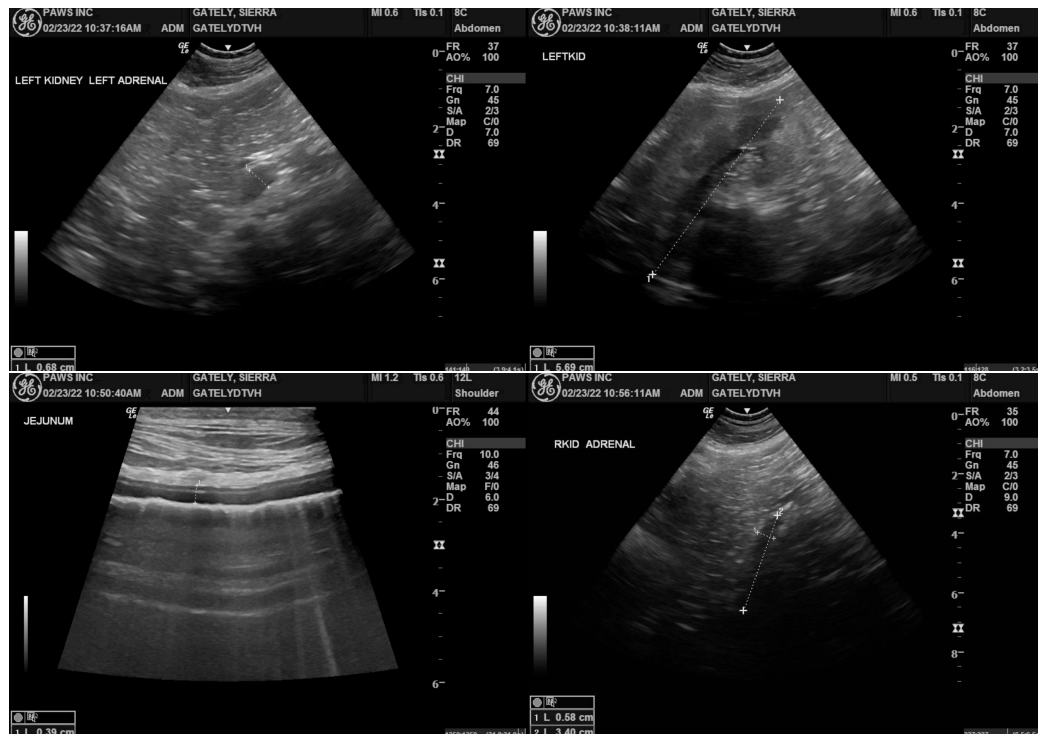
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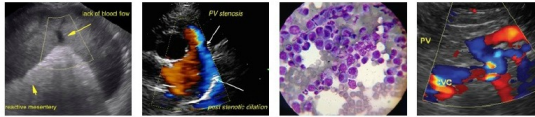
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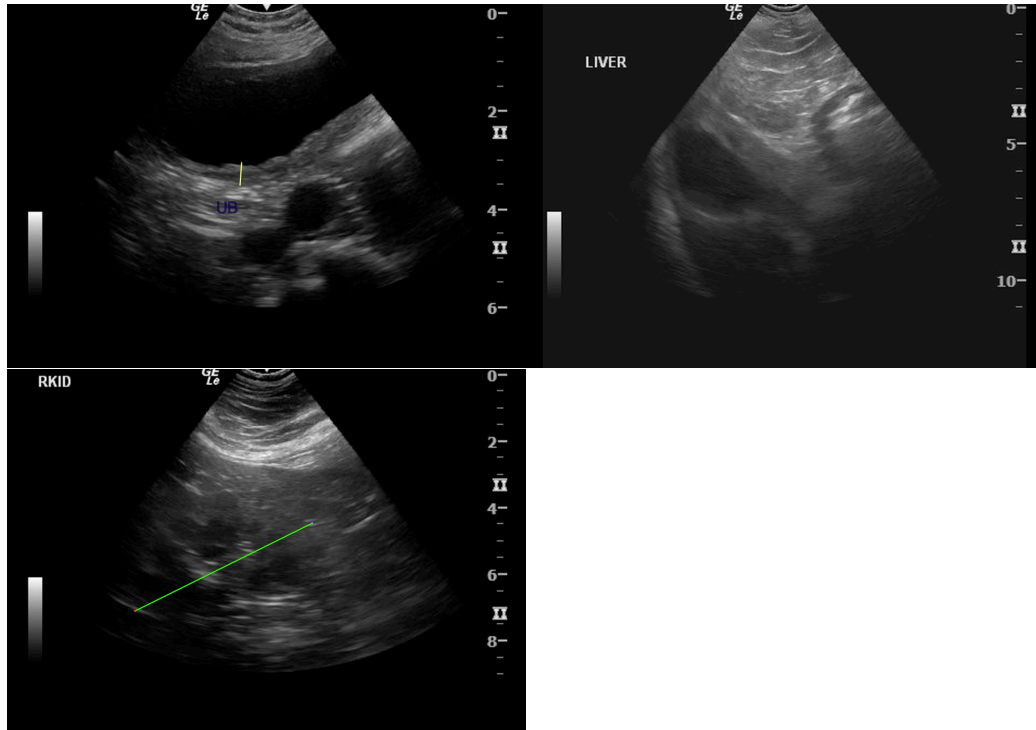
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**IMAGING BY**

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LVT

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