



**PATIENT**

Stella Reneau

**SPECIES**

Canine

**BREED**

Papillon

**SEX**

Spayed Female

**AGE**

14 Years 9 Months

**WEIGHT**

5.2 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Sarah Green

**HOSPITAL NAME**

Healing Spirit

**REFERRING VET**

Dr. Sarah Green

**INVOICE**

35575

**DATE**

2/9/22

**PRESENTING CLINICAL SIGNS**

Recent history of hyporexia and weight loss  
Abnormal PE/Chem/CBC/UA Results: PE unremarkable. CBC: RBC=5.42 (5.5-8.5) M/uL CHEM:  
BUN=60 (97-25) mg/dL, Cr=1.3 (0.3-1.4) mg/dL, TP=4.8 (5.4-8.2) g/dL, globulin=1.8 (2.3-5.2) g/dL FNA  
of abdominal effusion yielded straw colored slightly hazy fluid, TP=2.4 g/dL, slides prepared from spun  
sediment were poorly cellular cytology pending.

**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 (2.9 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 (2.6 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

**Spleen**

The spleen is normal/borderline small 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 large in size, and normal in 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 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.



**PATIENT**

Stella Reneau

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.

**SPECIES**

Canine

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.

**BREED**

Papillon

**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.

**SEX**

Spayed Female

**Free Abdomen**

There is a large amount of mildly echogenic free abdominal fluid. There is no mesenteric lymphadenopathy. The omentum appears subjectively of increased echogenicity.

**AGE**

14 Years 9 Months

**Other**

A brief view of the heart was submitted. There is a large volume of pericardial effusion and likely some pleural effusion visualized as well. Recommend cardiac ultrasound.

**WEIGHT**

5.2 Pounds

**ULTRASONOGRAPHIC FINDINGS**

- Tri-cavitary effusion – There is ascites, pericardial effusion and suspected pleural effusion present.
- Large, 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. The changes observed are likely age related and associated with passive congestion.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a moderate to large amount of pericardial effusion noted. I suspect this is the cause of the abdominal effusion visualized (right-sided heart disease). Additionally, there appears to be some pleural effusion present.

**IMAGING PERFORMED BY**

Dr. Sarah Green

- Recommend 3-view thoracic radiographs.
- Recommend cardiac ultrasound
- Recommend pericardiocentesis +/- fluid analysis and cytology.

**HOSPITAL NAME**

Healing Spirit

**REFERRING VET**

Dr. Sarah Green

I suspect the hepatic changes are due to congestion, and the splenic changes are due to hypovolemia.

**INVOICE**

35575

**DATE**

2/9/22



**PATIENT**

Stella Reneau

**SPECIES**

Canine

**BREED**

Papillon

**SEX**

Spayed Female

**AGE**

14 Years 9 Months

**WEIGHT**

5.2 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Sarah Green

**HOSPITAL NAME**

Healing Spirit

**REFERRING VET**

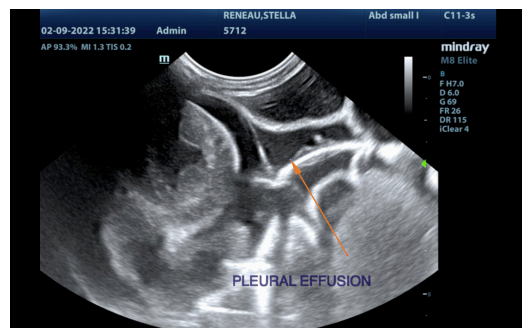
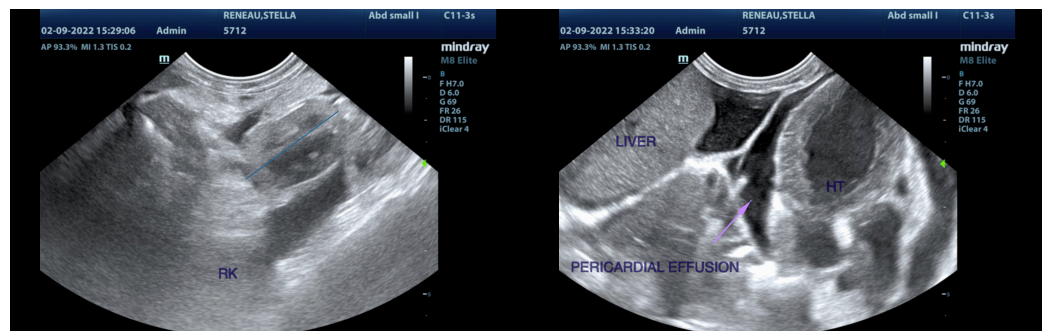
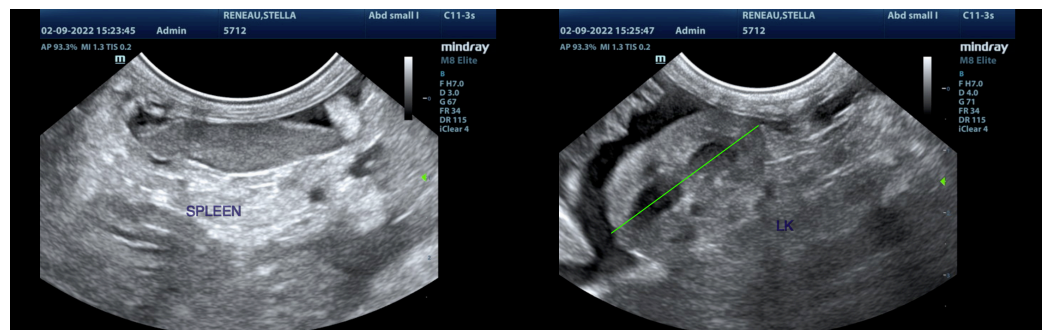
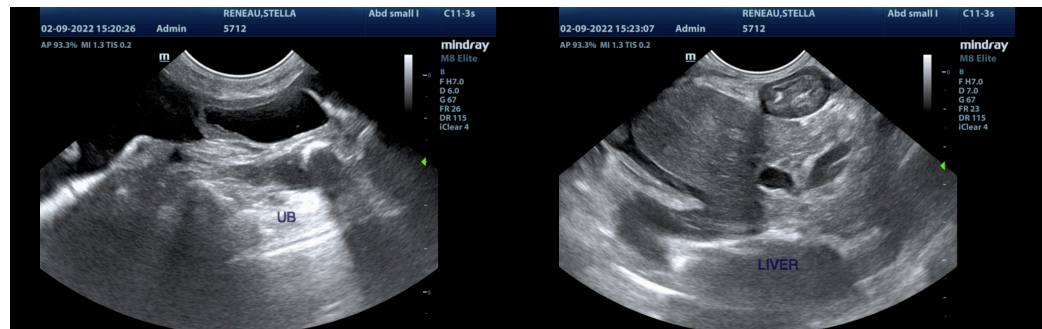
Dr. Sarah Green

**INVOICE**

35575

**DATE**

2/9/22



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