



PATIENT

Ellie Mae Miranda

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

7 Years

WEIGHT

15.5 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Megan Cassels-
Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Janeen Lezcano

INVOICE

35896

DATE

2/24/22

PRESENTING CLINICAL SIGNS

P presented w acute hx of decreased appetite and vomiting very dark material/bile (almost black, no coffee ground appearance) for 2 nights in a row. PE was unremarkable, rectal exam was normal. P is current on HW prevention. P has presented p 2 weeks earlier for increased thirst. P also has hx of panting on occasion with mild bronchial pattern on rads noted in fall 2021.

Abnormal PE/Chem/CBC/UA Results: 2/24: CBC: Hct: 45, Chem: creat: 1.1 2/9: CBC: Hct: 56, Chem: 1.4, T4: 1.1, UA: SG: 1.030, pH: 8.0, trace prot, quiet sediment. UCS NOT performed. SDMA: 16.6

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 (3.69 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 (3.5 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/borderline small in size measuring 0.39 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/borderline small in size measuring 0.41 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.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.



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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.

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.

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.

Pancreas

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic 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.

PRIMARY FINDINGS

- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Borderline small “flat” adrenals – Consider adrenal function testing.

SECONDARY FINDINGS

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious cause for the decreased appetite and vomiting is not observed on today’s scan. Unfortunately, there are many causes for vomiting that cannot be diagnosed by ultrasound alone, and not all lesions can be observed, particularly foreign material, etc.

Correlate with abdominal radiographs and blood work with electrolytes, a calcium etc.

- Subjectively small adrenal glands – This is a small dog, but I would consider adrenal function testing to rule out Addison’s disease.
- Somewhat prominent pancreas, but not overtly inflamed – Consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to look for evidence of pancreatic and small intestinal disease.



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I recommend generic treatment for gastroenteritis and close monitoring. If the patient is not feeling better, consider serial imaging (radiographs and ultrasound) and if necessary, and clinically warranted, explore for GI biopsies and evaluation for foreign material, etc.

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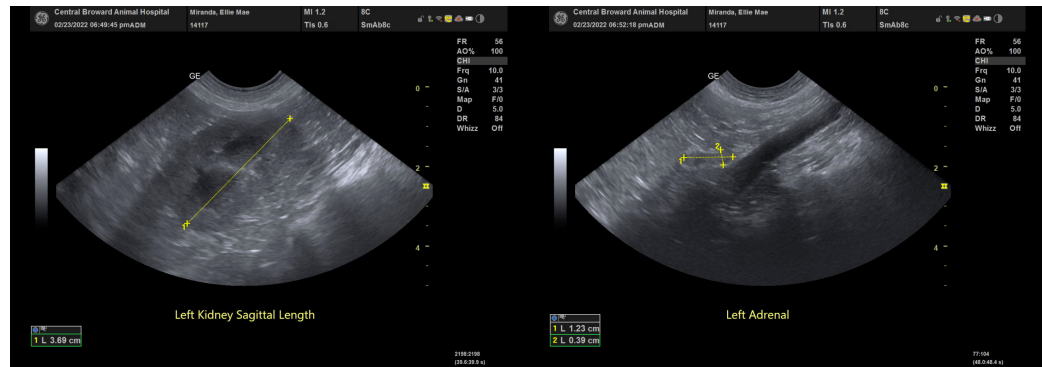
Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

BREED

Shih Tzu

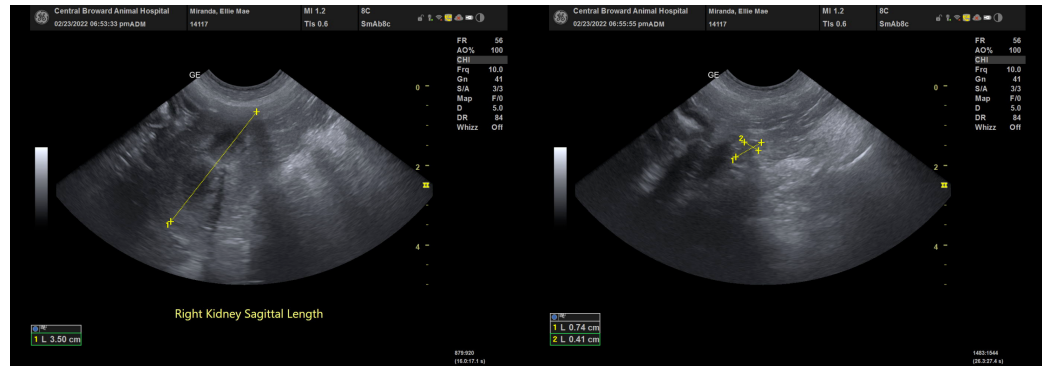
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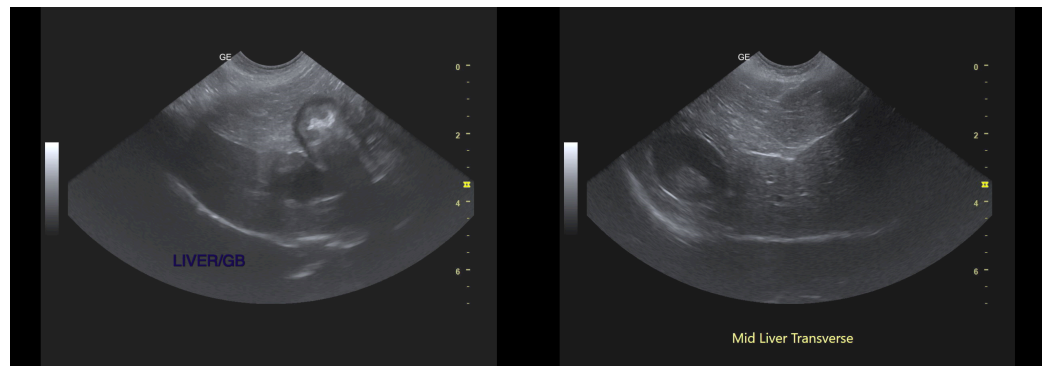
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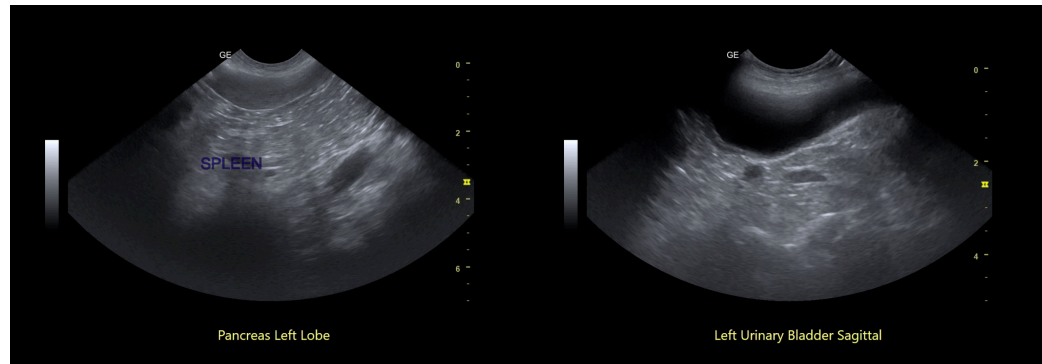
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com