



**PATIENT**

Smokey McCarley

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

4.7 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Brittany Gardner

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Brittany Gardner

**INVOICE**

45594

**DATE**

3/1/23

**PRESENTING CLINICAL SIGNS**

Presented for bloody diarrhea for a couple of days, vomited once yesterday then once this morning. refused food this morning, was eating prior. hx of diabetes and seizures. did not get insulin this morning after not eating

Abnormal PE/Chem/CBC/UA Results: CBC: WBC 10.41 Neut 7.62 plts 218 Chem 17: Creat 1.0 BUN 30 Gluc 545 alt 728 EPOC: pH 7.305 K 5.8 Na 138 Lact 3.71 Creat 2.75 BUN 79 Gluc 531 HCT 53 UA: USG 1.028 protein 1+ gluc 4+ no ketones

**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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (4.04 cm) with small cortical cysts. Overall echogenicity is slightly hyperechoic with poor 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 (3.91 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 0.59 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 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 is visualized.

**Spleen**

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is diffuse hyperechoic mottling/nodules throughout the splenic parenchyma.

**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 significantly distended with a large amount of intraluminal debris that appears adhered to the gallbladder wall, which is thickened measuring 0.32 cm. The intraluminal material has



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formed a mature mucocele, and there is scant free fluid surrounding the gallbladder. The cystic and common bile ducts are normal/not visible.

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**Gastrointestinal**

The stomach contains minimal luminal contents. The gastric wall appears somewhat prominent, measuring 0.65 cm. 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.

**BREED**

Chihuahua

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.51 cm. Jejunum wall measures 0.28 cm.

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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 appears within normal limits with no evidence of wall thickening. More distally, the colon appears thickened with intact wall layering measuring 0.51 cm.

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**Pancreas**

The pancreas is prominent and mottled 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.

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**PRIMARY FINDINGS**

- Mottled spleen with small, hyperechoic ill-defined nodules – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. This mottling is somewhat atypical, as it is hyperechoic. This could represent dystrophic mineralization, hyperplasia, neoplasia, etc.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- 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.
- Large, mature mucocele with thickened gallbladder wall and surrounding inflammation and scant fluid – Findings are most consistent with a surgical mucocele.
- Mild thickening of the small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

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**SECONDARY FINDINGS**

- Decreased corticomedullary distinction in both kidneys with small cortical cysts – The bilateral renal findings are consistent with age-related change.
- Prominent gastric wall – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.

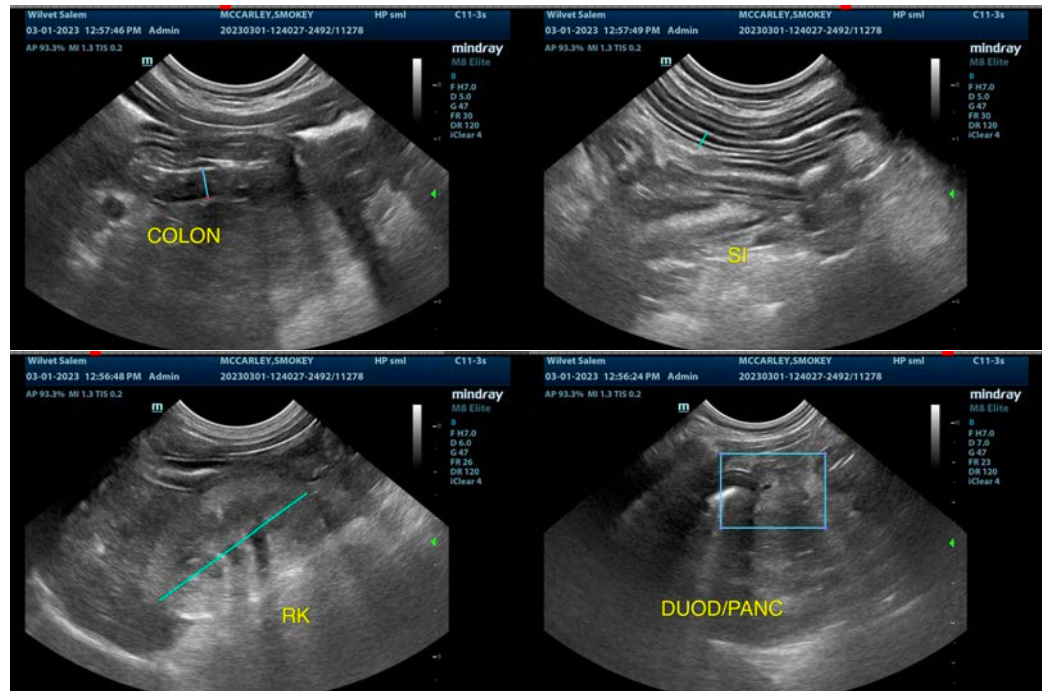
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The gallbladder is prominent with a thickened wall, mature mucocele, surrounding inflammation and scant fluid. This is most consistent with a surgical mucocele. I cannot definitively say that this is the source of the bloody diarrhea and vomiting noted, as there are changes visualized with the small and large bowel that are concerning, including thickening and irregularity.

Additionally, there are irregularities with the spleen that could represent a neoplastic process, but the appearance trends towards a more benign process.

Recommend referral to a veterinary surgeon for rehydration to protect the kidneys, and to consider surgical removal of the gallbladder, as well as evaluation and possibly biopsy of the large and small bowel and spleen.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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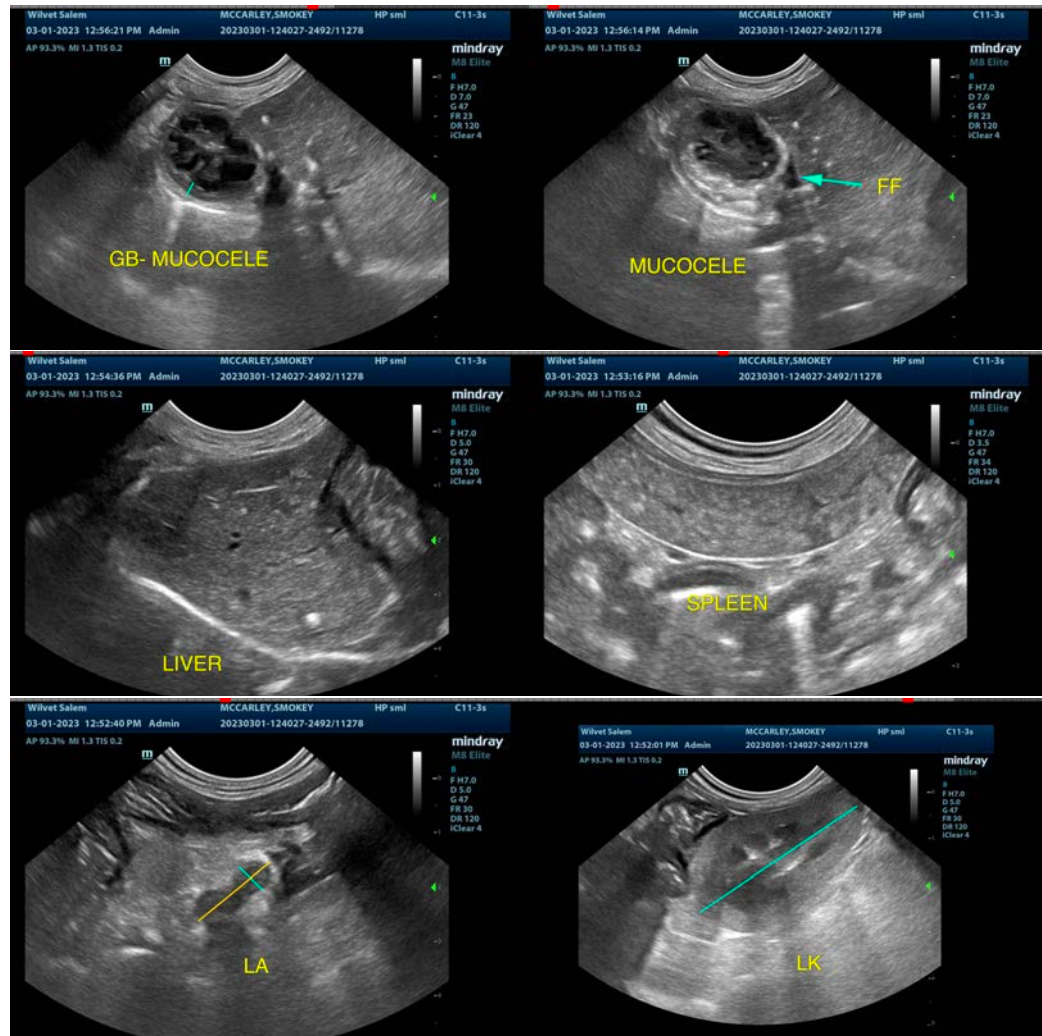
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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