



**PATIENT PRESENTING CLINICAL SIGNS**

Ramona Pittman

recheck u/s splenic nodule and heterogenous liver. GB debris-  
Abnormal PE/Chem/CBC/UA Results: Lab 1/2023 WNL proteinuria on 20mg benazepril BID

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

Rott

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.

**SEX**

Spayed Female

The left kidney has a normal shape and size (7.17 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.

**AGE**

11 Years

The right kidney has a normal shape and size (7.04 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.

**WEIGHT**

37 kg

**Adrenal Glands**

**INTERPRETED BY**

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

The left adrenal gland is normal in size measuring 1.2 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 0.95 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.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**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. There are two small hypoechoic nodules visualized within the parenchyma, one measuring 0.56 cm and one measuring 0.99 cm (previous nodule visualized 12/2022 measured at 0.51 cm).

**HOSPITAL NAME**

Brighton Greens VH

**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. There are occasional ill-defined hypoechoic nodules visualized in the parenchyma. One such nodule measures 0.87 cm.

**REFERRING VET**

Dr. Robin Janeway

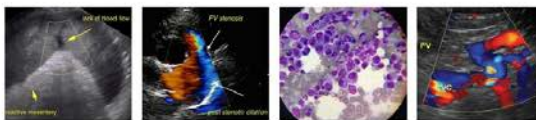
**INVOICE**

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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 large amount of non-organized echogenic debris. Some of the debris is hyperechoic and shadowing, most consistent with mineralizations. The previously viewed cholelith is still visible measuring 1.2 cm (stable in size). There is no evidence of bile duct dilation.

**DATE**

3/22/23


**PATIENT** *Gastrointestinal*

Ramona Pittman 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.

**SPECIES**

Canine 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.)

Rott Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SEX**

Spayed Female 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.

**AGE**

11 Years

**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.

**WEIGHT**

37 kg

**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a visible/mildly prominent mesenteric lymph node measuring 0.87 cm. The omentum is of normal echogenicity. The previously visualized lymph nodes in the cranial abdomen are not evident on today's scan.

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**ULTRASONOGRAPHIC FINDINGS**

- Small hypoechoic nodules in the spleen – Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large, heterogeneous liver with occasional ill-defined hypoechoic nodules – 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.
- Mineralized debris and cholelith visualized in the gallbladder – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring. The gallbladder appears similar to the previous scan.

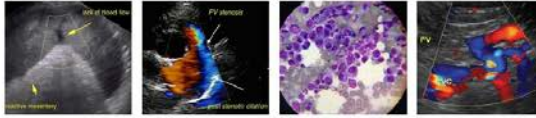
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**
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The changes observed on today's scan are relatively stable as compared to the previous scan performed 12/2022. The significantly enlarged lymph nodes visualized in the cranial abdomen are not evident on today's exam, so hopefully this was secondary to a source of inflammation that has resolved. None of these issues require direct intervention. Consider a recheck in 6 months, sooner if concerns arise.

**DATE**

3/22/23



**PATIENT**

Ramona Pittman

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Canine

**BREED**

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**SEX**

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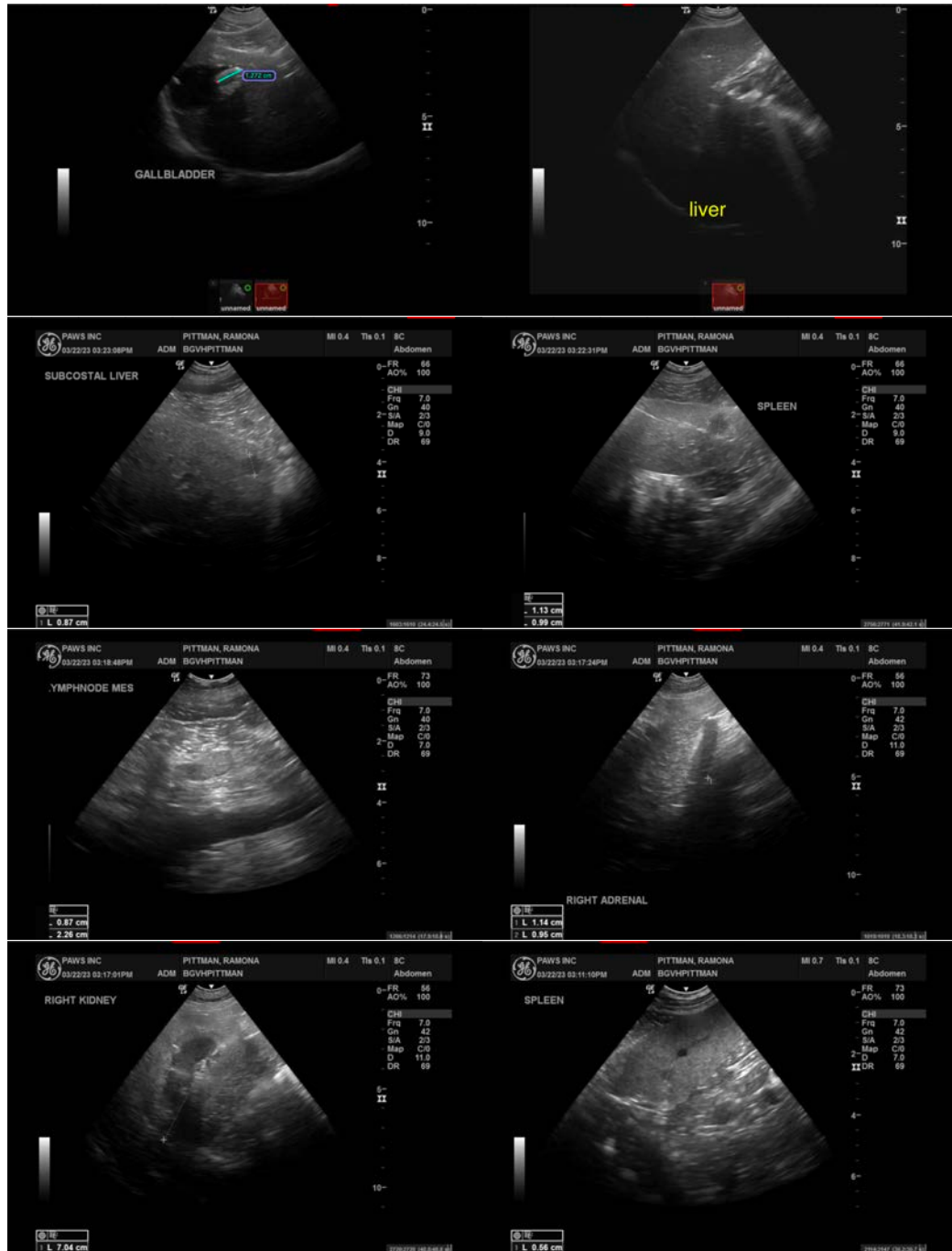
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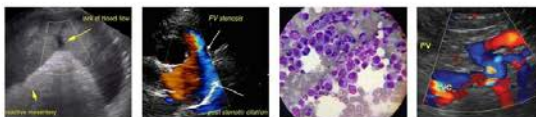
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Portable Animal Welfare Sonography, Inc.

IMAGING PERFORMED BY

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Spayed Female

**AGE**

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**WEIGHT**

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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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