



**PATIENT**

Chloe Staiano

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

Not Given

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Oakland AH

**REFERRING VET**

Dr. Chabora

**INVOICE**

36415

**DATE**

3/24/22

**PRESENTING CLINICAL SIGNS**

Decreased appetite, lethargic, weak. Pre-anesthetic for lumpectomy if ok. Hx of hypertension. Current meds: Amlodipine 5mg sid, Apoquel 5.4mg 2 T sid  
Abnormal PE/Chem/CBC/UA Results: 3/3 WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears slightly thickened and has mild mucosal irregularity, measuring at 0.58 cm. The area of the trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal and free of any mucosal irregularities or calculi. Findings are most consistent with diffuse cystitis or lack of urine distention.

The left kidney has a normal shape and size (7.04 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 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 (6.7 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 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 0.64 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 0.78 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 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 is dilated with a moderate to large amount of fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.7cm with some



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variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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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.

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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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**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.

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**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.

**WEIGHT**

Not Given

**Other**

A brief view of the heart was submitted. No significant pericardial effusion was seen.

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**PRIMARY FINDINGS**

- Mildly irregular/thickened wall of the urinary bladder – 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 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.
- Moderate to large ingesta within the gastric lumen – Correlate with abdominal radiographs. If the patient was adequately fasted, consider delayed gastric emptying or a partial gastric outflow obstruction (none visualized).

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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.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No obvious lesions are visualized to explain the decrease in appetite and lethargy reported. The urinary bladder appears mildly irregular. Recommend urinalysis and culture.

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The liver appears somewhat heterogeneous, but if liver enzyme elevations are not present, this is of questionable significance.



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There is a moderate amount of ingesta within the gastric lumen despite reported adequate fasting. Correlate these findings with abdominal radiographs and consider such differentials as delayed gastric emptying (possibly secondary to primary gastrointestinal disease?), or ingested gastric foreign material.

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The changes observed in the kidneys are consistent with age related chronic renal disease.

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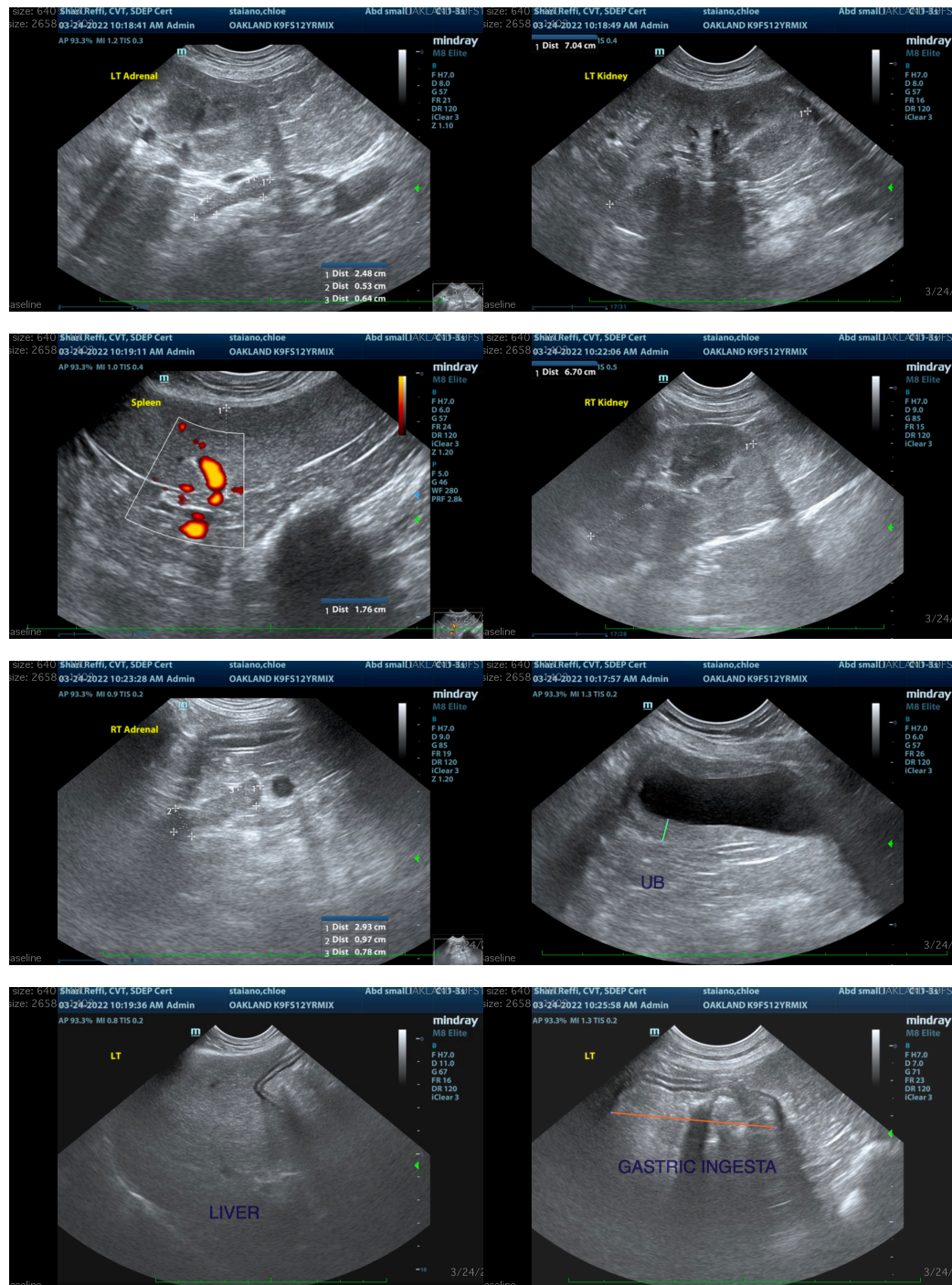
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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