



PATIENT PRESENTING CLINICAL SIGNS

Baily Lemos

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

2008

WEIGHT

5.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Desert Hills AH

REFERRING VET

Dr. Amanda Coats

INVOICE

46249

DATE

3/29/23

P is a rescue so age is an estimate, feel she is at least 15 years old. P has had intermittent diarrhea the last few months, responds to metronidazole, probiotic Proviabio, bland diet. December 23, 2022 was first episode of diarrhea w/ elevated ALT & AST. P was started on Denamarin & has shown study improvement each month but last ALT was still elevated at 195. Working diagnosis Concern of developing IBD vs neoplasia due to age, also concern of hepatopathy

Abnormal PE/Chem/CBC/UA Results: 12/23/22 AST=70, ALT=388; 1/23/23 AST=52, ALT=243; 3/3/23 AST=50 (WNL), ALT=195 MEDS: Denamarin Advanced small dog up to 12 lbs, Apoquel 5.4 mg PO q 24 hours for chronic blepharitis, recently finished Proviabio & metronidazole 62.5 mg PO q12 hours x 1 week; Topical tacrolimus Od PRn for blepharitis flare ups, gabapentin PRN for pain

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 (4.35 cm) with numerous small cortical cysts and numerous small non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.54 cm) with numerous small cortical cysts and numerous small non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

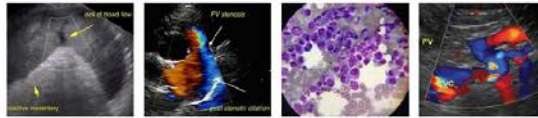
Adrenal Glands

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 0.66 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.


PATIENT *Liver*

Baily Lemos 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. There is a small 0.51 cm hyperechoic nodule visualized within the parenchyma and a small 0.57 cm cystic structure visualized in the left liver.

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The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris and some areas have early mucosal stranding and organization of the debris into an early mucocele. There is a large amount of primarily non-organized echogenic debris present as well. There is no evidence of bile duct dilation.

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Gastrointestinal

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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.

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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. Duodenum wall measures 0.40 cm. Jejunum wall measures 0.30 cm. 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 non-formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

INTERPRETED BY

 Kathleen Sennello DVM,
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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.

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ULTRASONOGRAPHIC FINDINGS
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- Decreased corticomedullary distinction in both kidneys with numerous small cortical cysts and small non-obstructive nephroliths – The bilateral renal findings are consistent with age-related change. The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.

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- Small hyperechoic nodule visualized in the liver as well as an anechoic cystic lesion – The appearance of the hyperechoic nodule trends towards a benign lesion. The cystic lesion is most consistent with a benign hepatic cyst.

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- Large, distended gallbladder with a large amount of intraluminal debris and early peripheral organization of the debris – The gall bladder changes are most consistent with a developing mucocele. Consider medical management and close monitoring for progression of this lesion.



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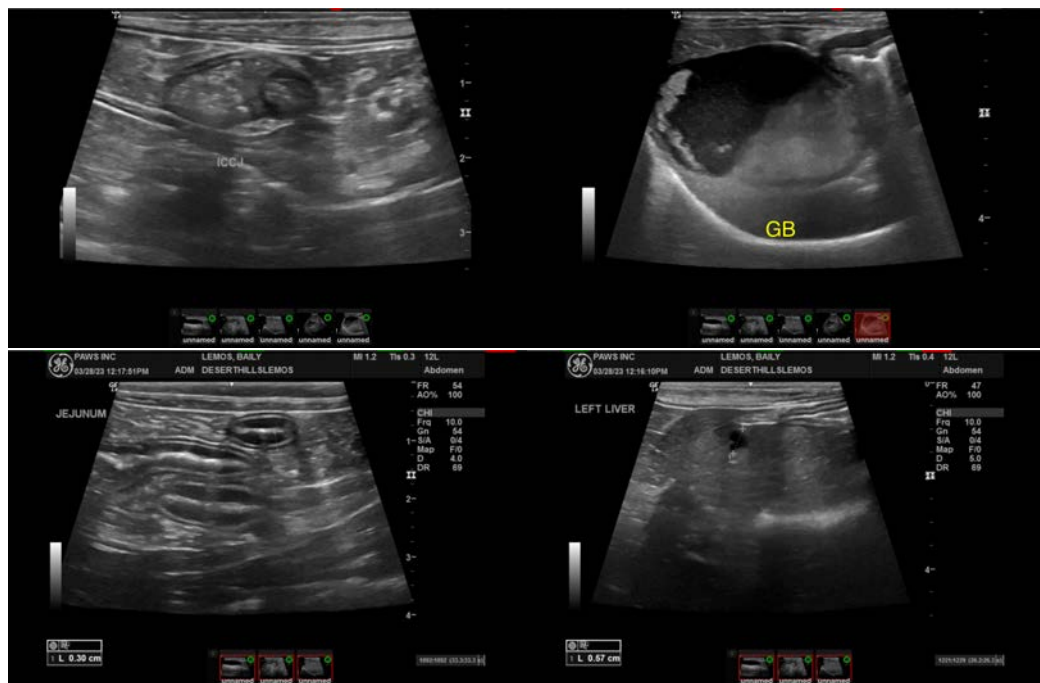
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

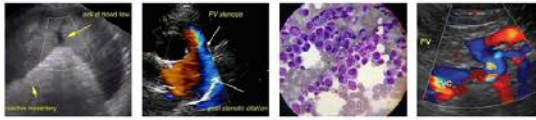
No significant focal lesions are visualized within the hepatic parenchyma to explain the elevation in ALT reported. The gallbladder is large and distended with some early organization of the intraluminal debris, consistent with a very early developing mucocele. Recommend starting Ursodiol therapy and continued monitoring of the gallbladder for possible progression of this lesion. Options moving forward for evaluation of the ALT elevation include screening for Leptospirosis, and possibly a fine needle aspirate of the liver (provided coagulation parameters are normal). Additionally, you could consider a liver function test. If liver function is normal, you could consider continued monitoring with Ursodiol and Denamarin therapy.

The changes in the kidneys are consistent with chronic progressive renal disease. Although there are numerous small nephroliths visualized, there is no evidence of an obstruction at this time. Recommend a blood pressure, urinalysis and culture as a baseline.

No focal lesions are visualized associated with the gastrointestinal tract to explain the chronic diarrhea reported.

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic pre- and probiotic therapy.
- If symptoms persist, consider obtaining GI biopsies.





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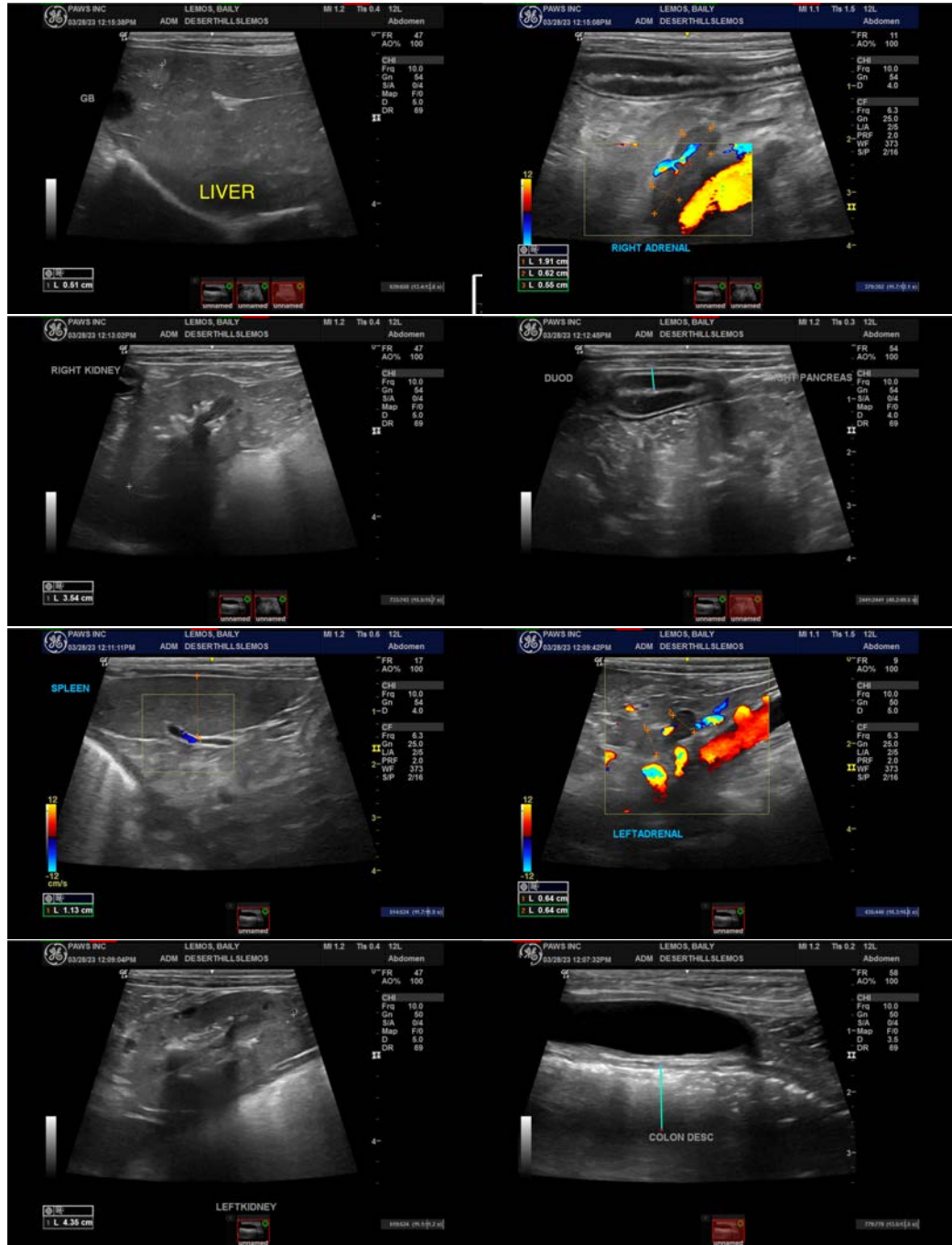
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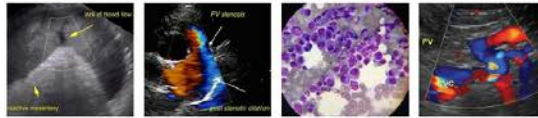
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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kathleen.sennello@sonopath.com

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