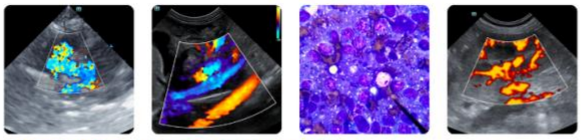


DATE

04/10/26

PATIENT

Liv Szymanski

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

03/04/20

WEIGHT

10.4 pounds

INTERPRETED BY

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

HOSPITAL NAME

Fullerton Animal Hospital

REFERRING VET

Dr. Unger

INVOICE

15003

PRESENTING CLINICAL SIGNS

Patient History: Patient presented 4/8 for not acting normal and being reluctant to eat. Owner noticed that 4/6 patient vomited once- chunks of food. Owner administered a dose of oral Cerenia. Pet ate on tues am then stopped eating hard food. Owner gave another dose of Cerenia on 4/7 pm. Patient is just not acting herself, lethargic and will only eat her canned diet. Patient has a history of chronic intermittent GI signs (diarrhea/vomiting) that is managed with I/D and novel protein diet, proviable, Metamucil, Pepcid. Owner gives occasional Cerenia if needed for vomiting. Exam was unremarkable. Current on Lepto vaccine. No history of toxin exposure

Current Medications: Cerenia 0.5 ml sq 4/8 pm, orally 16 mg 4/7, 4/6 pm, Famotidine 2.5 mg BID for >6 months, Proviable capsules daily for >year, Amoxi 100mg TID started 4/9, Metamucil in food.
Labwork Results: Labwork attached, reported as: ALT 1,486 (18 - 121 U/L) prev 48, AST 134 (16 - 55 U/L) ALP 247 (5 - 160 U/L) prev 27, GGT 33 (0 - 13 U/L), Bilirubin - Total 0.7 (0.0 - 0.3 mg/dL) prev 0.1, Bilirubin - Unconjugated 0.3 (0.0 - 0.2 mg/dL), Bilirubin - Conjugated 0.4 (0.0 - 0.1 mg/dL), Cholesterol 401 (131 - 345 mg/dL). Lepto test pending
Date of Previous IntraPet Ultrasound: 1/12/23. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.79 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 (3.57 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 in size measuring 0.41 cm at the cranial pole and 0.41 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 0.51 cm at the cranial pole and 0.49 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. The previously described hyperechoic foci/lesion is not observed on today's exam.

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. The spleen measured 1.23 cm.

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 moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.19 cm 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 (0.43 in wall thickness) and the jejunum measured as normal (0.27 cm) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion or significant lymphadenopathy. Occasional mesenteric lymph nodes are visualized with examples measuring 0.27cm and 0.34 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Moderate gallbladder debris- 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.

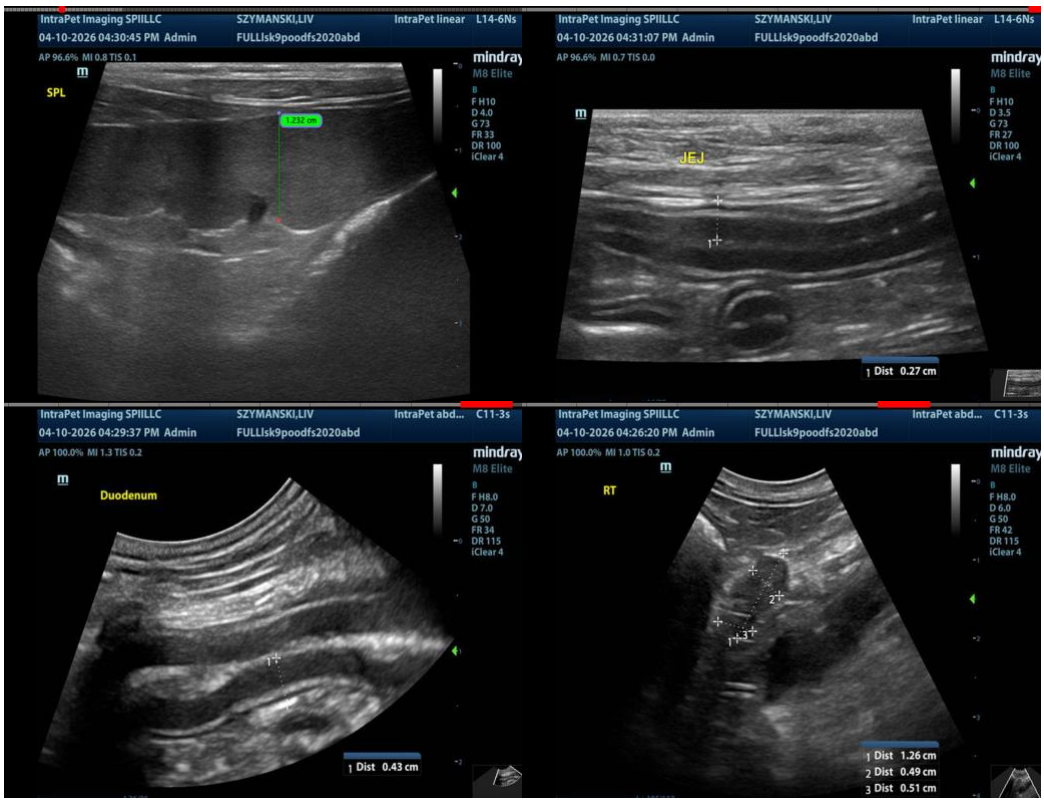
- Mild reactive mesenteric lymph nodes.

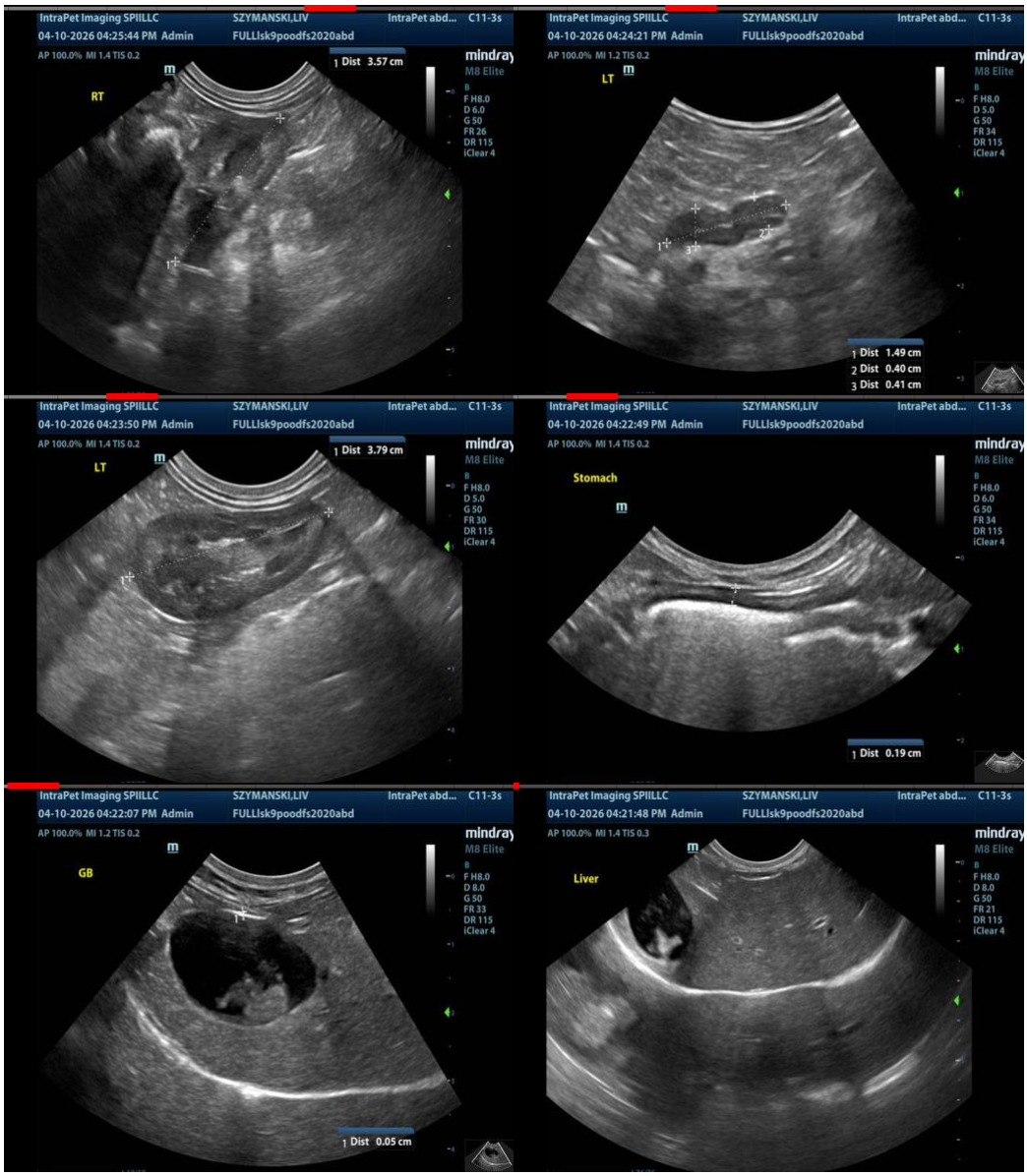
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are mild/likely incidental for this individual. No focal lesions are

visualized associated with the liver or the gallbladder to explain the elevation of liver enzymes reported. Based on the acute nature of the symptoms and the normal appearance of the liver, acute liver injury should be considered. If clinically appropriate, consider screening for leptospirosis, an evaluation of the history for any potential hepatotoxic substances, medications, etc. Recommend nonspecific treatment for acute liver injury with supportive care (fluids, anti-nausea medications, etc.) as well as Denamarin and ursodiol +/- antibiotics. If liver values are not improving, you could consider a fine needle aspirate of the liver (provided coagulation parameters are normal). Ultimately, biopsies of the liver may be necessary with samples for histopathology, culture, and copper levels.

No lesions are visualized associated with the GI tract. This does not rule out a primary enteropathy. Further workup in the future could include a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate. Ultimately, biopsies of the GI tract may also be warranted





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)

info@sonopath.com