



PATIENT

Sonji Speulda

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

16 Years

WEIGHT

8.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Bailes

HOSPITAL NAME

All Creatures Great &
Small

REFERRING VET

Dr. Beth Marszewski

INVOICE

46643

DATE

4/13/23

PRESENTING CLINICAL SIGNS

Hx of acute onset ataxia w/ circling to the left; persistent but improved L sided head tilt despite tx for possible otitis media. Progressive weight loss noted. Prior hx of pancreatitis 1 year ago.

Abnormal PE/Chem/CBC/UA Results: Thin BCS; 4/6 systolic murmur (stable) on PE. Head tilt to L; positional nystagmus (fast phase to L). BW: CBC: WBC (28.6) Neutrophilia, lymphocytosis, monocytosis, PLT (695) with polychromasia Chem: Glob (1.5), Crea (1.2) SDMA (18), K+ (6.0), NA:K (25) Thoracic rads taken today: NSF - lungs clear; heart/vessels WNL

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 is small (2.23 cm) and irregular with a hyperechoic cortex and prominent thick hyperechoic band consistent with corticomedullary rim sign. Pyelectasia is noted at 0.24 cm. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.12 cm) with pinpoint non-obstructive nephroliths. Overall echogenicity is slightly hypoechoic 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 0.42 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 0.32 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. There are numerous ill-defined hypoechoic nodules throughout the parenchyma. Examples measure 0.59, 0.52, 0.60, and 0.60 cm.

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.



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Gastrointestinal

The stomach contains mild fluid. 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.

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 0.41 cm. Jejunum wall measures 0.31 cm. Mucosal speckling is evident. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

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 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.

ULTRASONOGRAPHIC FINDINGS

- Abnormal kidneys – The left kidney is small, hyperechoic, and irregular with a prominent corticomedullary rim. The right kidney is larger and hypoechoic with decreased corticomedullary distinction and pinpoint non-obstructive nephroliths. Findings are most consistent with chronic renal disease. The left kidney appears slightly shrunken. Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Heterogeneous liver with 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. The significance of the hypoechoic nodules is uncertain. Consider a fine needle aspirate.
- 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.
- Subjectively thickened small intestine with mild mucosal speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys are abnormal. One is small and hyperechoic with a prominent medullary rim. The other is larger and hypoechoic with small non-obstructive nephroliths. Correlate this with renal values, a blood pressure evaluation, urinalysis and culture. Additionally, consider a urine protein to creatinine ratio.



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The liver is heterogeneous with ill-defined hypoechoic nodules. The significance of this is uncertain with no reported liver enzyme elevations, but a fine needle aspirate could be considered.

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The small intestine is subjectively thickened and there is prominent mucosal speckling. This can be seen with a primary enteropathy. The significance of this is uncertain with no history of significant GI signs. Consider continued monitoring.

BREED

Chihuahua

Consultation with a veterinary neurologist may be helpful for further evaluation of the neurologic signs (to try and determine if they are due to central or peripheral disease). The aforementioned blood pressure may be helpful, looking for evidence of hypertension, which can cause a vascular lesion. I would also consider a cardiac ultrasound based on the reported murmur.

SEX

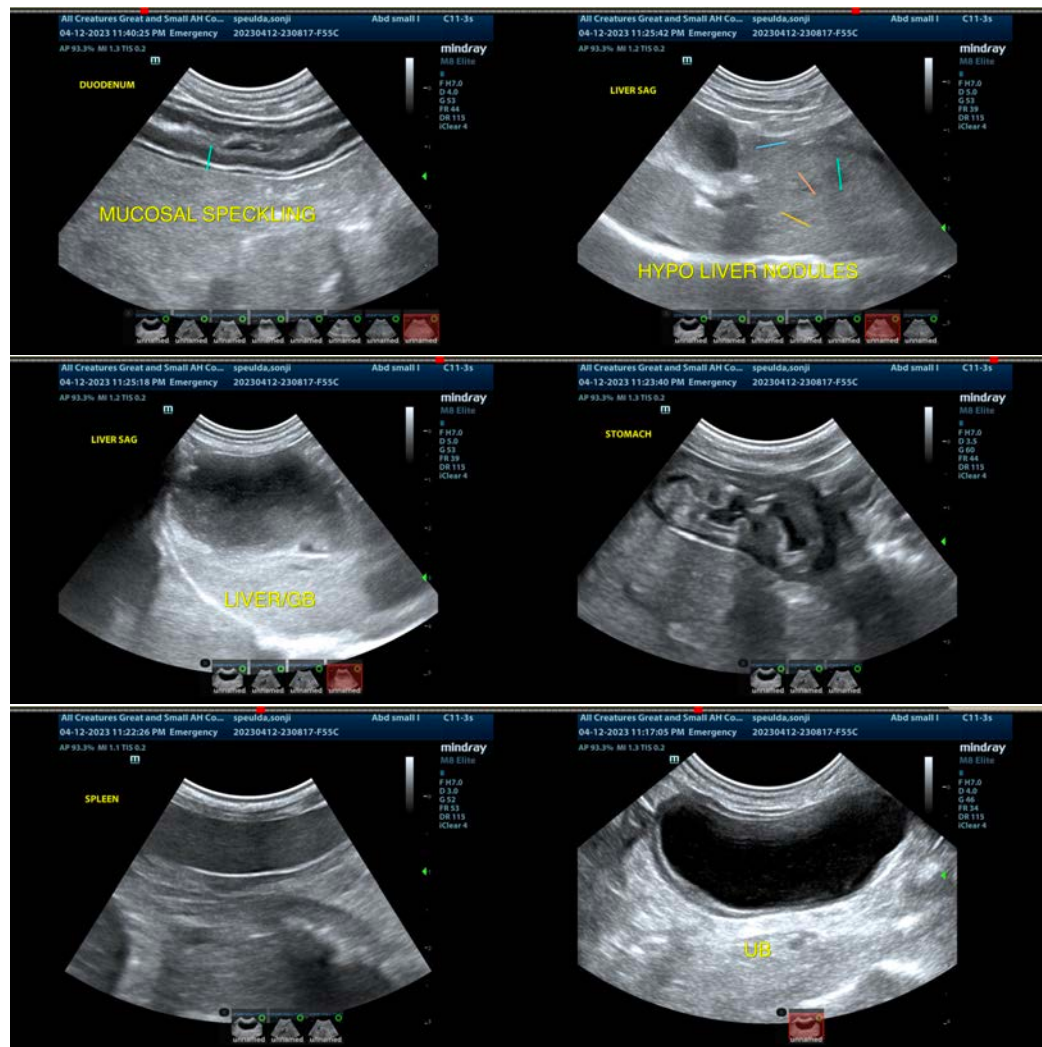
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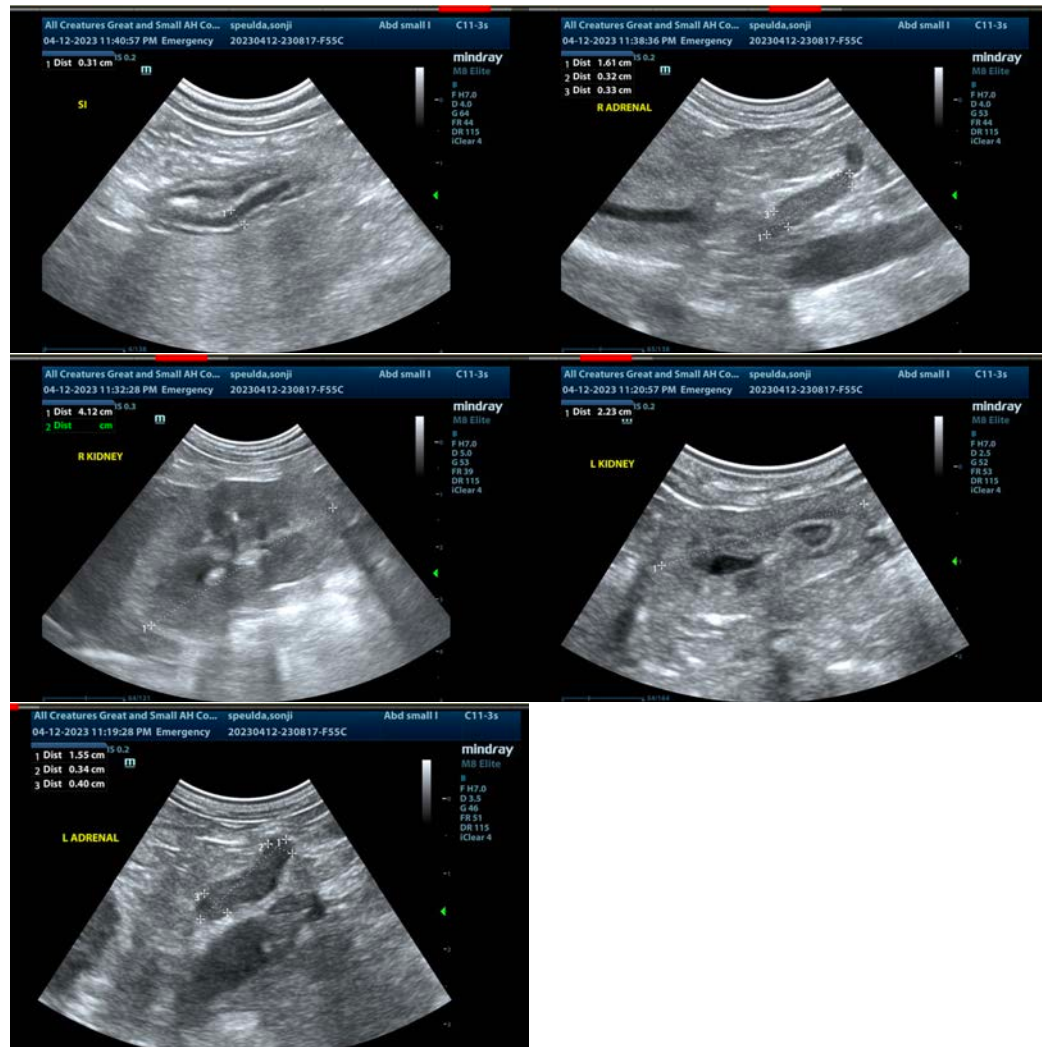
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com