

## PATIENT

Shiloh Severloh

## SPECIES

Canine

## BREED

Mini Poodle Mix

## SEX

Spayed Female

## AGE

11y

## WEIGHT

21.9lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Loetitia Saint-Jacques,  
LVT

## HOSPITAL NAME

Alpine Animal Hospital

## REFERRING VET

Dr. Lindsay Sjolín

## INVOICE

10182

## DATE

4/17/2023

## PRESENTING CLINICAL SIGNS

According to the owner, Shiloh will not eat if she does not have cerenia every day. Food was changed to Hills I/D. She seems to be doing better with eating. The owner tried to stop the cerenia again and now owner says she wakes her up multiple times to go outside to urinate. When she restarts the cerenia that stops. Reason for Ultrasound: Looking for a reason why this patient needs cerenia. IBD?

Abnormal PE/Chem/CBC/UA Results: Abnormal CBC values: WNL Abnormal Chemistry Values: mild hypophosphatemia - suspect from severe panting. Otherwise, all values normal Abnormal UA Values: Well concentrated 1045, 1+ urine protein, 1+ bilirubinemia, no WBCs, no RBCs

## 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 (4.62 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.

The right kidney has a normal shape and size (4.58 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.

### *Adrenal Glands*

The left adrenal gland is normal in size measuring 5.0 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.

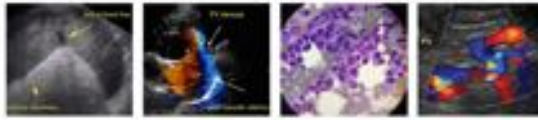
The right adrenal gland is normal in size measuring 0.51 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

### *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 homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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

**SPECIES**

***Gastrointestinal***

Canine

The stomach contains minimal luminal contents. The stomach measures 0.49 cm in width and thickness 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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Mini Poodle Mix

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 cm), and the jejunum measured as normal (0.33 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 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 large and hypoechoic to the surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild to moderate pancreatitis in the right limb.

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***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes. A mesenteric lymph node is visualized at 0.42 cm. The left sublumbar lymph node is 0.42 cm. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is hyperechoic, particularly in the right cranial abdomen.

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**PRIMARY FINDINGS**

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- Mottled pancreas with focal hyperechoic region in the right cranial abdomen. The pancreatic changes are most consistent with mild to moderate pancreatitis/pancreatic infiltration. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- 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.

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**INVOICE**

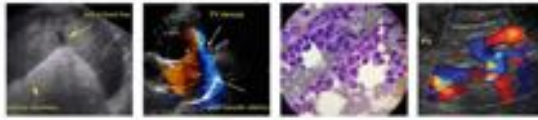
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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There appears to be some focal hyperechoic tissue most consistent with focal inflammation in the right cranial abdomen. This is the region in the pancreas and there is a visible somewhat mottled pancreas in this region. Findings could be consistent with mild to moderate pancreatitis. Correlate



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these findings with a quantitative CPL level and consider empirical treatment for pancreatitis. If symptoms are not improving, consider reevaluation in 3-4 weeks and a possible fine needle aspirate of the hyperechoic region if there has been no improvement.

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The gallbladder has a moderate amount of debris but no surrounding inflammation. Recommend continued monitoring with ultrasound and continued monitoring of liver enzyme values.

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Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

**SEX**

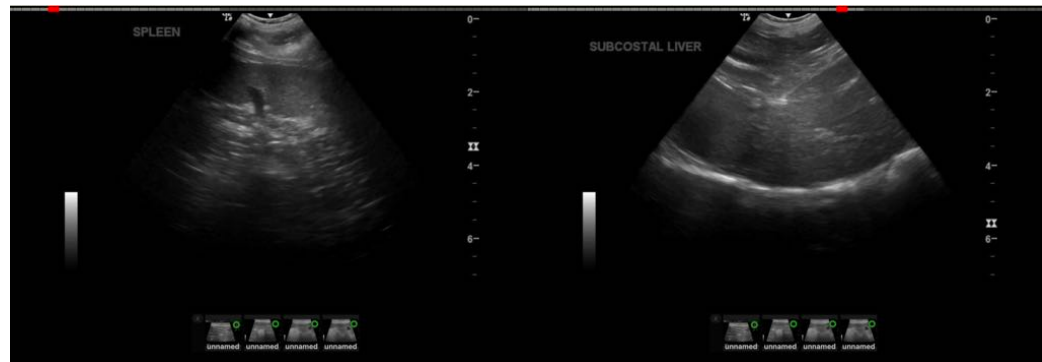
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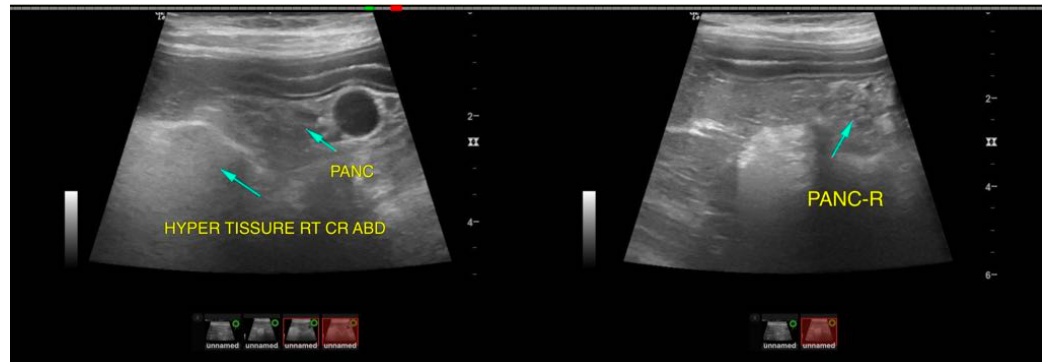
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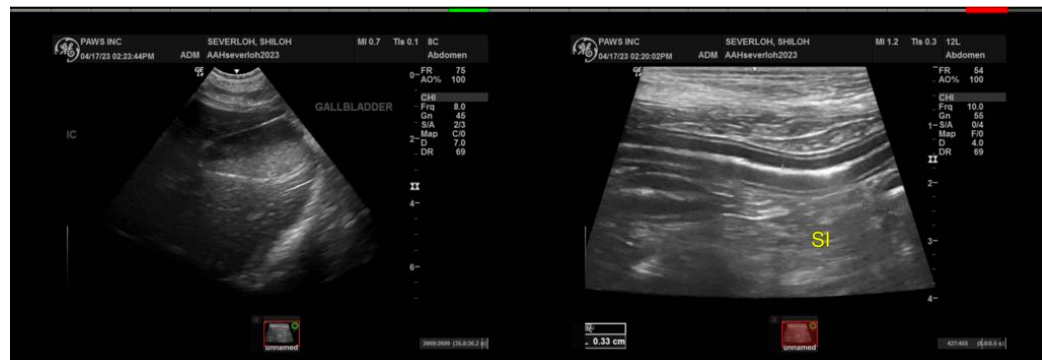


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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