
PATIENT PRESENTING CLINICAL SIGNS

Tango Bohmann

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

11/7/09

WEIGHT

2.95

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. Michelle Caldwell

INVOICE

46756

DATE

4/19/23

Recheck ultrasound to assess for response to treatment for previously diagnosed emerging mucocele. P has been on ursodiol 30mg po sid since 12/10/2022. P had an episode of pancreatitis 1/30/23 and P recovered with supportive care. P received a dental cleaning with benign eyelid mass removal 2/23/23 and did well under anesthesia. P has been on omeprazole 2.5mg po sid for suspected acid reflux (excessive licking). Working diagnosis Mucocele MEDS: Ursodiol 30mg po sid, omeprazole 2.5mg po sid, vetmedin 1.25 mg po am, 0.625 mg po pm, enalapril 1.25mg po bid, OTC SAME

Abnormal PE/Chem/CBC/UA Results: ALT 176, rest wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder is mildly 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 prostate is normal in size (0.68 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.09 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.2 cm) with small cortical cysts measuring 0.48 cm and 0.28 cm. 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

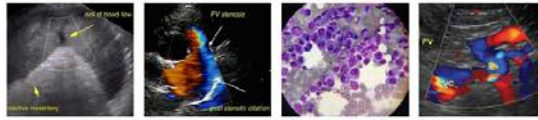
Adrenal Glands

The left adrenal gland is large, measuring 0.80 cm. 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 large, measuring 0.89 cm. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is somewhat irregular in that at the caudal pole there is a small, subtle, questionable hypoechoic area that could represent an early space occupying lesion such as a clot, measuring approximately 0.26 cm x 0.61 cm.

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*

Tango Bohmann

The liver is large in size, and normal in 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 is a very ill-defined, subtle hypoechoic region in the liver measuring 1.2 cm x 2.08 cm.

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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.

SEX

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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 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 0.39 cm. Jejunum wall measures 0.30 cm. There is mild mucosal speckling associated with the duodenum. Visualized peristalsis appears appropriate. Some areas of small intestine appears mildly corrugated, consistent with mild enteritis.

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Kathleen Sennello DVM,
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Medicine)

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with nonformed liquid fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

Pancreas

The right limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic 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 – The bilateral renal findings are consistent with age-related change.
- Bilateral adrenomegaly – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.
- Questionable irregularity at the caudal pole of the right adrenal gland – This could be insignificant, but continued monitoring is warranted, as an early clot/invasive lesion is possible.

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- Large, heterogeneous liver with ill-defined hypoechoic region – 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 region is uncertain. This likely represents a benign lesion.
- Large, distended gallbladder with a large amount of adherent debris with peripheral irregularities and questionable surrounding mild inflammation – The gall bladder changes are most consistent with a developing mucocele. Consider medical management and close monitoring for progression of this lesion.
- Subjective mild mucosal speckling of the duodenum and mild corrugation of the small intestine – 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

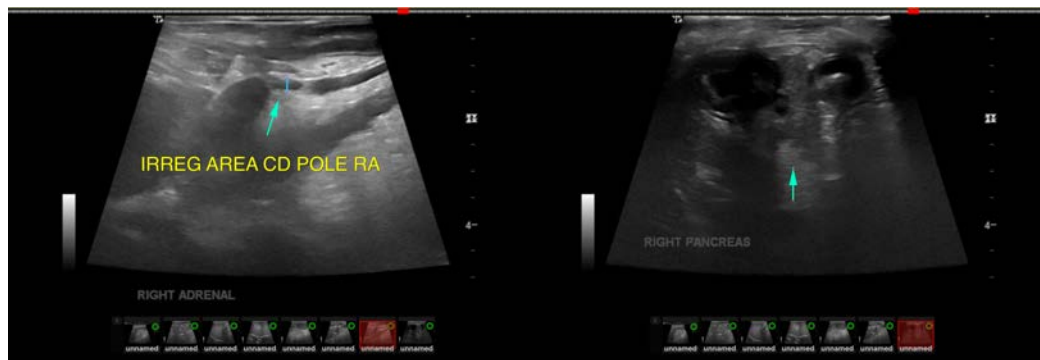
The changes described on today’s scan are relatively similar to the previous scan on 12/10/22. The gallbladder does not appear to have improved significantly with Ursodiol therapy and has possibly mildly progressed. The peripheral changes near the gallbladder wall are concerning. It is impossible to say if this will continue to stay at this level of disease or if it will progress to an emergency surgical lesion. The degree of gallbladder disease visualized at this point could merit surgery, but occasionally these can remain stable for significant amounts of time.

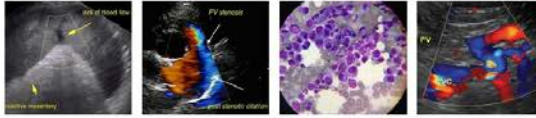
Both adrenal glands are large. If biochemical changes or symptoms consistent with Cushing’s are present, I would consider adrenal function testing. Additionally, there is some mild change at the caudal pole of the right adrenal, the significance of which is uncertain, but continued monitoring is warranted (recheck in 4-6 weeks).

The changes visualized associated with the pancreas could be consistent with chronic pancreatitis or previous episodes of pancreatic inflammation.

The liver is large and heterogeneous. This could be consistent with a vacuolar hepatopathy.

There are mild changes to the small intestine including mucosal speckling and some mild corrugation, which could be consistent with enteritis and a mild enteropathy, which could be playing a role in some of the GI signs exhibited.





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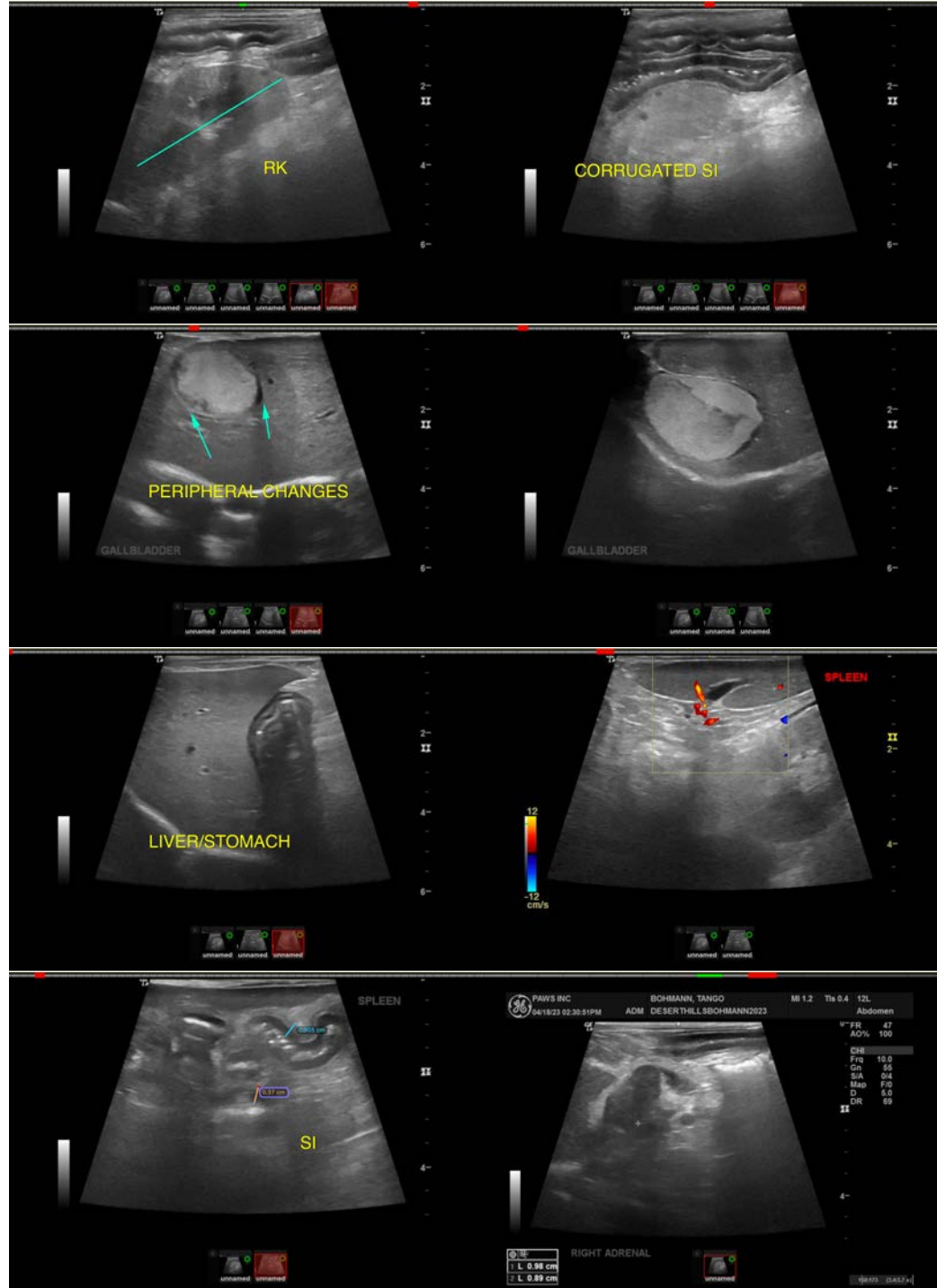
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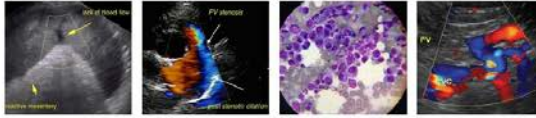
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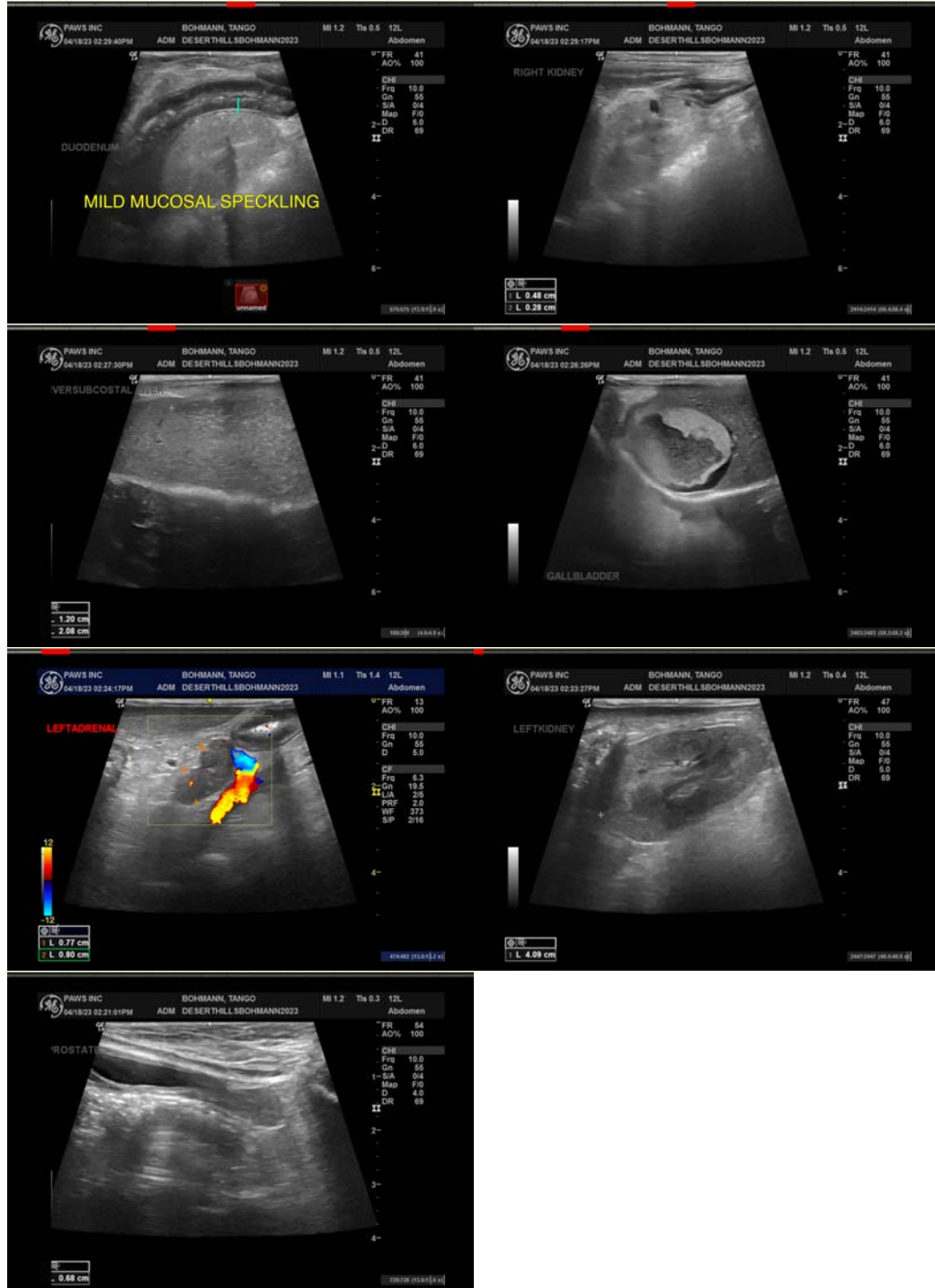
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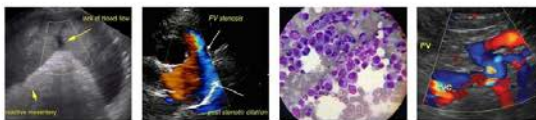
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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