



PATIENT

Biscuit Cortright

PRESENTING CLINICAL SIGNS

SPECIES

hematuria, intermittent. No other c/s
Abnormal PE/Chem/CBC/UA Results: all WNL

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Rat Terrier/Doxie X

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder is mildly irregular and thickened. There is a 0.77 cm focal hyperechoic shadowing structure, most consistent with a bladder stone visualized in the dependent portion of the urinary bladder. The proximal urethra, ureteral papilla and trigone area appear normal and free of any irregularities or mass lesions.

SEX

Neutered Male

The prostate is normal in size (0.69 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.

AGE

12 Years

The left kidney has a normal shape and size (3.85 cm) with mild pyelectasia at 0.14 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 infarcts or hydronephrosis. There are numerous small nephroliths throughout the renal pelvis and renal parenchyma. There is no evidence of severe dilation. Renal vasculature is normal.

WEIGHT

10 Pounds

The right kidney has a normal shape and size (4.19 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 are numerous moderately sized calculi visualized within the renal pelvis and in the surrounding tissues. There is no evidence of severe dilation. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
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Medicine)

Adrenal Glands

The left adrenal gland is normal in size measuring 0.50 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

The right adrenal gland is normal in size measuring 0.52 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.

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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.

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Dr. Kristi Cortright

Liver

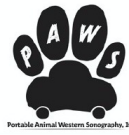
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a 1.25 cm x 1.85 cm hypoechoic nodule visualized within the parenchyma. Additionally, the caudate lobe appears particularly heterogeneous with ill-defined hypoechoic nodules.

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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 hyperechoic shadowing debris, most consistent with sandy debris or calculi. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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. Jejunum wall measured 0.21 cm. Duodenum wall measured 0.46 cm. Mucosal speckling is noted. 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

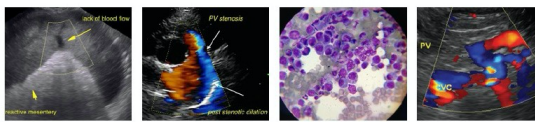
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

- Mildly irregular and thickened urinary bladder wall with a dependent shadowing mineralization, most consistent with a bladder stone – Correlate with abdominal radiographs. Recommend urinalysis and culture.
- Bilateral nephroliths – Both kidneys have numerous small to moderately sized nephroliths visualized within the renal pelvis and surrounding parenchyma. There is no evidence of a significant obstructive process in either kidney, although there is mild left-sided pyelectasia.
- Heterogeneous liver with a hypoechoic nodule and irregular, heterogeneous caudate lobe – 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. Recommend a fine needle aspirate of the caudate lobe of the



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liver and the hypochoic nodule if reachable.

SPECIES

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- Shadowing mineralized gallbladder debris – most consistent with gall stones and sandy debris. Recommend continued monitoring.

BREED

Rat Terrier/Doxie X

- Mild small intestinal thickening with mucosal speckling – Bright mucosal speckling has been proposed to represent dilated lacteals or focal accumulation of mucus, cellular debris etc.. in the mucosal crypts of the small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

There is a bladder stone visualized within the lumen of the urinary bladder. The bladder mucos appears somewhat thickened and irregular. Recommend urinalysis and culture and radiographs to confirm the presence and number of stones present. This patient will likely need a cystotomy.

AGE

12 Years

Additionally, there are stones visualized in both kidneys. There is no evidence of a significant obstruction at this time, but if they should move, this could become a risk. Continued surveillance for infection and shifting of the stones or an early obstruction is warranted.

WEIGHT

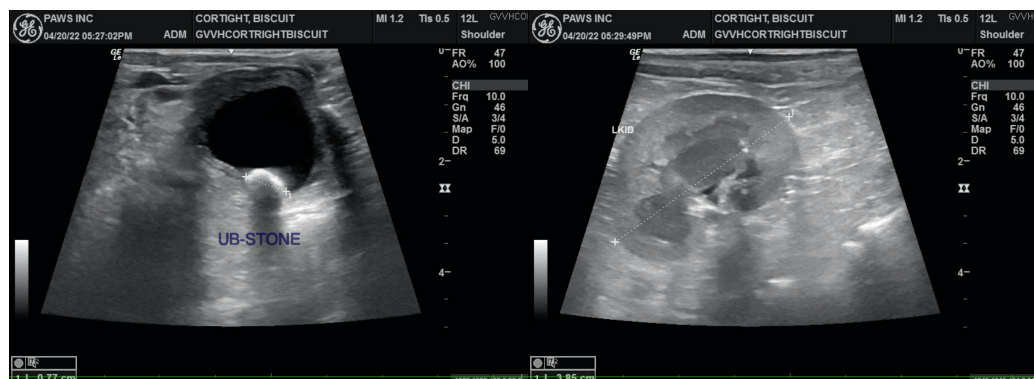
10 Pounds

Additionally, there are some changes in the liver. These could be benign changes. Evaluation of this area at the time of surgery and possible biopsy could be considered.

There are stones visualized within the gallbladder. Correlate with liver values and recommend continued monitoring. Ursodiol could be considered, particularly if liver enzyme elevations are present.

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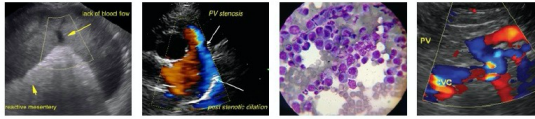
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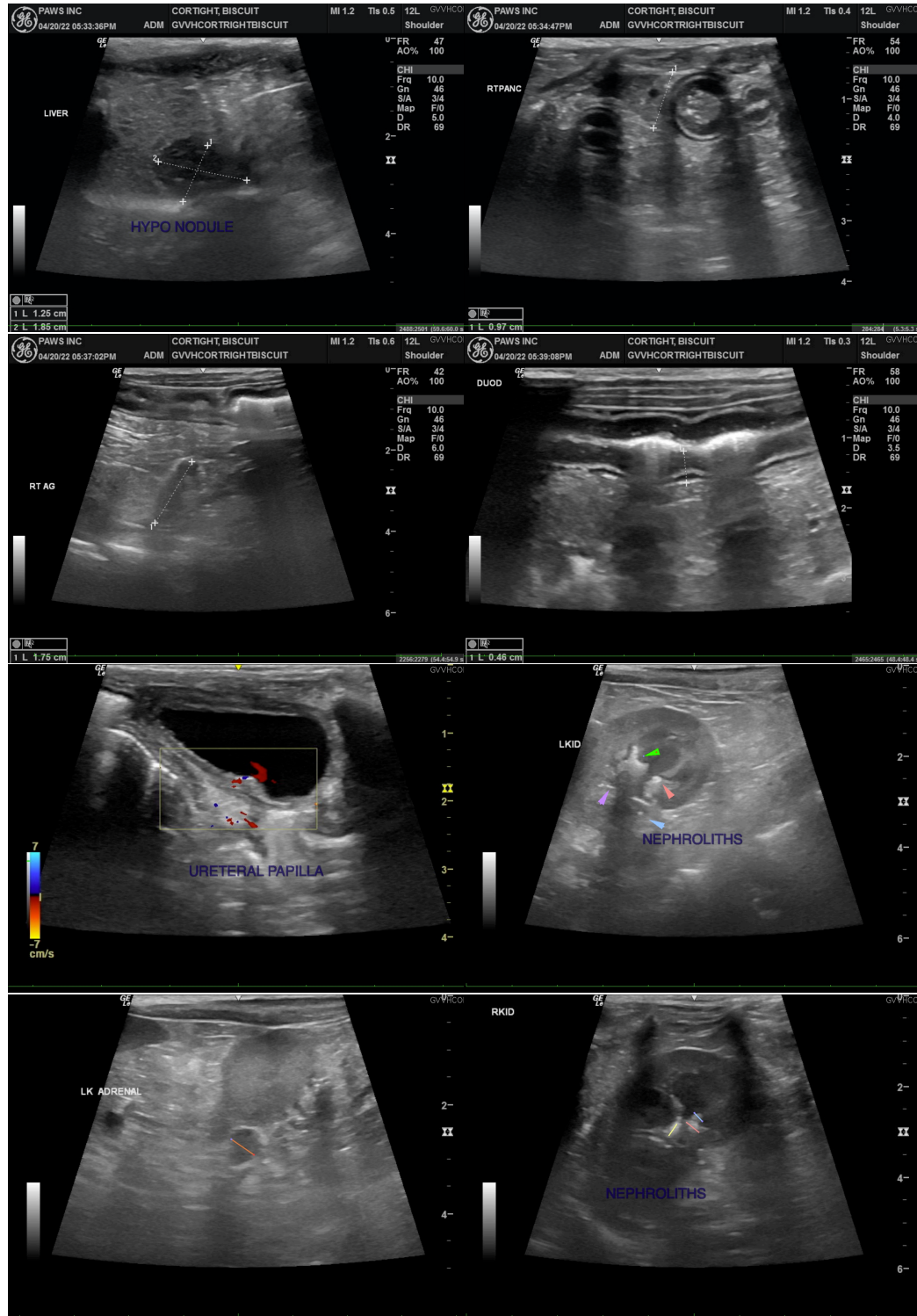
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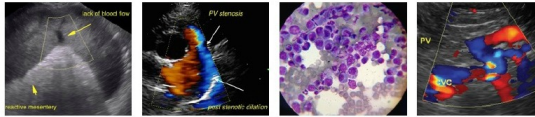
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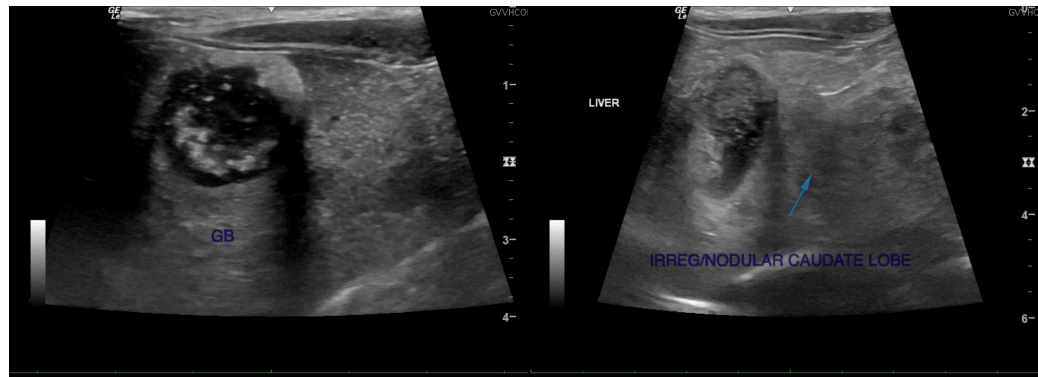
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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