**PATIENT**

Rudy Graham

SPECIES

Canine

BREED

Toy Poodle

SEX

Neutered Male

AGE

12 Years 9 Months

WEIGHT

16.4 Pounds

INTERPRETED BYKathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VETWixom Family Pet
Practice**INVOICE**

37052

DATE

4/21/22

PRESENTING CLINICAL SIGNS

Current Medications: entyce 0.3mL PO SID- started 4/20 maropitant 16mg 1 tab PO SID - started 4/17 omeprazole 10mg 1 cap PO SID- started 4/17 gabapentin 100mg 1 cap PO TID- started 4/17 proviable gel 2mL PO TID- started 4/17, finished 4/20 proviable caps 1 cap PO SID- started 4/17 prednisone 1mg 1/2 tab PO SID- chronic medication zycortal Injection once monthly-chronic medication, last given 4/15/22 Presented for recheck pancreatitis. Treated at ER facility 4/17/22 with outpatient supportive care with SQ Fluids+oral meds. BW on 4/17/22 showed elevated HCT, lipase, amylase with positive cPL snap test. Minimal improvement seen with treatment. No further vomiting, but inappetence, abdominal pain, lethargy, and abnormal stools still present. Diarrhea less frequent, occ blood seen in stools. Dx with Addison's in 2016- has been maintained with zycortal injections and oral pred per O.

Abnormal PE/Chem/CBC/UA Results: Dehydrated, cranial abdominal pain. Decreased to no gut sounds appreciated. Abdominal rads obtained- stomach small with mild amt of gas seen. Round area with numerous small mineral opacities over right liver/pylorus (suspect gallbladder vs FB?). Mineral opacities noted at kidneys. No GI obstructive signs noted, unremarkable SI. Colon has mild gas, minimal stool seen. Small, unremarkable bladder. Attached history and labs from ER as well as radiographs taken yesterday.

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 prostate is normal in size 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 (4.47 cm) with small non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.69 cm) with small non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.56 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.

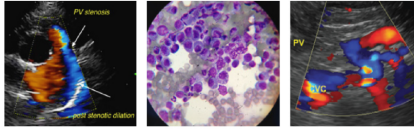
The right adrenal gland is normal in size measuring 0.44 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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.

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



PATIENT

Rudy Graham

SPECIES

Canine

BREED

Toy Poodle

SEX

Neutered Male

AGE

12 Years 9 Months

WEIGHT

16.4 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Wixom Family Pet
Practice

INVOICE

37052

DATE

4/21/22

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 hyperechoic, shadowing material, most consistent with sandy debris and small stones. 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 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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. A single prominent mesenteric lymph node was visualized at 0.66 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Prominent, hypoechoic pancreas surrounded by hyperechoic mesentery – The pancreatic changes are most consistent with mild pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- Moderate amount of hyperechoic shadowing debris within the gallbladder lumen – findings are most consistent with sandy debris/small stones.
- Small non-obstructive nephroliths visualized in both kidneys – The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas appears somewhat prominent and does have some hyperechoic mesentery surrounding, most consistent with mild pancreatic inflammation. Correlate these findings with quantitative PLI levels, and recommend continued treatment for pancreatitis. Correlate these findings with abdominal

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



PATIENT

Rudy Graham

SPECIES

Canine

BREED

Toy Poodle

SEX

Neutered Male

AGE

12 Years 9 Months

WEIGHT

16.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Wixom Family Pet
Practice

INVOICE

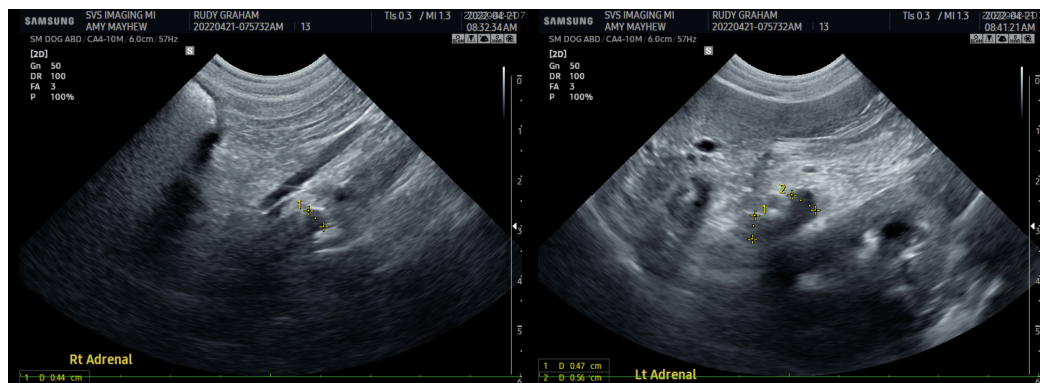
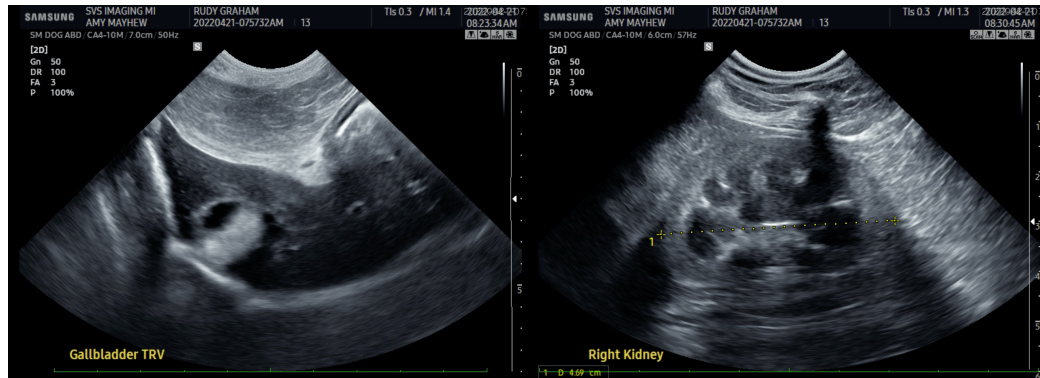
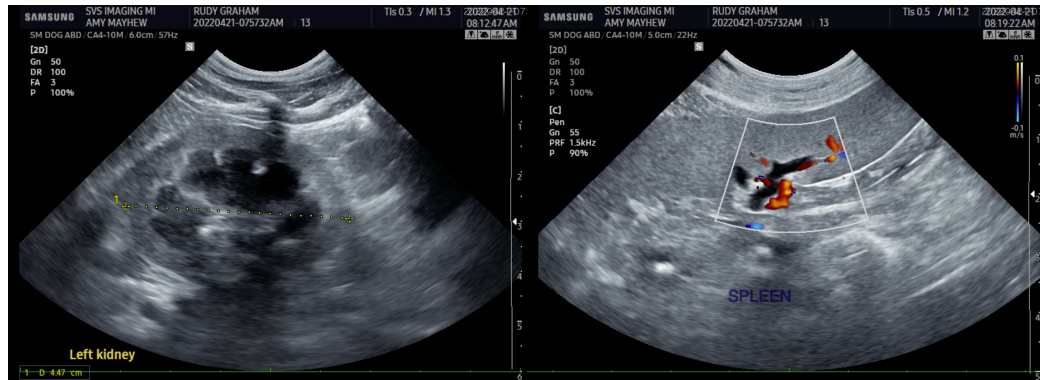
37052

DATE

4/21/22

radiographs, as it can be difficult to completely rule out the possibility of ingested foreign material.

There is some shadowing mineralized debris visualized within the gallbladder, but no surrounding inflammation. Correlate these findings with liver enzyme elevations, but suspect this is currently an incidental finding. Recommend continued monitoring +/- Ursodiol therapy.



IMAGING PERFORMED BY

SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com



PATIENT

Rudy Graham

SPECIES

Canine

BREED

Toy Poodle

SEX

Neutered Male

AGE

12 Years 9 Months

WEIGHT

16.4 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

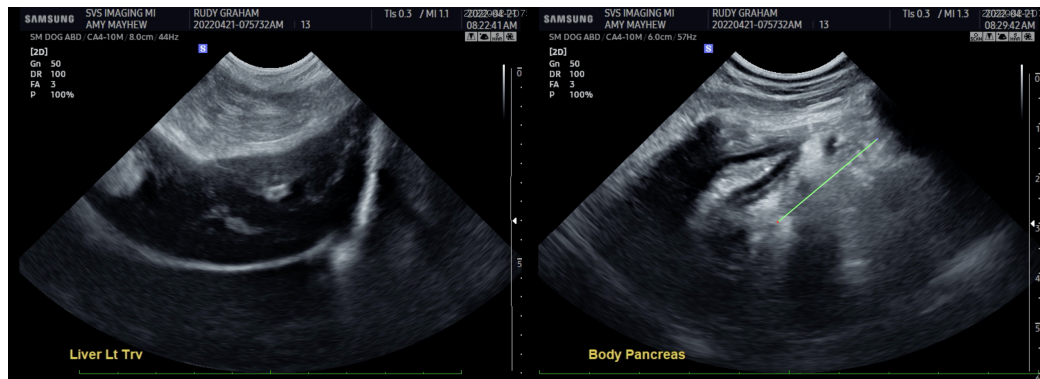
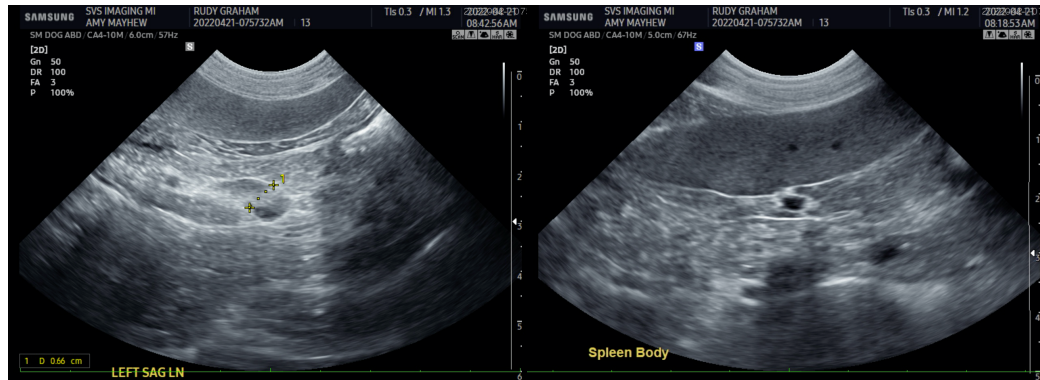
Wixom Family Pet
Practice

INVOICE

37052

DATE

4/21/22



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