



**PATIENT**

Bandit Meshaka

**PRESENTING CLINICAL SIGNS**

Gradual weight loss: down from 11.8lb 1 year ago to 10.1lb now. Free fed.  
Abnormal PE/Chem/CBC/UA Results: Normal CBC/Chem/T4/UA/fecal

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Chihuahua

The urinary bladder is mildly distended with anechoic urine. The Bladder wall appears slightly thickened and irregular. The area of the trigone, ureteral papillae and visible urethra (to a depth of 2cm) appears free of any mass lesions or calculi. Findings are most consistent with bacterial cystitis or lack of urine distention.

**SEX**

Neutered Male

The prostate is normal in size (1.09 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**

8 Years 9 Months

The left kidney has a normal shape and size (4.0 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

10.6 Pounds

The right kidney has a normal shape and size (3.9 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.40 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 0.45 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.

**HOSPITAL NAME**

Back Bay VC

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

**REFERRING VET**

Dr. Carey

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents consist primarily of a small area of hyperechoic debris. The cystic and common bile ducts are normal/not visible.

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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.

**SPECIES**

Canine

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 measured 0.39 cm. Jejunum wall measured 0.32 cm. Very mild mucosal speckling is noted. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**BREED**

Chihuahua

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.

**SEX**

Neutered Male

***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.

**AGE**

8 Years 9 Months

***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.

**WEIGHT**

10.6 Pounds

**PRIMARY FINDINGS**

- Mildly irregular urinary bladder wall – irregular bladder wall/not full bladder.
- Mildly heterogeneous liver – 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. If liver values are normal, this is of questionable significance.
- Subjectively mildly thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

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**SECONDARY FINDINGS**

- Small amount of hyperechoic debris within the gallbladder – This is likely an incidental finding.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The lesions observed on today's scan are relatively mild and could be within normal limits for this individual. The bladder wall appears slightly irregular. Recommend urinalysis and culture to further evaluate for possible cystitis. Additionally, the small intestine appears slightly thickened, but retains normal layering. This could be normal for this individual, or could represent mild intestinal disease. Consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to look for further evidence of intestinal disease. Also recommend 3-view thoracic radiographs to look for any evidence of intrathoracic disease.

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If this pet is free fed, consider meal feeding to keep track of the amount of food eaten and any GI signs that may be present. Additionally, you could consider a diet change to a novel protein/hydrolyzed protein diet while closely monitoring for additional symptoms.



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**REFERRING VET**

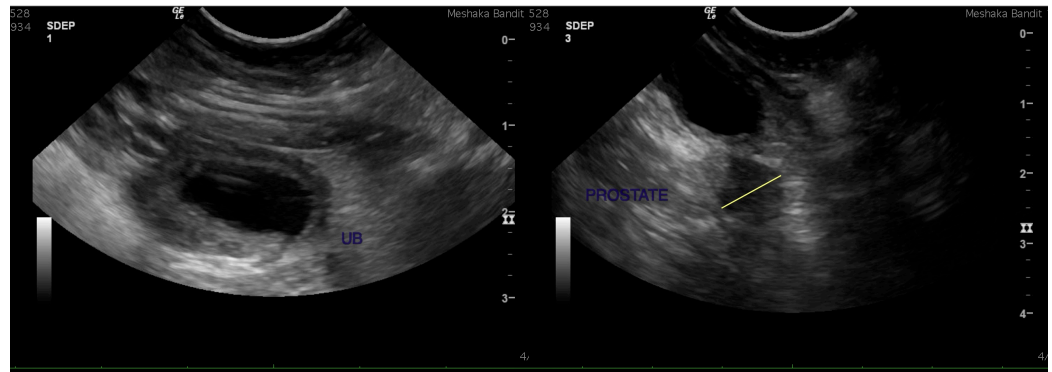
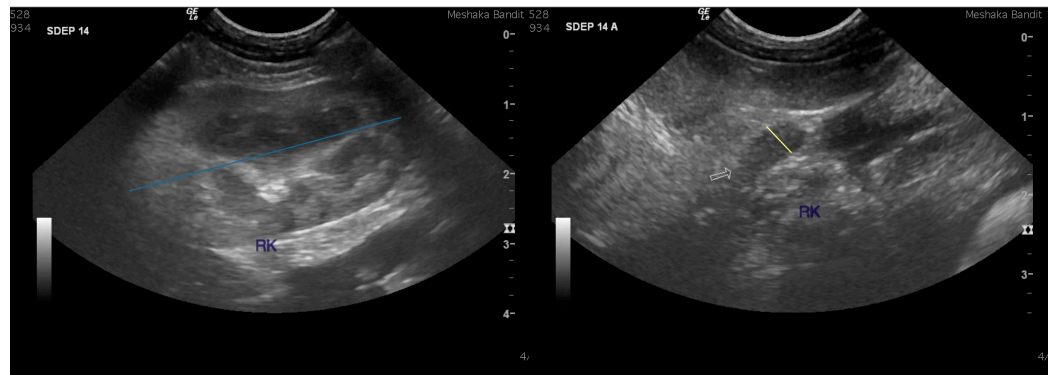
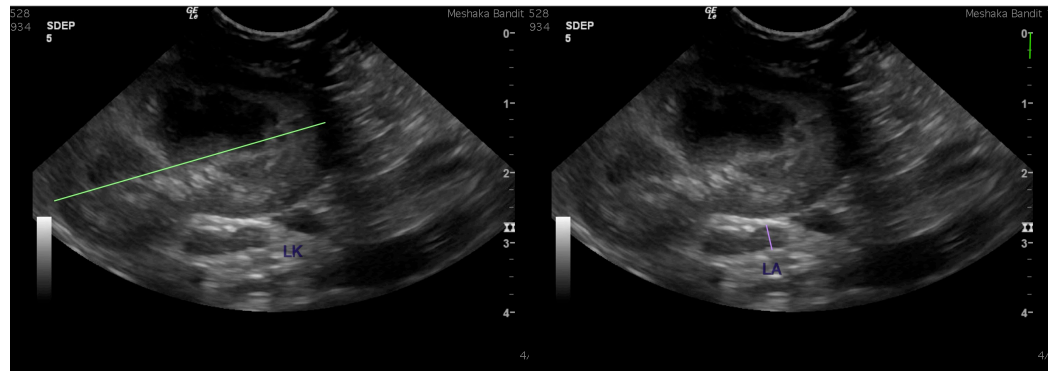
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**PATIENT**

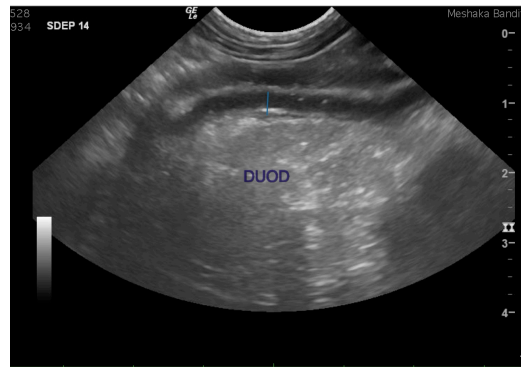
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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