**PATIENT**

Hadley Jones

SPECIES

Canine

BREEDCavalier King Charles
Spaniel**SEX**

Spayed Female

AGE

8.5 Years

WEIGHT

24.8 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**

37228

DATE

4/27/22

PRESENTING CLINICAL SIGNS

Current Medications: Ursodiol 125 mg PO BID with food Denamarin Advanced Small/Medium 1/2 tablet PO 1 hour before a meal Maropitant 24 mg 1 tablet by mouth SID Clavamox 125 mg 1 tab PO BID x 10 SID Patient History: History of being breed dog. Presented to emergency for acute vomiting (since resolved). Owner feels patient has an occasional mild cough and some exercise intolerance. Owner presented for follow up and is interested in pursuing dental procedure. Please assess long-term prognosis and risk for anesthesia.

Abnormal PE/Chem/CBC/UA Results: Severe diffuse calculus and gingivitis Right and left-sided systolic 5/6 murmur. Suspect breed-specific valve degeneration. Would you recommend Purina rx Cardio Care diet? Hepatopathy - open. ALT 828 (improving), GGT 29 (stable) Gallbladder sludge Bacteriuria **Radiographs included for cardiac review BP today 139/81, 135/77

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 (4.81 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 hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (4.78 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.52 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 0.43 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. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a small, poorly defined, hypoechoic nodule visualized in the head of the spleen, measuring 0.60 cm. There is an additional, slightly irregular, hypoechoic lesion visualized towards the tail of the spleen, measuring 0.76 cm x 1.21 cm.

Liver

The liver is borderline small in size, and normal in 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.

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Gastrointestinal

The stomach is dilated with a large amount of fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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 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. Duodenum wall measured 0.47 cm and moderately fluid distended. Jejunum wall is normal at 0.27 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 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.

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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.

INTERPRETED BYKathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)**PRIMARY FINDINGS**

- Mildly mottled spleen with two hypoechoic nodules – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Moderate gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

IMAGING PERFORMED BY

Amy Mayhew, LVT

SECONDARY FINDINGS

- Borderline small liver – The significance of this is unclear. Correlate with abdominal radiographs to estimate size.
- Large amount of shadowing material within the gastric lumen – Per history, this patient was not fasted. This likely represents ingesta.

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No focal nodules or mass lesions were observed in the liver to explain the elevation in ALT reported. There is a moderate amount of gallbladder debris, but no secondary inflammation, and I suspect this is likely an incidental finding at this time, although continued monitoring is warranted. In this situation, I would consider a liver function test and screening for Leptospirosis. A fine needle aspirate of the liver could be considered to rule out round cell neoplasia, but a more definitive diagnosis may require a

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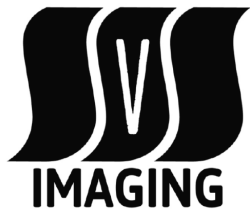
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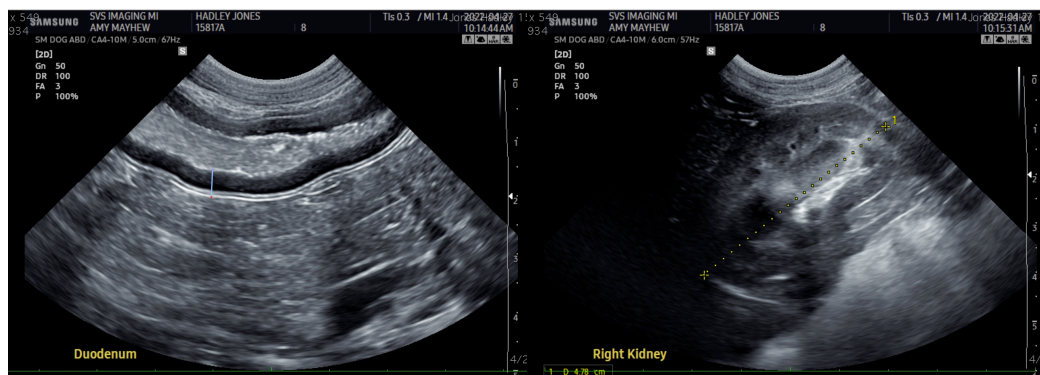
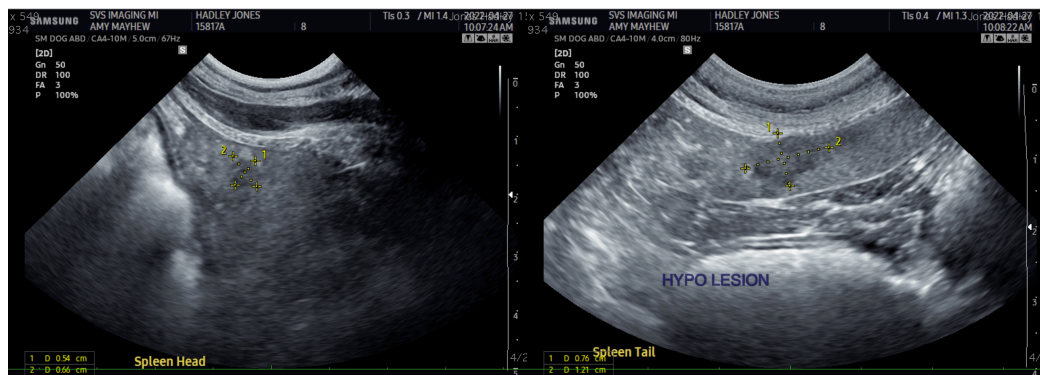
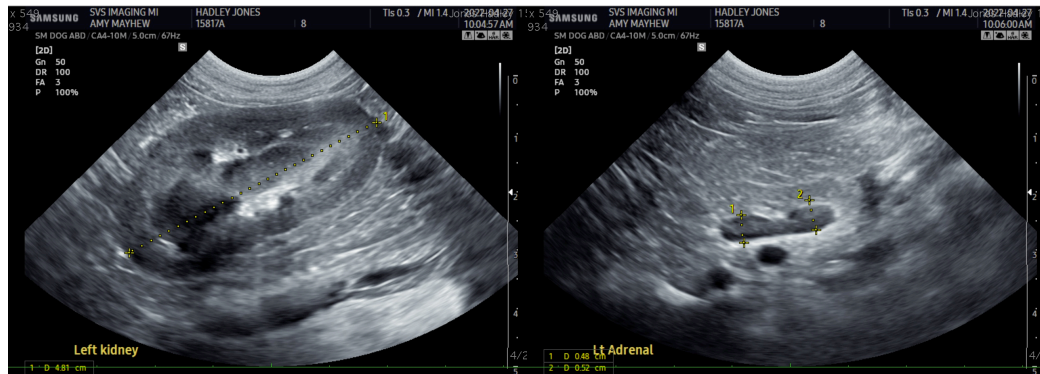
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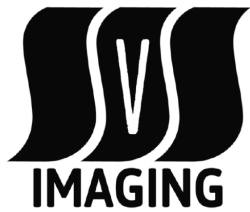
biopsy of the liver. Additionally, there is any concern for a shunt, a contrast CT scan could be considered (a shunt is not seen on today's scan, but gastric material within the stomach can affect the detection of small shunting vessels).

There are two somewhat subtle, hypoechoic nodules visualized within the splenic parenchyma. These could represent benign or early neoplastic lesions. Recommend a fine needle aspirate and 3-view thoracic radiographs.



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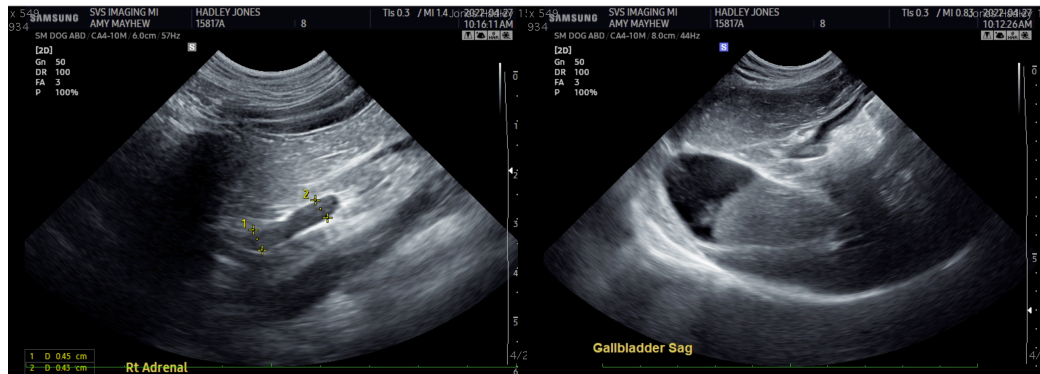
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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