



PATIENT

Bean Gibson

PRESENTING CLINICAL SIGNS

SPECIES

Canine

Came in Feb and had episode of not eating, hiding and stomach making loud noises. Labs were done. Seems to be back to normal. A:- Hepatic insufficiency/failure- R/O Toxin, Infection, Inflammation, Neoplasia, PSS/Acquired Shunt, Other. P: Continue on Denamarin, Fish Oil daily. Start on Purina/RC hepatic diet and lactulose

BREED

Chihuahua

Abnormal PE/Chem/CBC/UA Results: Lab Results (03/14/2022): Cortisol- Normal (3.8). Bile acids: Preprandial High (39.1), Post-prandial High (65.8) BG: 84 mg/dL BP in-house: Hypertensive. Blood Pressure: Average: 169.6/ 107 (Systolic/ Diastolic) (Mean: 128) Lab Results (02/10/2022): CBC- All WNL. Chemistry Panel- Glucose Low (60), ALT High (137), AST High (65), CHO low-normal (146), All Else WNL. Grade III/VI left systolic heart murmur.

SEX

Neutered Male

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.

AGE

14 Years

The prostate is normal in size (0.8 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.

WEIGHT

9.8 Pounds

The left kidney has a normal shape and size (3.04 cm). Overall echogenicity is slightly hyperechoic with poor 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)

The right kidney has a normal shape and size (3.26 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Adrenal Glands

The left adrenal gland is normal in size measuring 0.44 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.

HOSPITAL NAME

Monte Vista AH

The right adrenal gland is normal in size measuring 0.38 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.

REFERRING VET

Dr. Alexandra Moore

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. There is a small hyperechoic foci measuring approximately 0.54 cm x 0.62 cm visualized within the parenchyma.

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Liver

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

SPECIES

Canine

BREED

Chihuahua

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.

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.

SEX

Neutered Male

AGE

14 Years

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 0.34 cm. Jejunum wall measured 0.15 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

WEIGHT

9.8 Pounds

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.

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

- Small, hyperechoic focus within the spleen – The appearance of this lesion is most consistent with a benign nodule, but continued monitoring is warranted.
- 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.
- Moderate gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

No significant focal lesions are visualized associated with the liver. A shunting vessel was not visualized on today's exam. This does not definitively rule out a shunt, but makes the likelihood of a shunting vessel much less likely. If suspicion is very high, contrast CT scan with liver biopsy can be considered. As liver function is abnormal, I would consider:

BREED

Chihuahua

- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc...

SEX

Neutered Male

- Consider Fine needle aspirate if round cell neoplasia is on your differentia list (25 g needle, normal coags)

AGE

14 Years

- If no response to medical care (denamarin, antibiotics,+/- ursodiol etc...) Consider liver biopsy with samples obtained for histopathology, culture, and copper levels. Additionally, microvascular dysplasia could have this presentation in an older dog.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

WEIGHT

9.8 Pounds

If underlying GI disease is suspected, you could consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to provide additional information regarding the pancreas and the small intestine.

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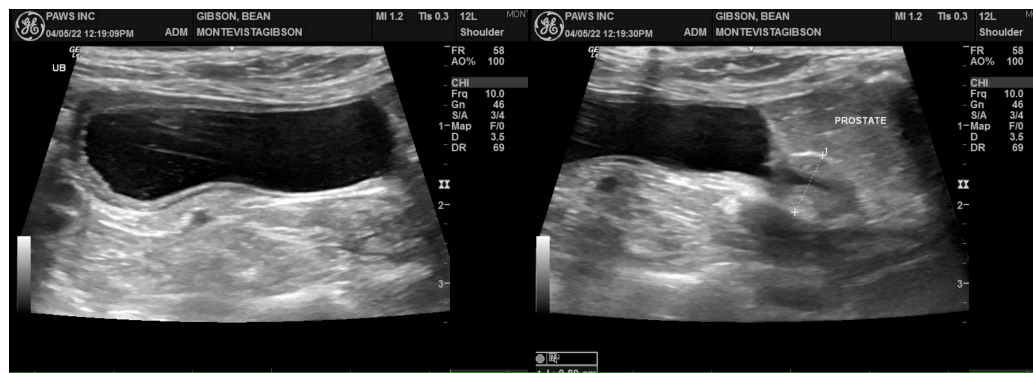
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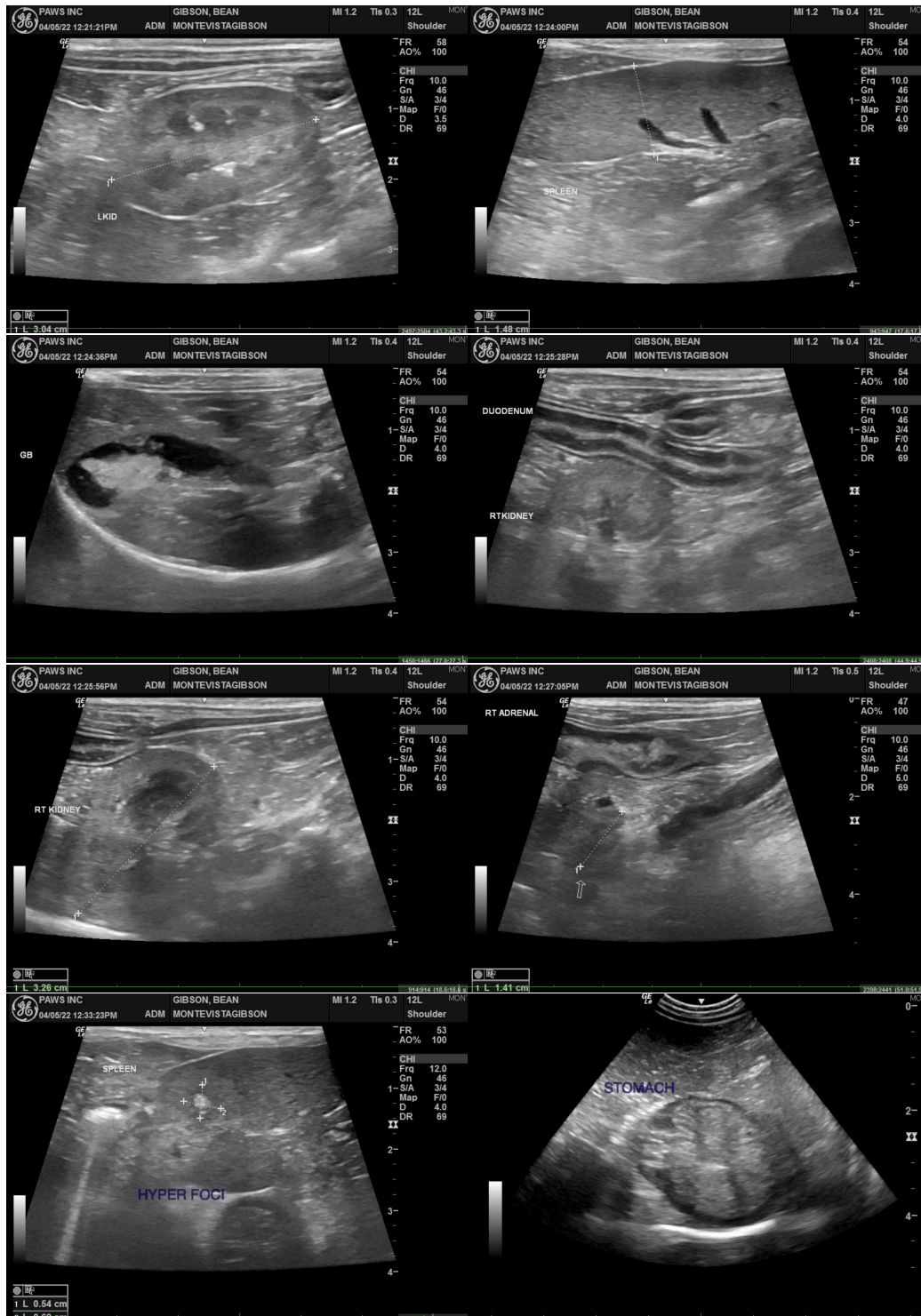
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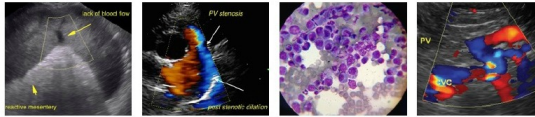
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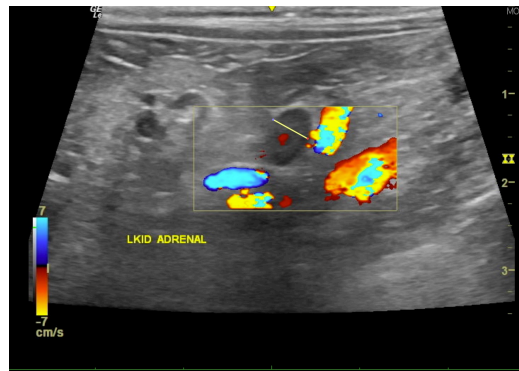
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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