



**PATIENT**

Lilly Maez **PRESENTING CLINICAL SIGNS**

**SPECIES**

Canine

**BREED**

Bichon Frise

**SEX**

Spayed Female

**AGE**

13 Years 1 Month

**WEIGHT**

17 Pounds

**INTERPRETED BY**

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

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

Truckee Meadows VH

**REFERRING VET**

Dr. Rachel Kuester

**INVOICE**

36734

**DATE**

4/5/22

Medication Strength Dosing Instructions Last given Enalapril 2.5 mg 1.5 T PO BID (started 3/1/22) Previcox 57 mg 1/2 T PO SID PRN Rejensa Gabapentin 100 mg 1 C PO SID PRN Hill's c/d diet Melatonin Procedure: AUS, 3 view chest rads Current Problem List: Proteinuria Hx of Crystalluria (CaOx) Hx of back pain and possible DJD Concern for possible Cushing's disease vs other Presenting Complaint: Presented 2/21/22 for development of anxious behavior, panting, pacing. Lab work results: hyperglobulinemia, mild hyperproteinemia, proteinuria. Urine protein creatinine ratio submitted (1.4). Blood pressure obtained (normotensive systolic BP 150 mmHg). Started on Enalapril for proteinuria. Discussed with owner further work up to determine if possible Cushing's disease vs other. Pertinent Diagnostic Results: 2/22/22: Adult Wellness + UA TP 7.7 (7.4) GLOB 4.4 (3.6) PLTs 546 (400) UA: USG 1.038, 3+ protein, 2+ occult blood, no crystals Chronic hyperglobulinemia and mild hyperproteinemia and proteinuria 3/1/22: UPC 1.4

**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, or masses. In the dependent portion of the urinary bladder, there is a small pile of echogenic debris and small mineralizations, most consistent with small stones. One is measured at 0.21 cm. Recommend urinalysis and culture.

The left kidney has a normal shape and size (4.24 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.

The right kidney has a normal shape and size (4.92 cm) with a 0.29 cm non-obstructive nephrolith. 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 0.44 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.

The right adrenal gland is normal in size measuring 0.46 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 and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. There is a large focal abnormality towards the tail of the spleen with an expansile, solid mixed echogenic mass effect measuring approximately 4.19 cm x 5.13 cm. The blood flow through the hilus and splenic parenchyma appears normal.



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**Liver**

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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 are multiple ill-defined, irregular parenchymal irregularities/nodules visualized. There is a hyperechoic nodule measuring 0.66 cm. There is an irregular hypoechoic lesion measuring 0.92 cm x 2.94 cm. Additionally, there is a hypoechoic nodule laying against the diaphragm on the rightside, measuring 1.2 cm x 1.3 cm. These nodules are not expansile and do not deform the magins of the liver, and have a somewhat benign appearance.

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 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.

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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. Jejunum wall measured 0.25 cm. Duodenum wall measured 0.29 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.

**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.

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**Other**

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

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**ULTRASONOGRAPHIC FINDINGS**

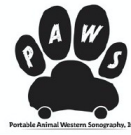
- Echogenic debris and small stones/sandy debris in the urinary bladder – These are likely small enough to urinate out. Recommend urinalysis and culture and continued monitoring.

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Portable Animal Western Sonography, Inc.

IMAGING PERFORMED BY  
pawsonography@gmail.com 530-786-8340

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- Large, solid splenic mass – A focal, solid, mixed echogenic mass is present within the splenic parenchyma. This mass distorts the splenic capsule. Differentials include benign lesions such as lymphoid hyperplasia, hemangioma, etc., or neoplastic lesions such as hemangiosarcoma, lymphoma, histiocytic sarcoma, etc.

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- Heterogeneous liver with ill-defined focal parenchymal abnormalities – These lesions have the appearance most consistent with benign nodules, although an underlying neoplastic process cannot be excluded as a possibility.

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- Moderate debris in the gallbladder – 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**

A large splenic mass is visualized. This could represent a benign or neoplastic lesion. Consider splenectomy for both diagnostic and therapeutic purposes. The liver is somewhat irregular. Although no discrete lesions are observed, there are numerous ill-defined irregularities. Consider biopsy and evaluation of the liver at time of splenectomy.

No obvious source for the proteinuria is observed, although the splenic mass could be contributing. Consider splenectomy and reevaluation. If the globulin is persistently high after surgery, consider protein electrophoresis to further evaluate this.

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

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There is a small amount of dependent echogenic sandy debris/small stones visualized. Recommend urinalysis and culture and continued monitoring for possible stone development.

While no obvious evidence of Cushing's is present, you can have normal size adrenals with Cushing's disease. If appropriate symptoms and lab values are present, then consider adrenal function testing once the splenic issue has been addressed.

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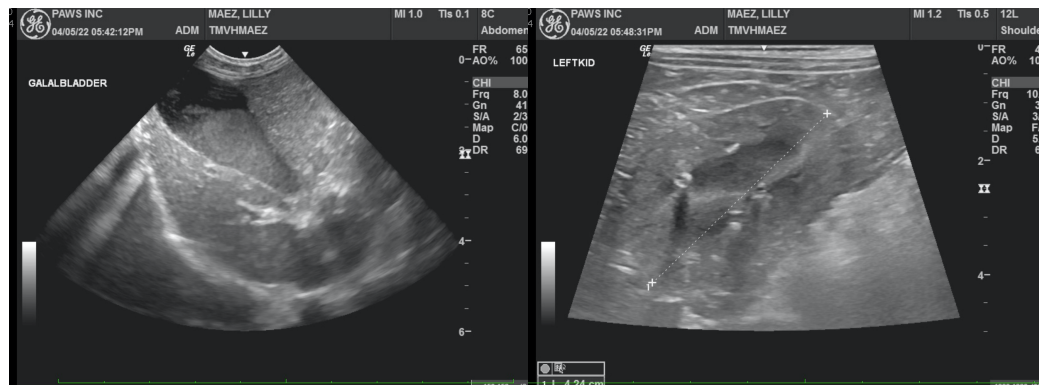
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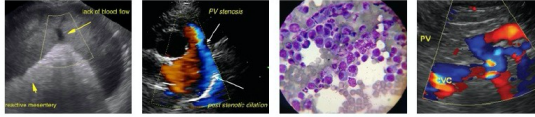


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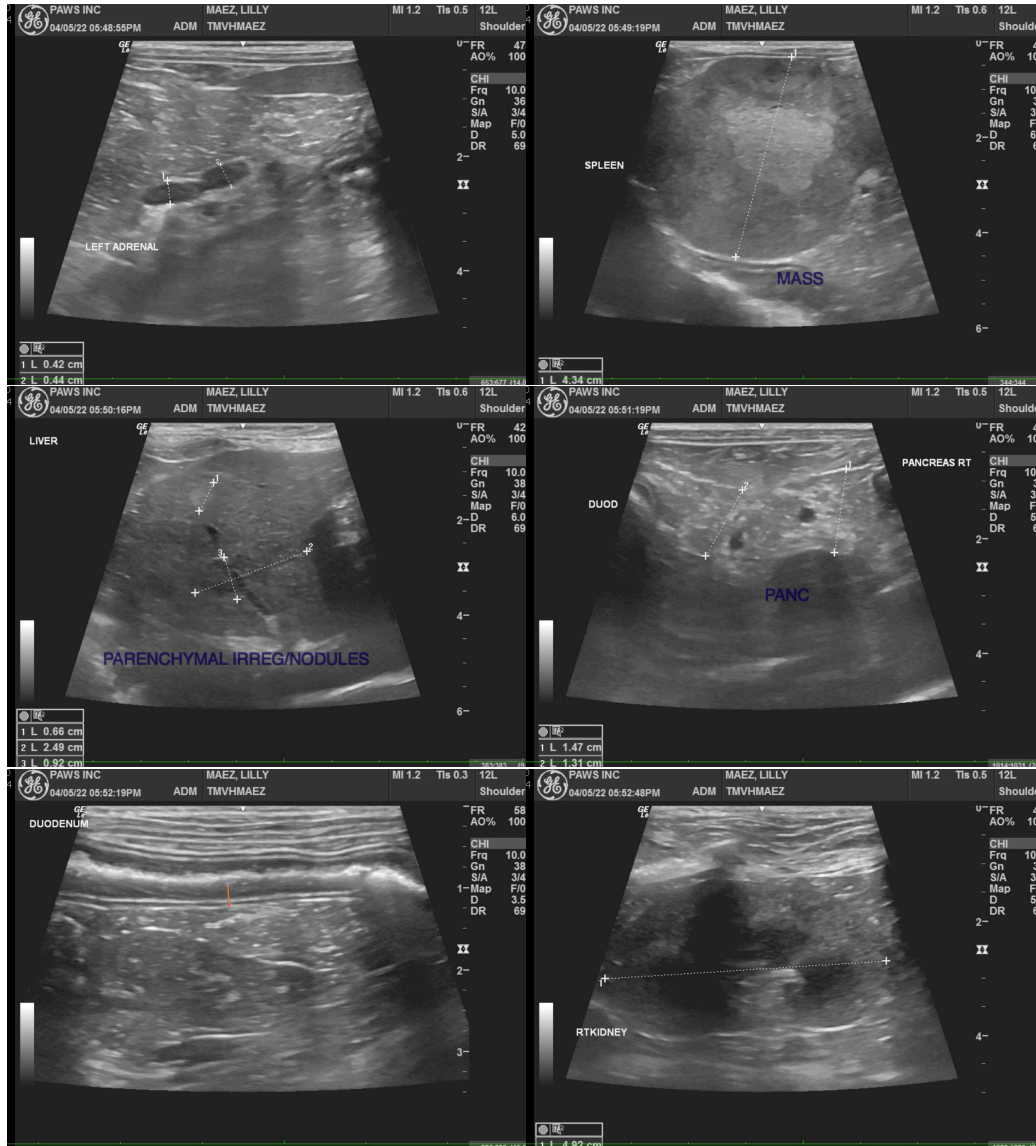
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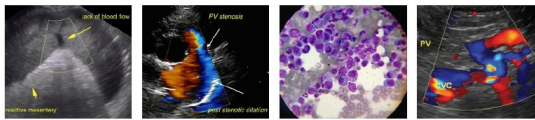
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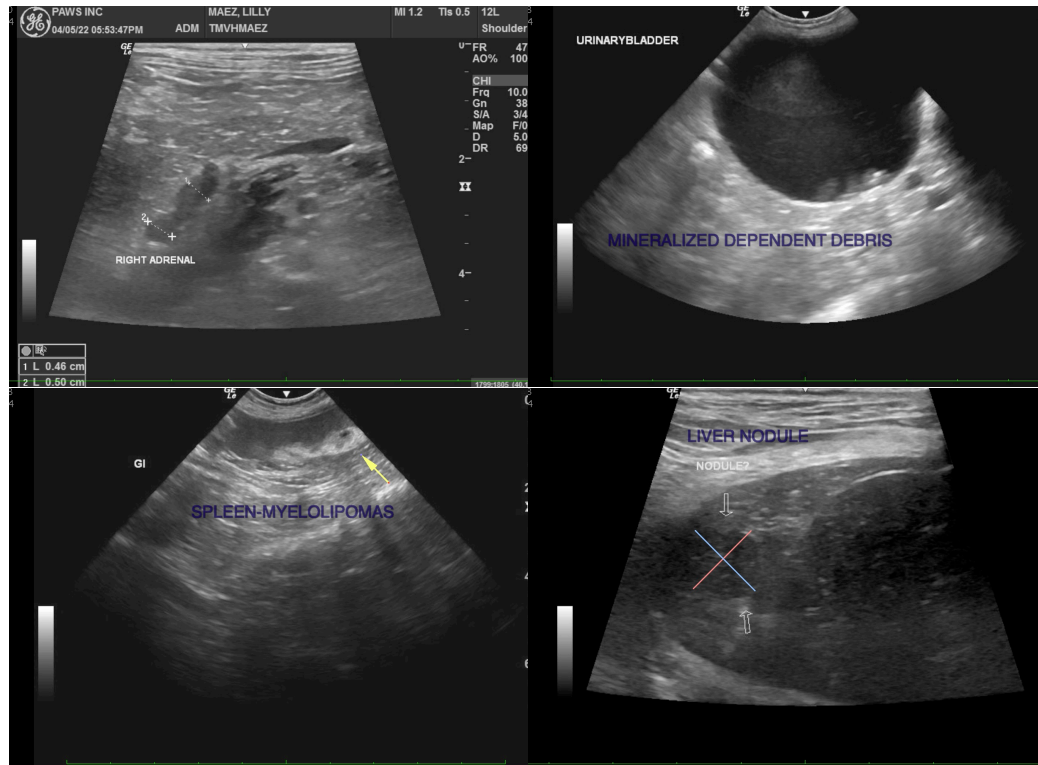
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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