



**PATIENT**

Maggie Gertsenberg

**SPECIES**

Canine

**BREED**

Mixed Breed

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

51 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Adrienne Ligenza

**HOSPITAL NAME**

Rush Vet Urgent Care

**REFERRING VET**

Dr. Lori Milot

**INVOICE**

36741

**DATE**

4/5/22

**PRESENTING CLINICAL SIGNS**

8lb weight loss, vomiting after eating for a few days, started Cerenia and Denamarin  
Abnormal PE/Chem/CBC/UA Results: elevated liver enzymes, xrays from another hospital unremarkable - do not have copies at this time

**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 (6.54 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 (7.14 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.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.67 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 0.58 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.

**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.

The gallbladder lumen is significantly distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. 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.



<b>PATIENT</b>	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.)
Maggie Gertsenberg	Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.
<b>SPECIES</b>	
Canine	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.
<b>BREED</b>	
Mixed Breed	<b>Pancreas</b>
	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.
<b>SEX</b>	
Spayed Female	<b>Free Abdomen</b>
	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.
<b>AGE</b>	
11 Years	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>WEIGHT</b>	<ul style="list-style-type: none"> <li>Borderline small, 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.</li> </ul>
51 Pounds	<ul style="list-style-type: none"> <li>Large/distended gallbladder – Minimal to no sludge is visualized within the lumen, and there is no evidence of an obstruction. This could be consistent with fasting, etc.</li> </ul>
<b>INTERPRETED BY</b>	
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
<b>IMAGING PERFORMED BY</b>	Today's scan is relatively normal. No focal mass lesions are observed. There is no evidence of an obstruction, pancreatitis, etc. Unfortunately, there are many causes for vomiting and weight loss that cannot be diagnosed by ultrasound alone. Correlate findings with abdominal radiographs, as some types of ingested foreign material are difficult to visualized on ultrasound.
Adrienne Ligenza	The liver enzyme elevation is relatively mild, and the changes in the liver are non-specific and could be age related.
<b>HOSPITAL NAME</b>	<ul style="list-style-type: none"> <li>Consider a liver function test (pre- and post-prandial bile acids) to better determine the significance of this elevation.</li> </ul>
Rush Vet Urgent Care	<ul style="list-style-type: none"> <li>Consider screening for Leptospirosis.</li> </ul>
<b>REFERRING VET</b>	<ul style="list-style-type: none"> <li>If enzyme elevations are persistent after rehydration, etc., consider a fine needle aspirate of the liver.</li> </ul>
Dr. Lori Milot	
<b>INVOICE</b>	Additionally, consider the possibility of underlying GI disease. It is not unusual to have significant GI disease with minimal ultrasonographic findings. Consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.
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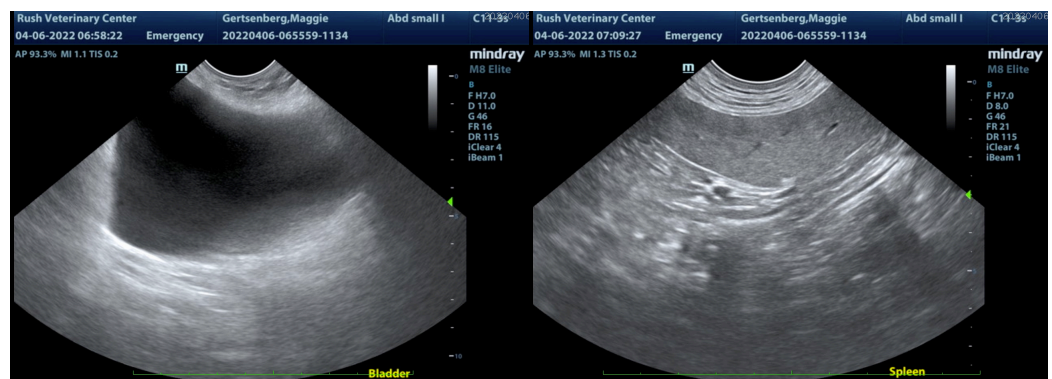
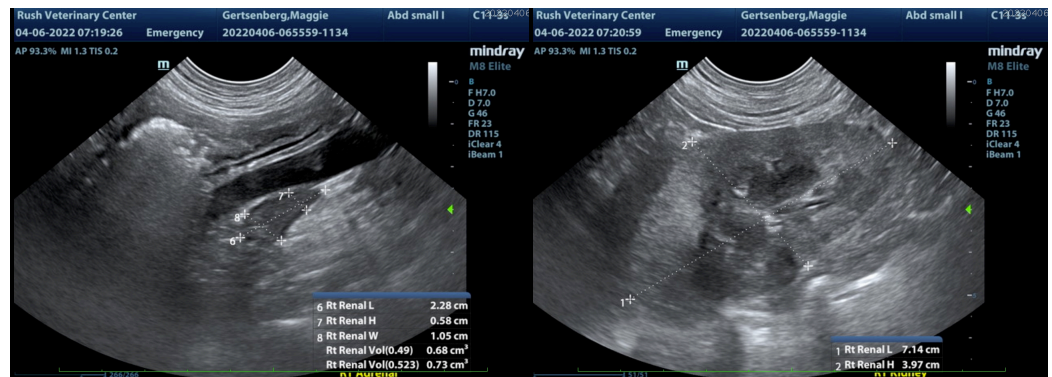
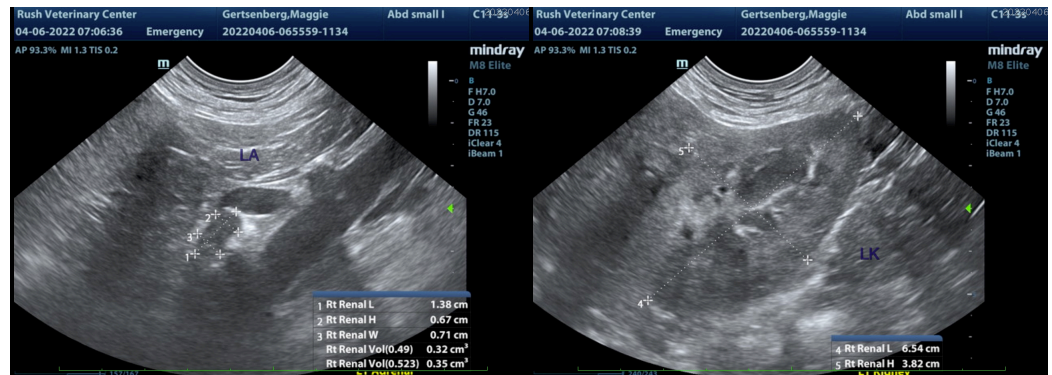
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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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kathleen.sennello@sonopath.com

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