



PATIENT

Lacey Guariniello

SPECIES

Canine

BREED

Terrier

SEX

Spayed Female

AGE

9 Years

WEIGHT

29.5 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Cassel- Conways

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Oms

INVOICE

14648

DATE

4/8/22

PRESENTING CLINICAL SIGNS

History: Started Vomiting and lethargic last Friday. Went to Emergency and was dx w/ ARF On Sunday night. Came Monday Am for hospitalization. QAR, nauseous, adv dental dz w/ gingival ulcers.

Abnormal PE/Chem/CBC/UA Results: Bp- wnl, PCv/ts- 38%+7.6 after 24 hr w/ fluids this Am results Bun > 130, Creat 16.6, Phosphorus > 16, Bg 150, U/a proteinuria 3+, hematuria sp g 1018. Lepto PCr and c/s urine pending. On Fluids 3 x/ maintenance, famotidine, cerenia, al hydroxide, ampicillin, enrofloxacin. Not doing well.

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 2 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.78 cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is mild renal pelvic dilation present, measuring 0.35 cm. Renal vasculature is normal.

The right kidney has a normal shape and size (4.78 cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is mild renal pelvic dilation present, measuring 0.22 cm. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.73 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. 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 subjectively normal in size, and 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.

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 mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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.

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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. The duodenum measured as normal (between 0.3-0.5 cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47 cm.)

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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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The (pancreas/region of 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.

Pancreas

WEIGHT

29.5 Pounds

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.

ULTRASONOGRAPHIC FINDINGS

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- Mildly reduced corticomedullary distinction in both kidneys with mild pyelectasia. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. This is very mild and could be normal for a 9-year-old dog. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

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- Mild gallbladder sludge. The significance of the aggregated gallbladder debris 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

REFERRING VET

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The kidney changes observed are extremely mild given the history provided and the current status of the kidneys. I suspect the mild pyelectasia is due to PU/PD or fluid therapy, but your plan for a urinalysis and culture is excellent. Unfortunately, the severity of the ultrasonographic changes does not always correlate with the severity of the kidney disease present. No focal lesions are observed consistent with an obstruction, mass effect, etc. These are the general recommendations for an azotemic pet.

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- Close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc.
- Urinalysis/culture to look for underlying infection
- Blood pressure evaluation
- Urine protein:creatinine ratio to look for proteinuria

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- PCR on urine/serum for leptospirosis (if not on antibiotics)/serology if recent antibiotic history
- FNA likely recommended only if other supportive evidence of neoplasia is present (lymphadenomegaly, paraneoplastic hypercalcemia etc.)(normal coags, BP, 25g needle)
- Consider diuresis and symptomatic therapy for GI signs, anorexia, antibiotics while awaiting cultures etc.

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You have already initiated much of this plan and a fine needle aspirate of the kidneys would be relatively low on my list considering how normal they appear, but if there is concern for a neoplastic process in other areas (peripheral lymphadenopathy, etc.), this could be a consideration. I recommend aggressive diuresis with close monitoring of urine output, etc. If urine protein to creatinine ratios are abnormal, consider testing for tick-borne disease, heart worm disease, for signs of lupus, etc.

SEX

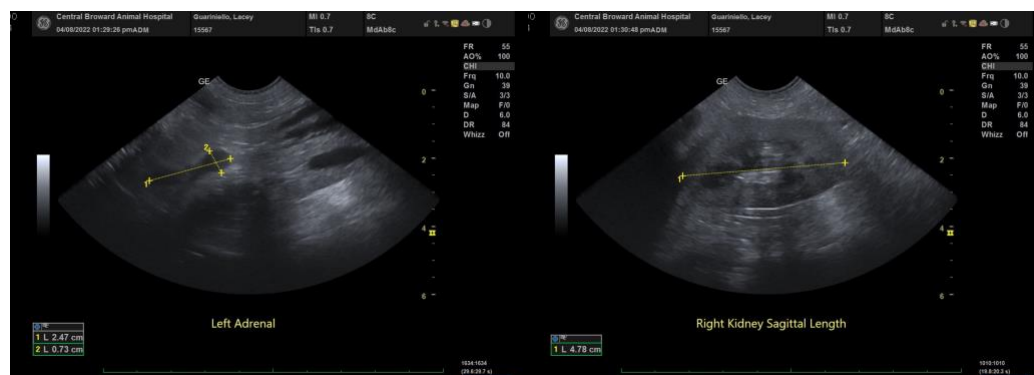
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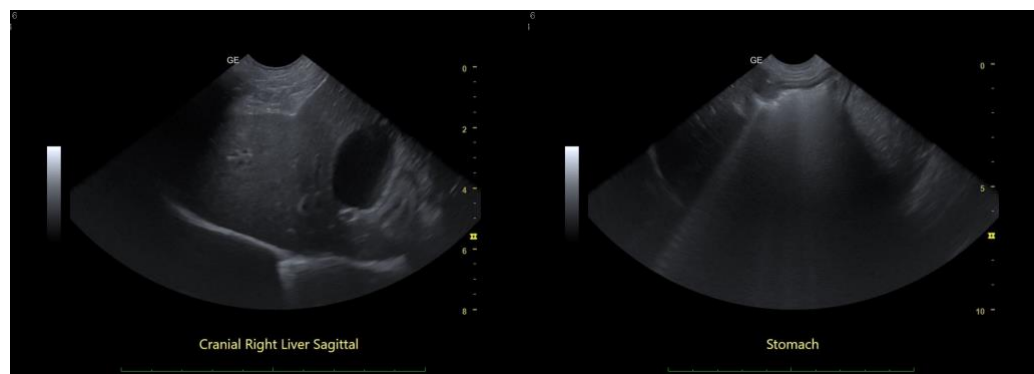
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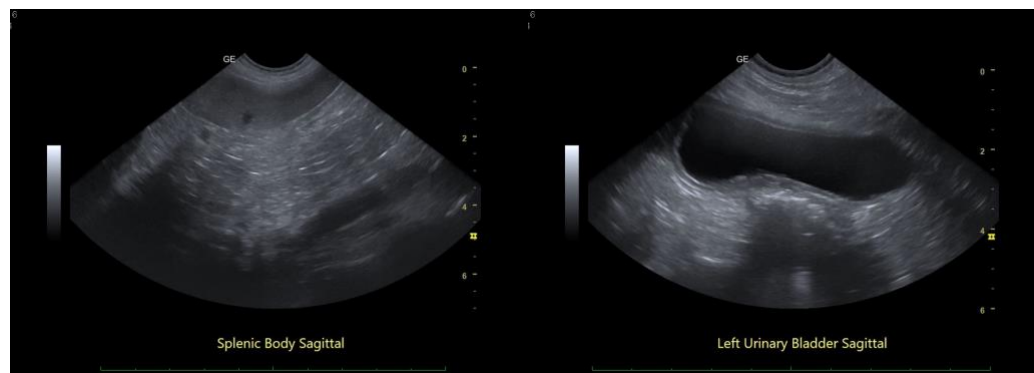
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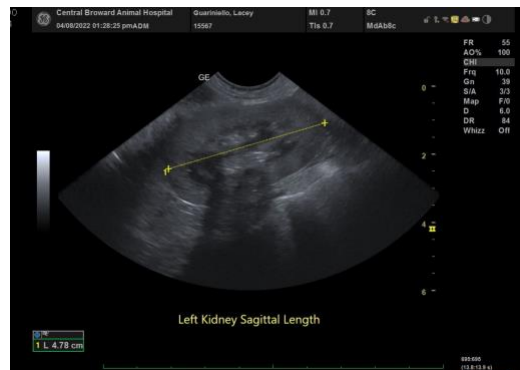
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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