



PATIENT

Echo Franklin **PRESENTING CLINICAL SIGNS**

SPECIES HEART MURMUR- lots of rbc and wbc and bacteria in urine . also 2+ Ca oxalate crystals. looking for bladder and kidney stones. DIABETIC

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Chihuahua 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.

SEX The left kidney has a normal shape and size (6.4 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.
FSJE

AGE The right kidney has a normal shape and size (5.55 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.
10 Years

WEIGHT *Adrenal Glands*
25 Pounds The left adrenal gland is normal in size measuring 0.71 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.

INTERPRETED BY

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The right adrenal gland is normal in size measuring 0.56 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

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 are numerous diffuse pinpoint hyperechoic foci visualized within the spleen, most consistent with punctate mineralizations.

HOSPITAL NAME

North Hills VC

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.

REFERRING VET

Dr. David Bagget

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

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Echo Franklin The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm 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.

SPECIES

Canine The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Jejunum wall measured 0.29 cm. Duodenum wall measured 0.54 cm. There is mild mucosal fogging of the duodenum. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Chihuahua

SEX

FSJE

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.

AGE

10 Years

Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. No discrete nodules or cysts are visualized, but there is an ill-defined hypoechoic region in the mid body of the pancreas measuring approximately 1.6 cm x 1.75 cm. This is consistent with moderate to severe pancreatitis.

WEIGHT

25 Pounds

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a diffuse lymphadenopathy, but a prominent mesenteric lymph node is visualized at 0.67 cm. The omentum is of normal echogenicity.

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Other

The uterine stump is visualized and is slightly prominent, but appears within normal limits.

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

IMAGING BY

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LVT

There is a 0.88 cm hypoechoic structure visualized on the left side of the abdomen, most consistent with a benign omental cyst.

PRIMARY FINDINGS

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North Hills VC

- Large, prominent, mottled, hypoechoic pancreas with surrounding hyperechoic mesentery – The pancreatic changes are most consistent with moderate to severe pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

REFERRING VET

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- Mild small intestinal thickening with mucosal fogging – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

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SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Pinpoint hyperechoic foci within the splenic parenchyma – Findings are most consistent with benign mineralizations.
- 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.
- Small cystic omental structure – Findings are most consistent with a benign omental cyst. Recommend continued monitoring.
- Prominent mesenteric lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

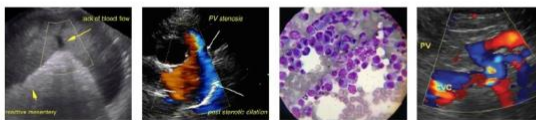
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of any kidney or bladder stones on today's scan. Correlate this with abdominal radiographs, as they can sometimes be more sensitive in picking up small stones in the ureters, urethra, etc. Recommend urinalysis and culture.

The pancreas is very prominent on today's scan. It is not clear if this patient has any symptoms associated with pancreatic disease. Consider a quantitative PLI, TLI, cobalamin and folate (Texas A&M University's GI panel) to further evaluate the pancreatic and small intestinal changes observed. If this pet has signs of pancreatitis, consider treatment and reassessment of the pancreas, as it does appear irregular and somewhat mottled. If no signs of pancreatitis are present, I would still consider obtaining this information, switching to a low-fat diet, and continue to monitor the pancreas, as underlying neoplastic disease could be a differential, and a fine needle aspirate could be considered.

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

If any signs of GI disease are present, then I would consider additional workup/evaluation for this, as the duodenum does appear slightly thickened and irregular.



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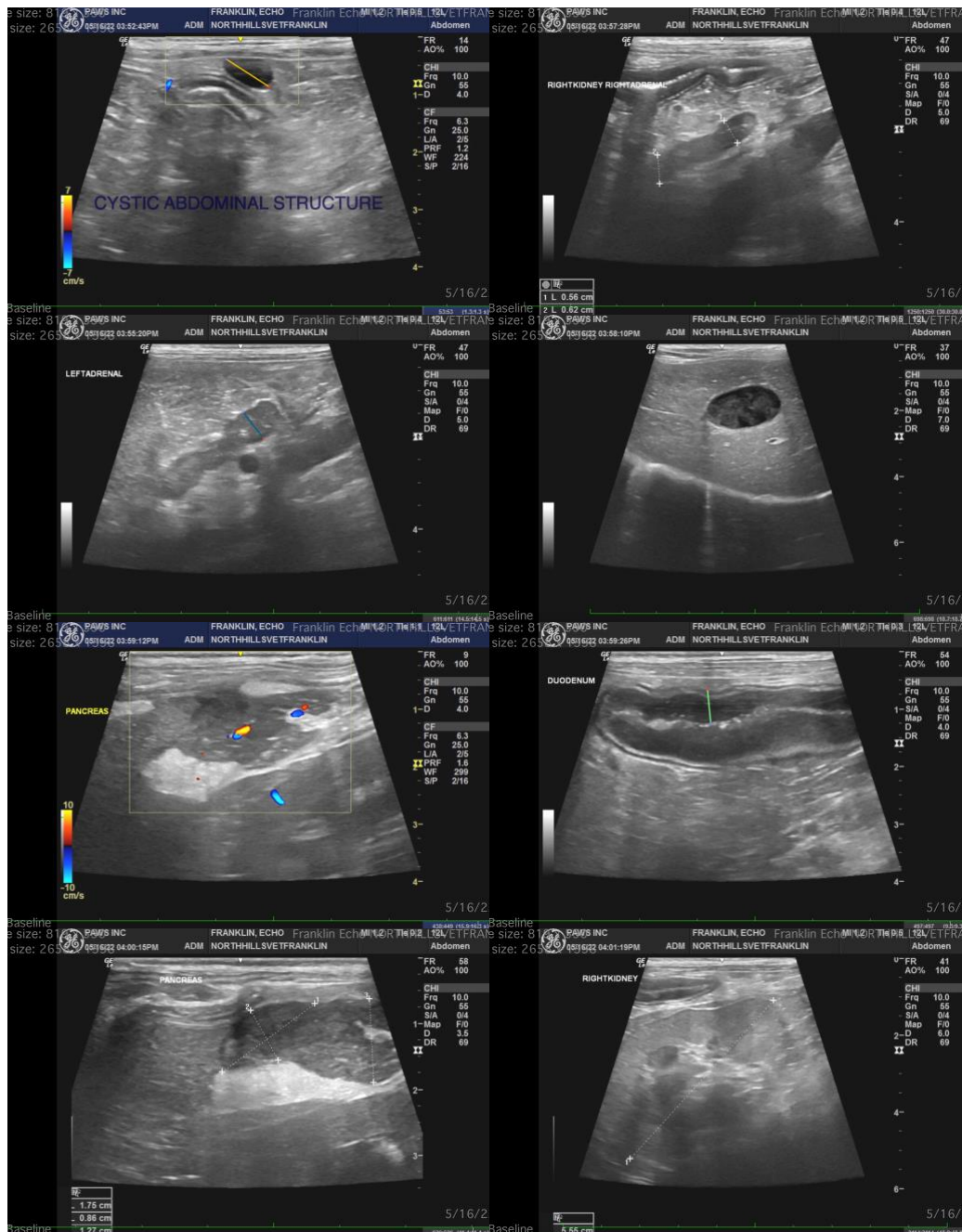
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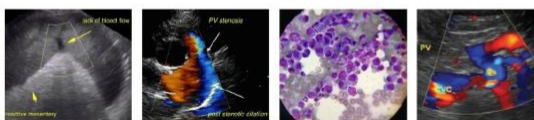
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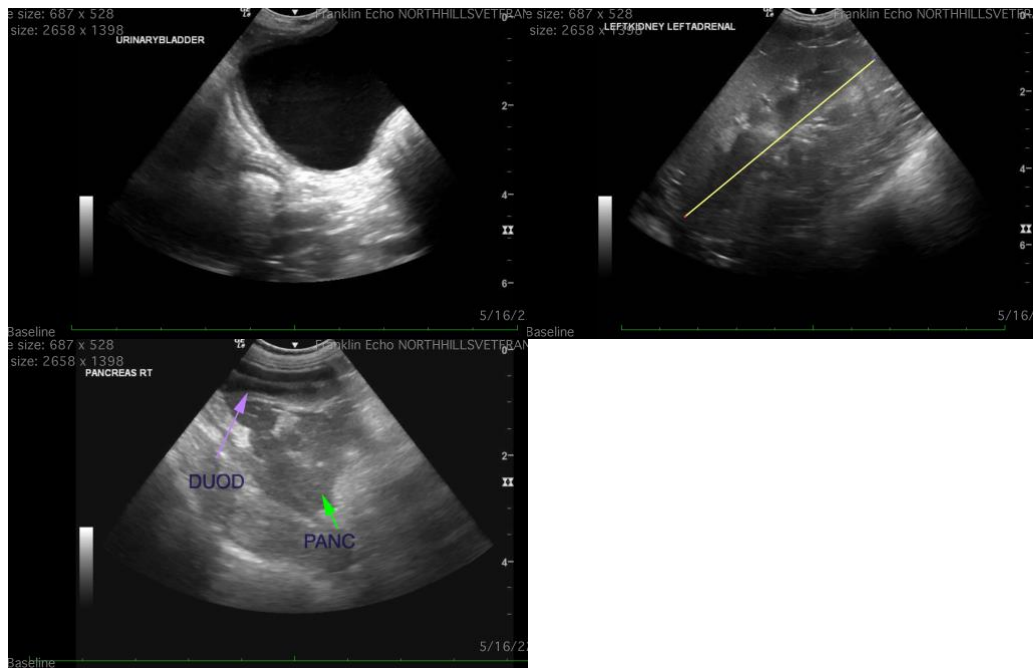
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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