



PATIENT

Annie Gierszewski

PRESENTING CLINICAL SIGNS

SPECIES

Canine

O describes periodic straining to defecate and the stools are always very thin compared to the other small dog. Discussed the possibility of an intestinal narrowing. meds: DES 0.5 mg - Give 1/2 tablet twice to three times a week for urinary incontinence
Abnormal PE/Chem/CBC/UA Results: Rectal exam- normal

BREED

Terrier X

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.

SEX

Spayed Female

The left kidney has a normal shape and size (3.82 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.

AGE

8 Years 9 Months

The right kidney has a normal shape and size (4.8 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.

WEIGHT

16.9 Pounds

Adrenal Glands

The left adrenal gland is normal in size measuring 0.33 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

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

The right adrenal gland is normal in size measuring 0.33 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 is a mixed echogenic, hyperechoic nodule visualized measuring 1.0 cm x 1.81 cm.

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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. Denny Nolet

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris, but there is some early organization in part of the wall, consistent with early mucocele development. There is no evidence of bile duct dilation.

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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.

SPECIES

Canine

BREED

Terrier X

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. Duodenum wall measured 0.51 cm. Jejunum wall measured 0.29 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Spayed Female

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

8 Years 9 Months

Pancreas

The pancreas is mildly prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

WEIGHT

16.9 Pounds

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are visible mesenteric lymph nodes measuring 0.28 cm and 0.30 cm in diameter. The omentum is generally of normal echogenicity.

Other

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(Small Animal Internal
Medicine)

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

IMAGING BY

Loetitia Saint-Jacques,
LVT

PRIMARY FINDINGS

- Mixed echogenic, hypoechoic splenic nodule – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large gallbladder sludge with early mucocele development – These changes are relatively mild. Recommend Ursodiol therapy and close continued monitoring.
- Mildly thickened small intestine – 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

- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There are no obvious lesions in the large bowel to explain the straining and narrow stools described. It is very possible if there is a stricture or similar lesion that this would be difficult to identify with ultrasound alone. Additionally, colitis with straining could potentially mimic this description. You could consider treating for colitis. If symptoms persist, then consider either colonoscopy to evaluate the large bowel and obtain biopsies (extramural narrowing may be difficult to pick up this way) or CT scan/surgery, etc.

BREED

Terrier X

There is evidence of very early mucocele formation. I would recommend continued monitoring and empirical therapy with Ursodiol to try and slow or prevent progression of this lesion.

SEX

Spayed Female

There is a hypoechoic lesion on the spleen. This is somewhat thick walled and could be at risk for a rupture at some time. Options moving forward would include a fine needle aspirate of this lesion and/or surgical splenectomy with histopathology.

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

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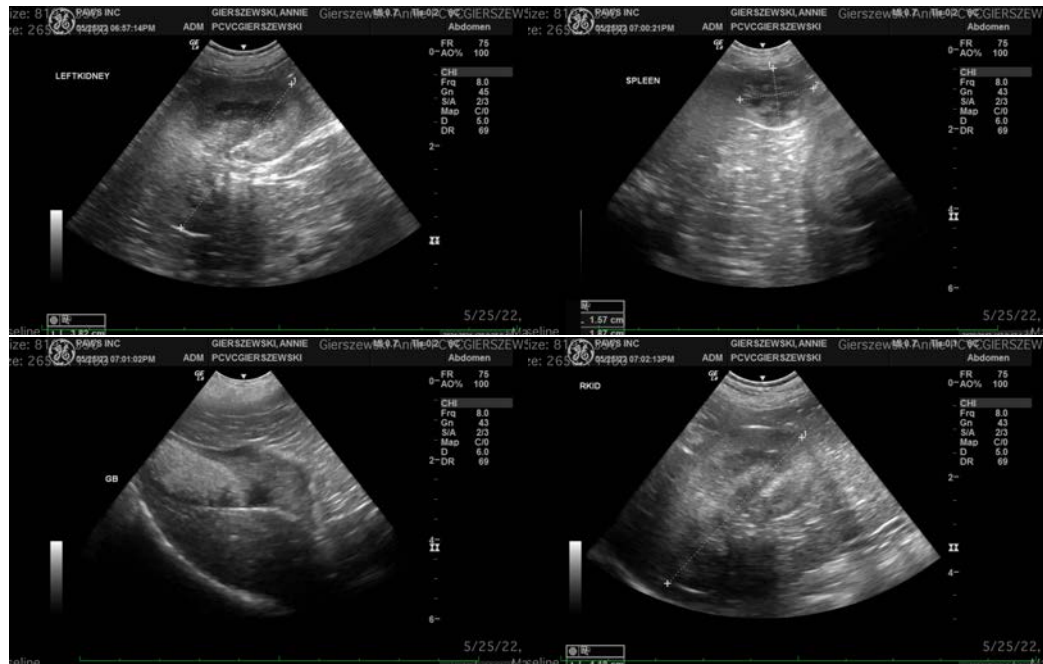
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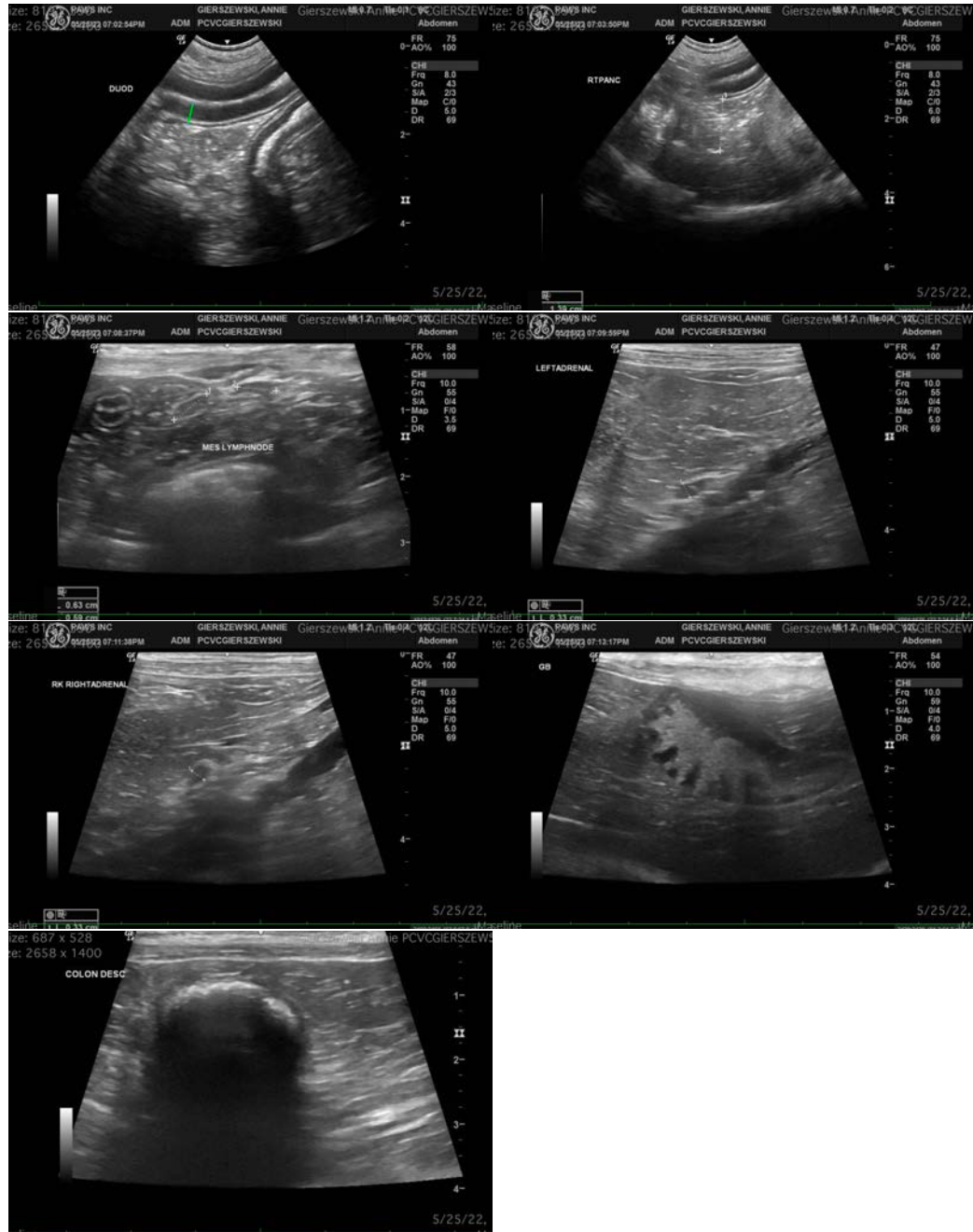
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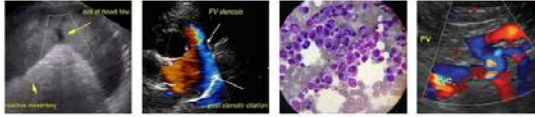
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

BREED

Terrier X

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com

SEX

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