



PATIENT PRESENTING CLINICAL SIGNS

Jenni Wellein PE WNL except for ataxia with no changes -new growth, fna revealed spindle cells. owner may want to surgically remove. -Did BW and noticed liver changes meds: gabapentin
Abnormal PE/Chem/CBC/UA Results: please see attached labs

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Shih Tzu X

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears slightly irregular and thickened, measuring 0.51 cm. There is a subtle soft tissue blub measuring 0.71 cm x 0.37 cm. This could be consistent with a focal irregularity, a polyp, or an early mass lesion.

SEX

Spayed Female

The left kidney has a normal shape and size (4.24 cm) with small non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

AGE

10 Years

The right kidney has a normal shape and size (4.28 cm) with small non-obstructive nephroliths and pyelectasia at 0.24 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 infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

7.6 kg

Adrenal Glands

The left adrenal gland is normal in size measuring 0.60 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 0.58 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.

IMAGING PERFORMED BY

Kelly Reschny

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.

HOSPITAL NAME

Buck Animal Hospital

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. Gilmer

The gallbladder lumen is moderately 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.

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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.

DATE

5/4/22



PATIENT

Jenni Wellein

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.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SPECIES

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.

BREED

Shih Tzu X

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.

SEX

Spayed Female

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.

AGE

10 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

7.6 kg

- Mildly irregular bladder wall with a small mass effect – most consistent with cystitis and a polyp, but an early neoplastic lesion cannot be excluded. Recommend urinalysis and culture.
- Decreased corticomedullary distinction in both kidneys with small non-obstructive nephroliths – The bilateral renal findings are consistent with age-related change.

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Medicine)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bladder wall is slightly irregular and there is a small, polypoid-like mass visualized. Recommend urinalysis and culture. If an infection is present, recommend treatment for this and reevaluation of the polypoid mass effect after treatment. If an infection is not present, then consider a traumatic catheterization with cytology or a urine BRAF test (if positive, this would increase the likelihood of an underlying neoplastic process, if negative, this is a non-diagnostic test, and additional evaluation would need to be performed).

IMAGING PERFORMED BY

Kelly Reschny

The changes observed in the kidneys are consistent with chronic progressive renal disease. Recommend urinalysis and culture (as recommended previously) and blood pressure evaluation.

HOSPITAL NAME

Buck Animal Hospital

No focal lesions are visualized associated with the liver or gallbladder to explain the elevations in liver values noted. These are my recommendations for a primary elevation in ALP:

REFERRING VET

Dr. Gilmer

- Induction phenomena are the most common cause for an elevation in ALP. These are systemic illnesses that 'turn on' the liver enzyme. Causes of this include Cushing's disease, dental disease, arthritis, and numerous others. In many cases the exact cause is unclear but as long as ultrasound and bile acids tests are normal most patients do not have progressive changes in their liver. While liver biopsy is not routinely performed, vacuolar hepatopathy, is noted on most biopsies. This is often non-progressive but in rare cases can be more severe and lead to liver failure.

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- If signs of cushings disease are present recommend endocrine function testing to evaluate for cushings disease.



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**IMAGING
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Kelly Reschny

HOSPITAL NAME

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REFERRING VET

Dr. Gilmer

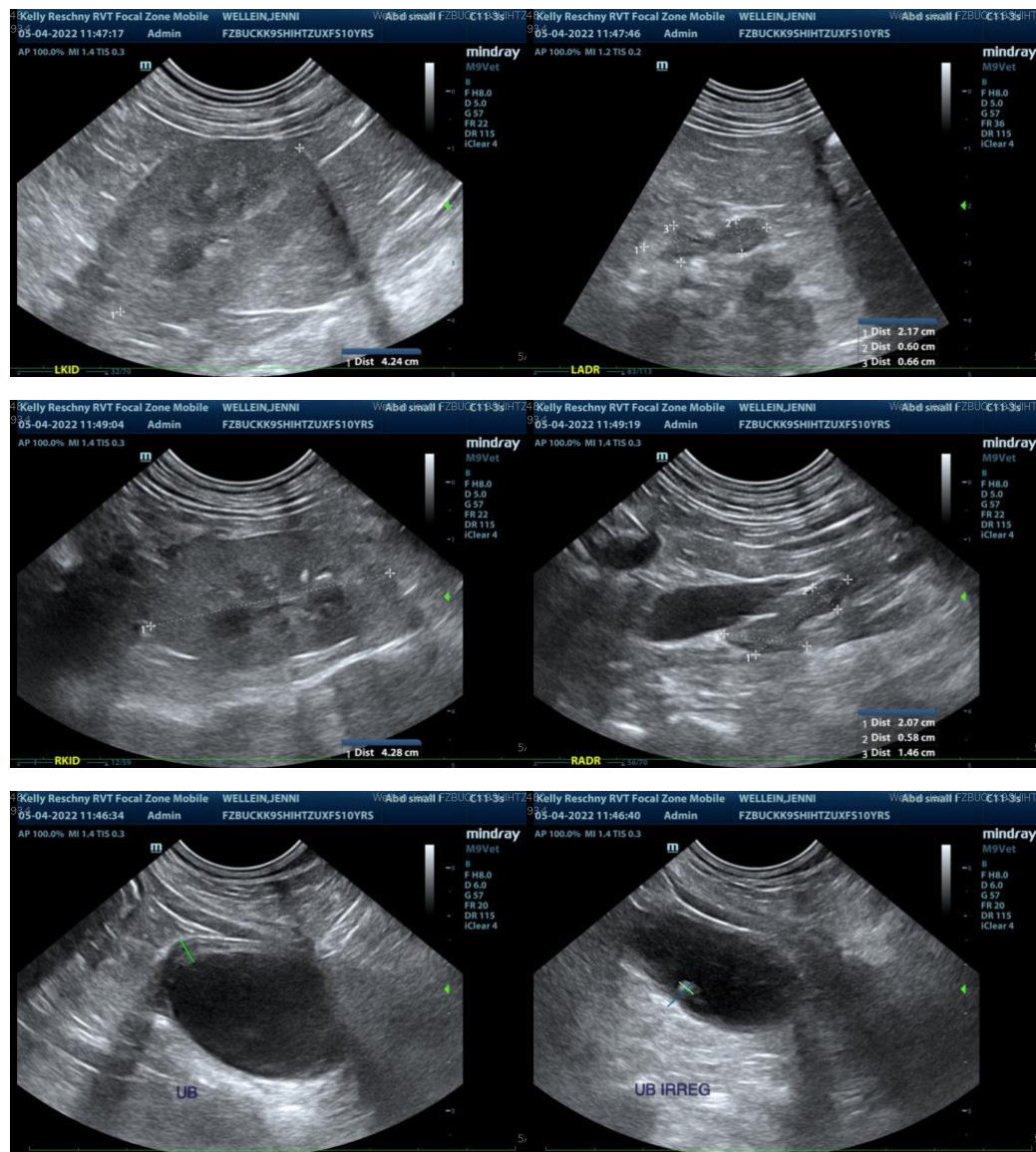
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- Consider fine needle aspirate to rule out round cell neoplasia if this is a concern.
- If a cause for the ALP elevation is not identified: I recommend recheck general blood work every 6 months, ultrasound once per year, and bile acids test every 1-2 years based on other results. If the ALP continues to climb a biopsy could be considered.
- Consider long term use of denamarin, and monitoring for the signs of cushings developing.
- A primary vacuolar hepatopathy can be breed related and is seen in Scottish Terriers, Schnauzers, Cocker spaniels etc..





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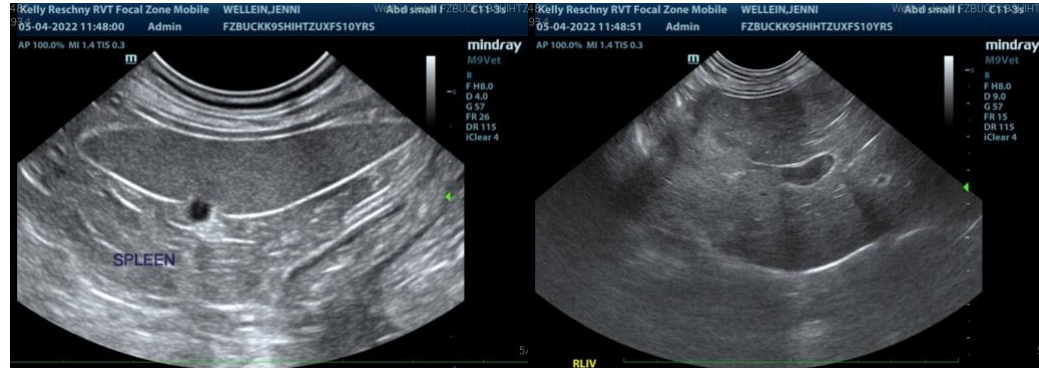
Dr. Gilmer

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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.

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

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