



PATIENT PRESENTING CLINICAL SIGNS

Kalila Wuerscher Has had what appears like 3 heats in the past 3 months. Episodes of vomiting and overall ADR. Abnormal PE/Chem/CBC/UA Results: ALT recently 700, now over 1000.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Poodle

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

Intact Female

The left kidney has a normal shape and size (6.58 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

3 Years

The right kidney has a normal shape and size (6.57 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

19.5 kg

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is normal in size measuring 0.53 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 0.70 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

Dr. Sarah Barthelemy

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

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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. Vockeroth

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

DATE

6/21/23

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.



PATIENT

Kalila Wuerscher

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. Duodenum wall measures 0.39 cm. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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

Poodle

Pancreas

SEX

Intact Female

The cranial right limb of the pancreas is 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.

AGE

3 Years

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.

WEIGHT

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Other

Both ovaries are visualized and appear within normal limits. The left ovary measures 1.6 cm in length. The right ovary measures 1.3 cm. There is a suspected follicle visualized associated with the left ovary. The uterus is prominent, possibly with a scant amount of intraluminal fluid (particularly in the right horn), but no significant distention is noted.

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Medicine)

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

- Prominent, mottled right limb of the pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Prominent/visible uterus – Findings could be consistent with a recent heat cycle or mild metritis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The uterus is readily visualized. There is no significant fluid distention or inflammation noted. Findings are likely most consistent with a recent heat cycle, although mild inflammation or metritis is possible.

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Dr. Vockeroth

No focal lesions are visualized associated with the liver to explain the elevation in ALT reported. Recommend pre- and post-prandial bile acids. If the bile acids are significantly elevated, recommend a contrast CT scan to look for a possible portosystemic shunt. None was visualized on today's exam, but that does not definitively rule one out. Additionally in that situation, a liver biopsy should be considered.

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If bile acids are normal, you could consider screening for Leptospirosis. Additionally, a fine needle aspirate of the liver could be considered (provided coagulation parameters are normal). If a liver biopsy is performed, recommend an ovariohysterectomy at the time of the procedure.

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The pancreas appears slightly prominent and mottled in the right cranial abdomen. This could be consistent with mild pancreatic inflammation. Correlate with PLI level and consider a quantitative PLI level, and consider empirical therapy.



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REFERRING VET

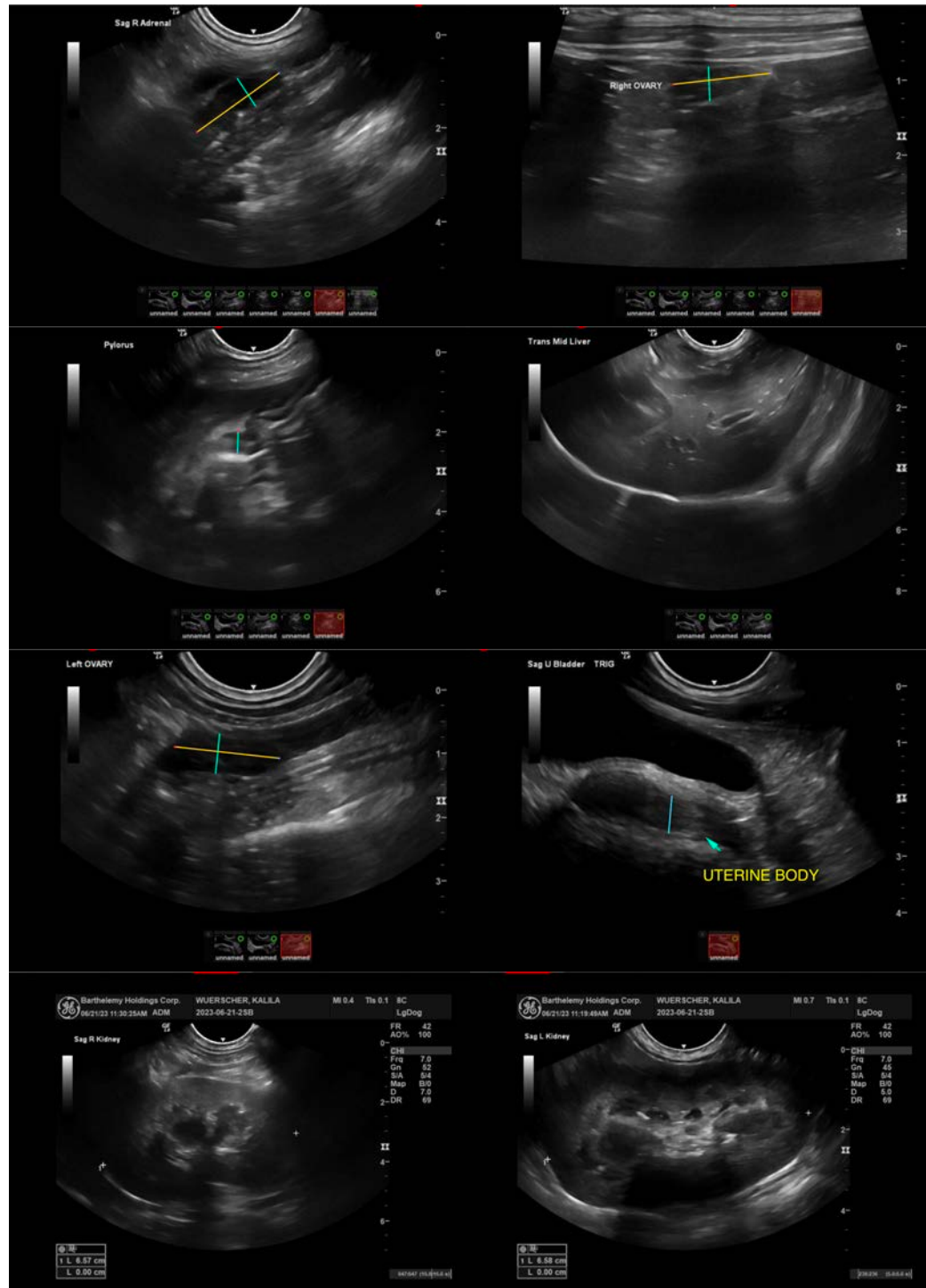
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WEIGHT

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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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