



PATIENT PRESENTING CLINICAL SIGNS

Nena Molineros

Cognitive dysfunction and decline - trazodone and gabapentin for hip/arthritis pain Abdomen tender - o reports painful Urinating more Intact female Small nodule palpable on rectal LEFT side near anal sac- may be fibrosis?? Rads- spondylosis and arthritis noted

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: SDMA elevated 17 --0-14 ug dl BUN and Creat wnl , liver values, lyses, thyroid normal USG 1.011- non proteinuric no uroliths noted , no pyuria

BREED

Mixed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Female

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears relatively normal in thickness but is slightly irregular with no evidence of calculi or focal mass lesions.

AGE

17

The left kidney has a normal shape and size (3.29 cm) with pyelectasia at 0.45 cm. Overall echogenicity is slightly hyperechoic with poor 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

25.8 Pounds

The right kidney has a normal shape and size (4.19 cm) with pyelectasia at 0.38 cm. Overall echogenicity is slightly hyperechoic with poor 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.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
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Adrenal Glands

The left adrenal gland is normal in size measuring 0.31 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.

IMAGING PERFORMED BY

Dr. Arch Gordon

The right adrenal gland is normal in size measuring 0.49 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.

HOSPITAL NAME

Coral Ridge AH

Spleen

REFERRING VET

Dr. Arch Gordon

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.

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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

6/23/23

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

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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. Duodenum wall measures 0.42 cm. Jejunum wall measures 0.30 cm. 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.

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Mixed

Pancreas

SEX

Female

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.

Free Abdomen

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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.

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Other

The uterus appears prominent at the uterine body with no associated inflammation. There is cystic tissue visualized caudal to the left kidney, possibly consistent with ovarian tissue/follicles, etc.

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ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys with bilateral pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Mildly irregular urinary bladder wall – Recommend urinalysis and culture and continued monitoring of the subtle bladder wall irregularity.
- Cystic lesion visualized caudal to the left kidney – I suspect this is consistent with the left ovary/possibly an ovarian cyst/follicle.

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Dr. Arch Gordon

Both kidneys are irregular in appearance with bilateral pyelectasia. Recommend urinalysis, culture and blood pressure evaluation.

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The uterus is somewhat prominent with what I suspect is a cystic left ovary or a follicle in the left ovary. No overt inflammation is visualized associated with the uterus.

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There is a very small irregularity to the urinary bladder wall. Recommend the aforementioned urinalysis and culture and consider reevaluation of the urinary bladder to see if this small irregularity has progressed.



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No obvious cause for the discomfort urinating is noted, unless cystitis and pyelonephritis are present. Recommend palpation of the urethra via digital rectal exam, as this area cannot be evaluated with ultrasound. If symptoms are persistent, consider cystoscopy or reevaluation with ultrasound.

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Canine

If possible, consider a fine needle aspirate of the nodule palpated near the left anal gland. Confirm normal calcium levels. If cytology is not possible, recommend close continued monitoring.

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Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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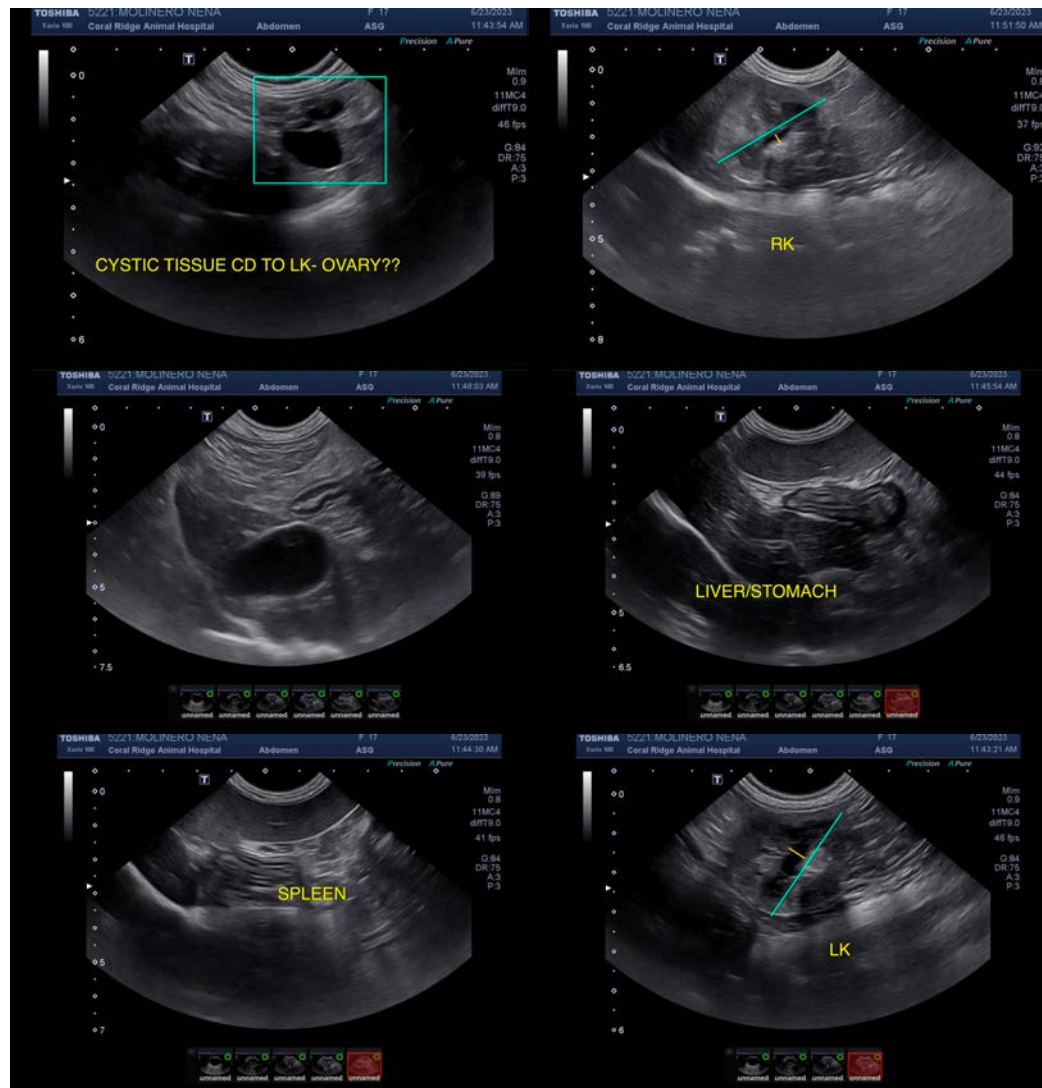
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SPECIES

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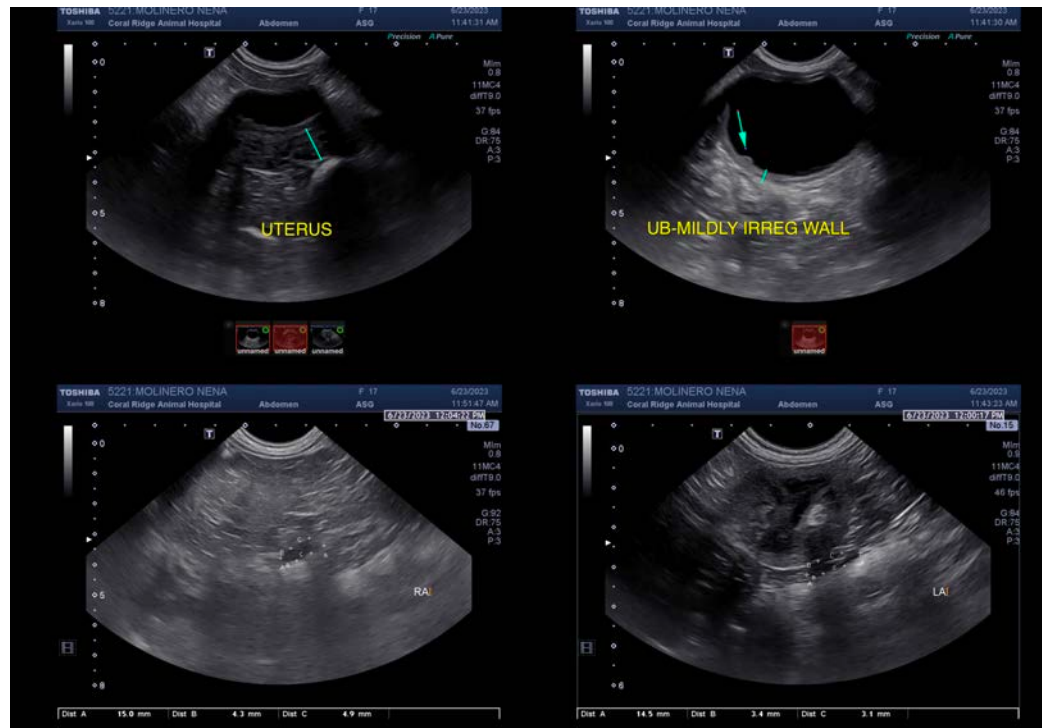
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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