



PATIENT

Lola Jacobs

PRESENTING CLINICAL SIGNS

History: Lola presented for vomiting, which started about 2 hours ago. P is unable to keep down water. P did get flea/tick and heartworm medication 2 days ago, but usually has diarrhea if anything after getting those medication. P does not usually vomit. P also eats cat feces.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC: nsf
COMP: calcium 12.3, total protein 8.6, albumin 4.4, globulin 4.2, cholesterol 370, ALT 822, ALP 283, GGT 41, Total bili 1.8

BREED

Mini Pinscher

EPOC: pO2 72.2, cSO2 96.1, pCO2 28.9, pH 7.518, lactate 4.6
CPL; Normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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.

AGE

6 years

The left kidney has a normal shape and size (5.17 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

15.88 kg

The right kidney has a normal shape and size (5.08 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.61 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. Kari Lemanski

The right adrenal gland is normal in size (0.62 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

Animal EH Deland

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.

REFERRING VET

Dr. Kari Lemanski

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. The gall bladder 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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Lola Jacobs 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.

SPECIES
Gastrointestinal

Canine

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.40 cm 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.

BREED

Mini Pinscher

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 (0.40 cm) and the jejunum measured as normal (0.32 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.

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Pancreas

The pancreas is prominent with mild surrounding hyperechoic mesentery in the left limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

WEIGHT

15.88 kg

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.

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ULTRASONOGRAPHIC FINDINGS
Primary Findings

- Focal area of hypoechoic mildly prominent pancreas in the left limb - The pancreatic changes are most consistent with mild pancreatitis/pancreatic infiltration. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- Moderate gallbladder debris - The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the gastrointestinal tract to explain the acute vomiting reported. There is a small area of prominent pancreas in the left limb, with mild surrounding mesentery. This could be a small focus of pancreatitis. Correlate with a quantitative cPLI level. Additionally, no focal lesions are visualized associated with the liver to explain the elevation in ALT and the bilirubin reported. There is some debris visualized within the gallbladder, but the gallbladder wall appears normal. There is no surrounding inflammation, making a primary hepatopathy most likely. Consider the following for further evaluation of the ALT elevation:

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- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc.
- Consider PCR on urine/serum for leptospirosis (if not on antibiotics)/serology if recent antibiotic history.

SPECIES

Canine

- If not already done, consider pre and post prandial bile acids to evaluate liver function.
- Consider Fine needle aspirate if round cell neoplasia is on your differential list (25 g needle, normal coags)

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Recommend treatment for acute liver injury and an acute gastroenteritis with continued monitoring of liver values and possibly, repeat imaging if the GI signs persist. This could be consistent with an acute toxicity, given the short duration of symptoms reported.

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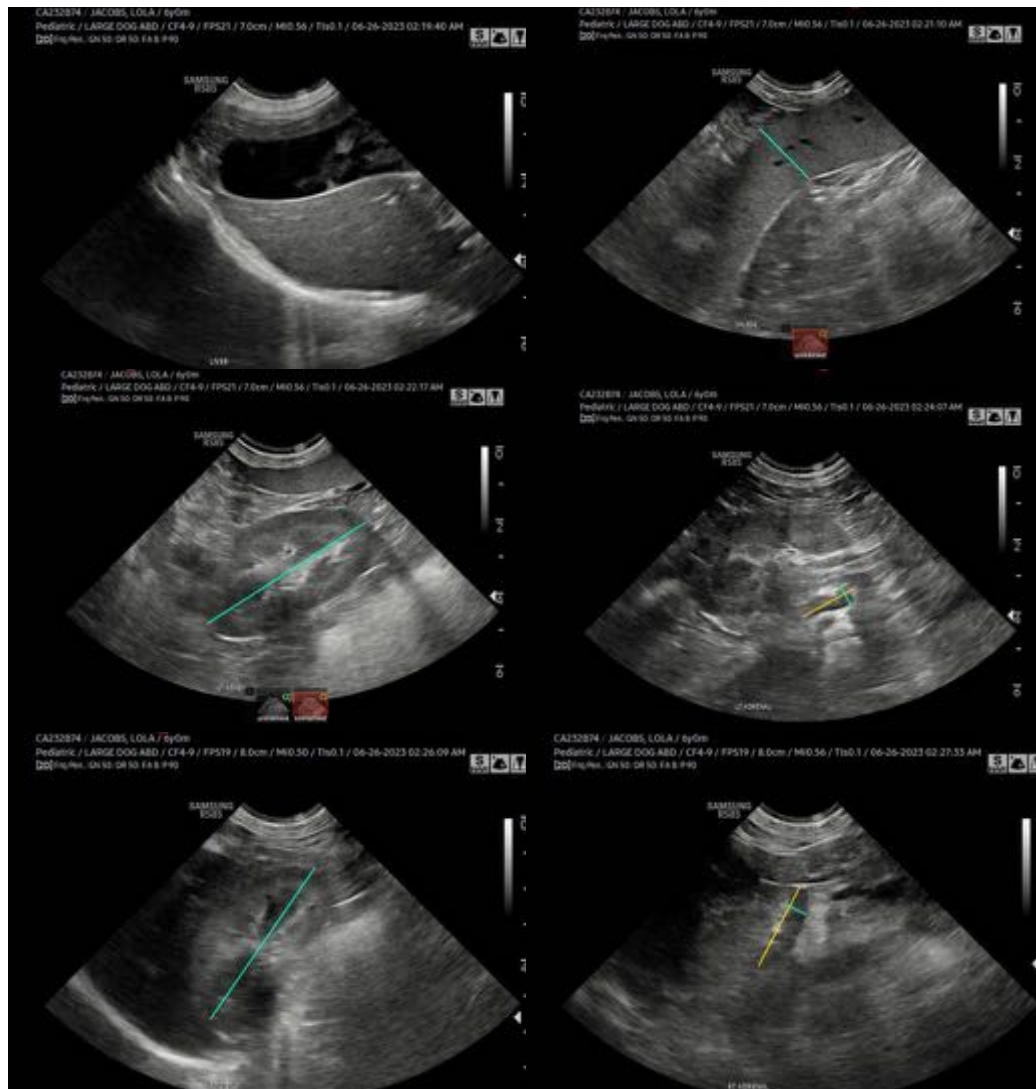
Dr. Kari Lemanski

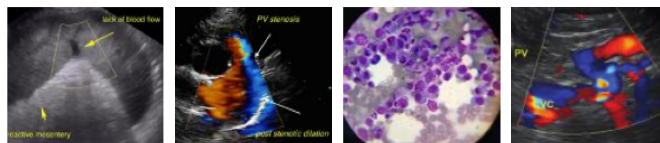
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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