



**PATIENT PRESENTING CLINICAL SIGNS**

Mindy Rocheleau

Mindy presented on 7/6/23 for lethargy, anorexia and panting of several hours duration. At this exam symptomatic treatment was started including Gabapentin 100mg BID, Carprofen 25mg BID. Mindy presented on 7/1/23 for no improvement. She is still lethargic and anorexic. Mindy lost 2 pounds since the previous visit.

**SPECIES**

Canine

**BREED**

Mini Schnauzer X

Abnormal PE/Chem/CBC/UA Results: On 7/6/23 Mindy showed pain on palpation of spine at caudal thorax. On 7/11/23 she had mild pain on abdominal palpation. Otherwise unremarkable. Blood work and UA from today is attached.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**AGE**

9 Years

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.

**WEIGHT**

12.7 kg

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 focal 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)

The right kidney has a normal shape and size (5.51 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.

**IMAGING PERFORMED BY**

Dr. Hayley Gaynor

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.58 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.

**HOSPITAL NAME**

Lambertville VC

The right adrenal gland is normal in size measuring 0.41 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.

**REFERRING VET**

Dr. Hayley Gaynor

**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.

**INVOICE**

43883

**Liver**

**DATE**

7/11/23

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.



**PATIENT**

Mindy Rocheleau

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, but there is a small pile of irregular hyperechoic shadowing material, most consistent with small stones/sandy debris in the neck of the gallbladder. There is no evidence of significant bile duct dilation or more distal stones observed.

**SPECIES**

Canine

**Gastrointestinal**

**BREED**

Mini Schnauzer X

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.

**SEX**

Spayed Female

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 0.27 cm. Jejunum wall measures 0.25 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**AGE**

9 Years

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.

**WEIGHT**

12.7 kg

**Pancreas**

**INTERPRETED BY**

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

The area of 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**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a prominent but not overtly enlarged iliac lymph node measuring 0.41 cm. The omentum is of normal echogenicity.

**IMAGING PERFORMED BY**

Dr. Hayley Gaynor

**ULTRASONOGRAPHIC FINDINGS**

- Small amount of dependent mineralized irregular debris in the gallbladder – Findings are most consistent with choleliths. No evidence of an obstructive process is visualized.

**HOSPITAL NAME**

Lambertville VC

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A lesion responsible for the lethargy, inappetence and panting is not definitively identified on today's exam. There appear to be some choleliths in the gallbladder, but there is no evidence of an obstructive process at this time and no evidence of inflammation.

**REFERRING VET**

Dr. Hayley Gaynor

Recommend continued monitoring of ALP and bilirubin, as well as confirm that there is no lipemia or hemolysis affecting these values. If the bilirubin elevation is persistent and real, consider reevaluation of the gallbladder, looking for any evidence of progressive dilation that could indicate an obstructive process. No focal lesions were visualized associated with the liver, but a primary hepatopathy can also not be definitively ruled out.

**INVOICE**

43883

**DATE**

7/11/23

Based on the history provided, spinal/orthopedic pain could present this way. Your initial treatment is very appropriate. The persistence of these symptoms is troubling. If lab work values worsen, patient is not doing well, or symptoms become more pointed towards the abdomen, consider reevaluation in the future for possible progression of lesions.

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



**PATIENT**

Mindy Rocheleau

**SPECIES**

Canine

**BREED**

Mini Schnauzer X

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

12.7 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Hayley Gaynor

**HOSPITAL NAME**

Lambertville VC

**REFERRING VET**

Dr. Hayley Gaynor

**INVOICE**

43883

**DATE**

7/11/23



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)

info@sonopath.com