



PATIENT

Gigi Silva

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Maltese

P presented for a recheck on 6/9/22 for a yeast infection along her legs, improvement of infection is noted. At recheck appointment, O mentioned that P has a cough that occurs nightly. Heart auscultates normally, no murmur or arrhythmia noted. Lungs auscultate normally. . : P is not currently on any medications. Sedation with Butorphanol- Anxious
Abnormal PE/Chem/CBC/UA Results: Total body function performed on 6/10/2022: ALP=347, BUN: CRE= 40, phosphorus=6.2, triglyceride=733, precision PSL=151, PLT= 749, NEU=11607, MONO=1272, all other values WNL. Radiographic Abnormalities: 9-12 bladder stones seen on radiographs, cardiomegaly

SEX

Spayed Female

AGE

14 Years

WEIGHT

8.3 Pounds

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears diffusely mildly thickened at 0.31 cm, and irregular. There are numerous large shadowing stones visualized in the dependent portion of the urinary bladder, measuring approximately 1.0 cm in size. The area of the trigone, ureteral papillae and proximal urethra appear somewhat thickened, but no focal mass lesions are observed.

The left kidney has a normal shape and size (3.87 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.4 cm) with a large shadowing stone near the renal pelvis measuring 1.01 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.66 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 0.66 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.

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.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is severely heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. Areas of the liver appear

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I VT

HOSPITAL NAME

Valley Vet Clinic

REFERRING VET

Dr. Anna Lopez

INVOICE

39565

DATE

7/14/22



Portland Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY

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severely nodular with somewhat ill-defined hypoechoic irregular nodules throughout the parenchyma, varying in size from 0.30-1.5 cm. Some areas of the liver appear somewhat more affected than others, but no "normal" liver is observed.

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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.

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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.

SEX

Spayed Female

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. Duodenum wall measured 0.39 cm. Jejunum wall measured 0.31 cm. There is mucosal speckling observed.

AGE

14 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

8.3 Pounds

Pancreas

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.

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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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PRIMARY FINDINGS

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- Numerous large bladder stones with diffusely irregular urinary bladder mucosa – most consistent with cystitis and calculi. Correlate with abdominal radiographs. Recommend urinalysis and culture.

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- Decreased corticomedullary distinction in both kidneys a 1.01 cm right-sided nephrolith – The bilateral renal findings are consistent with age-related change. There is no evidence of an obstruction due to the nephrolith observed.

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- Large, heterogeneous, severely nodular liver – While the hepatic parenchyma is very abnormal, it is very possible that these are benign regenerative nodules. A neoplastic process is also a differential. Recommend a fine needle aspirate.

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- Moderate gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

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- Subjectively thickened small intestine with mild mucosal speckling – Bright mucosal speckling has been proposed to represent dilated lacteals or focal accumulation of mucus, cellular debris etc.. in the mucosal crypts of the small intestine.

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SECONDARY FINDINGS

- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

14 Years

The liver is severely nodular and enlarged. These changes could represent severe regenerative nodules or an underlying neoplastic condition. Recommend a fine needle aspirate and consider a liver function test. Additionally, there are numerous shadowing stones visualized in the urinary bladder with mildly irregular mucosa.. Recommend a urinalysis and culture. Recommend cystotomy and stone analysis, particularly if the patient is symptomatic.

WEIGHT

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The small intestine appears subjectively mildly thickened with some mucosal speckling. If there is a history of GI upset, this could indicate mild underlying GI disease.

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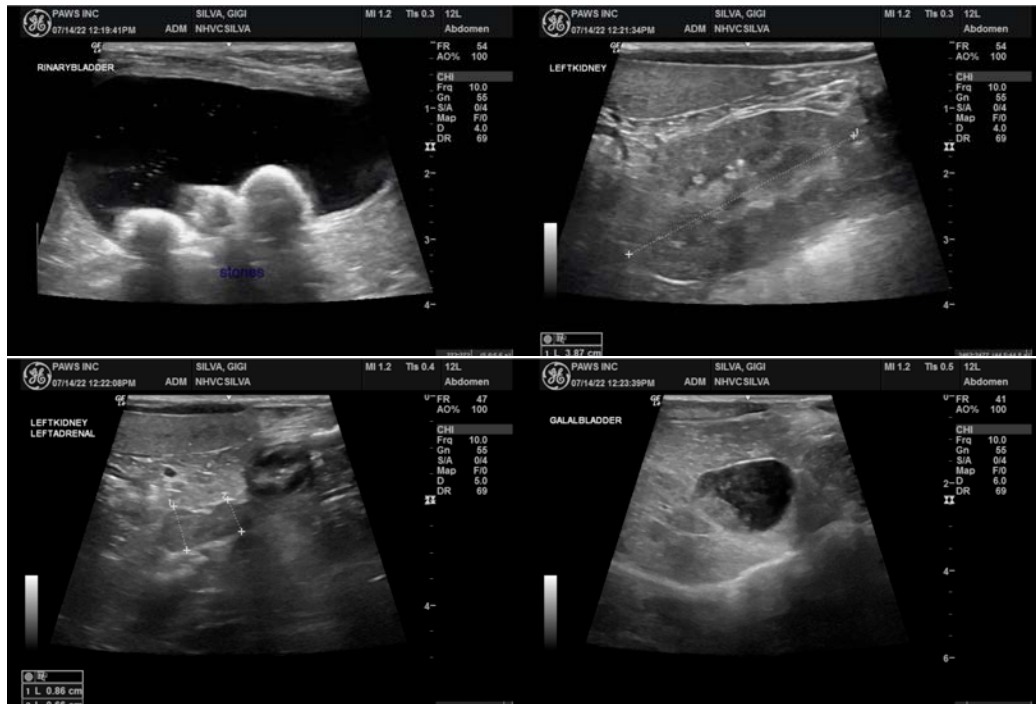
Dr. Anna Lopez

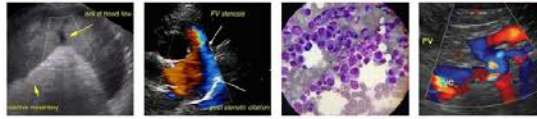
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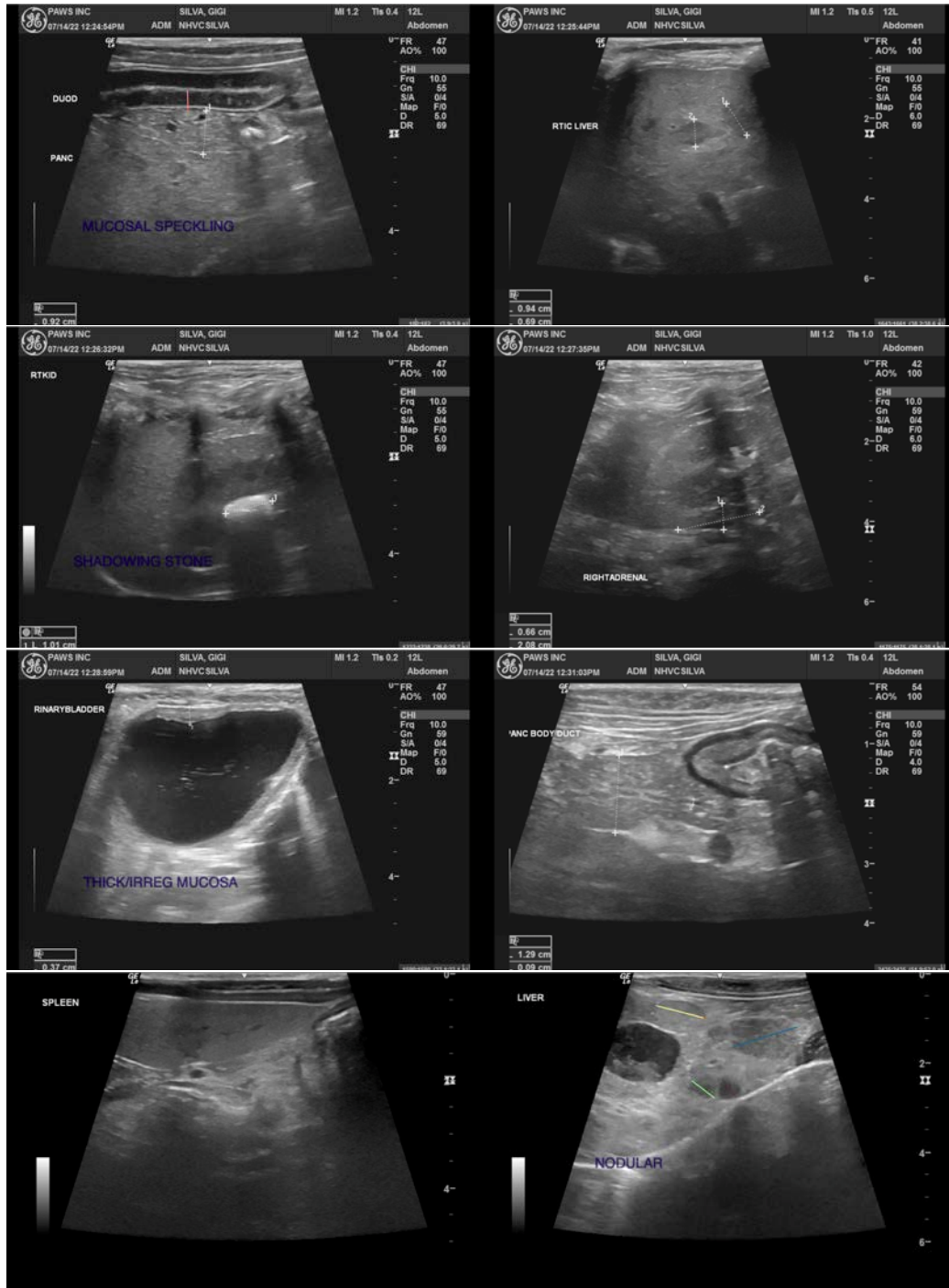
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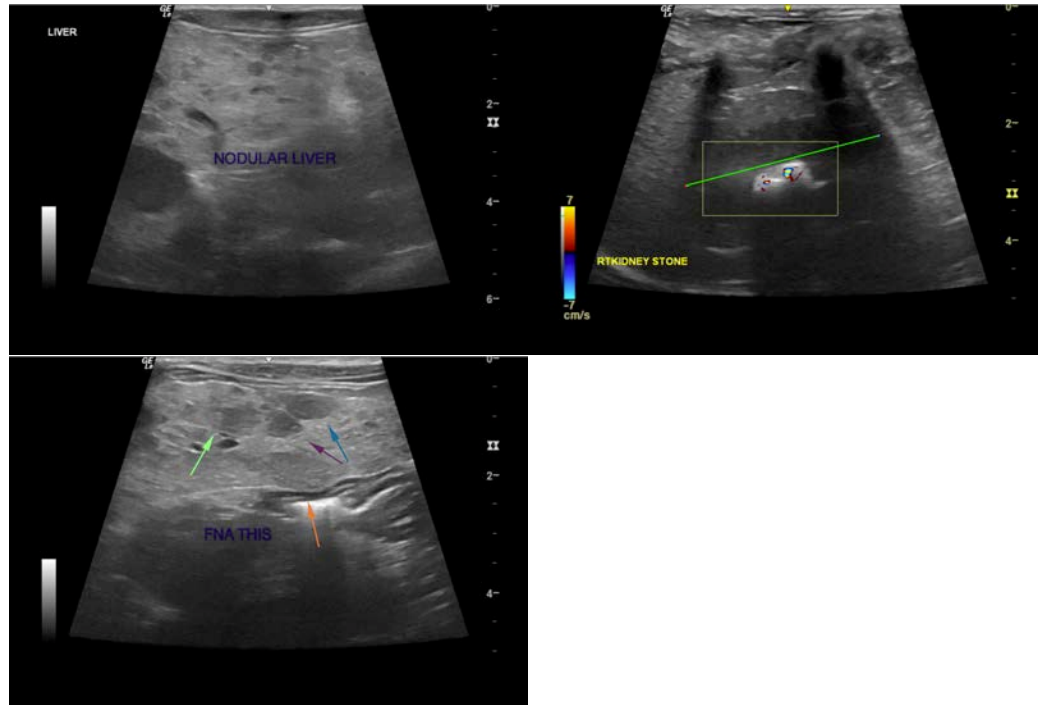
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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