



## PATIENT

Kaya Wintz **PRESENTING CLINICAL SIGNS**

## SPECIES

Canine

## BREED

Shiba Inu

Sedation dormitor/torb- ~Patient presented on late April to ER vet for an episode of hematemesis that has resolved. however P persistently has acid reflux and burping. Initial bloodwork showed elevated BUN due to suspected GI bleeding. Patient was on omeprazole and followup bloodwork showed that BUN normalized. Patient continues to have episodes of burping and suspected acid reflux AUS to r/o : ~Gastric ulcer, gastric mass, GERD, IBD~ No medications  
Abnormal PE/Chem/CBC/UA Results: Chemistry: wnl Texas GI Panel: pending~

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

## SEX

Spayed Female

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

8 Years 2 Months

The left kidney has a normal shape and size (4.56 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

27 Pounds

The right kidney has a normal shape and size (4.42 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 measuring 0.45 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 0.42 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 BY

Loetitia Saint-Jacques,  
LVT

### Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are no focal mass lesions visualized, but numerous punctate, hyperechoic foci are noted throughout the spleen (likely dystrophic mineralization).

## HOSPITAL NAME

MountainView AH

### 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. Saraj Kalivoda

The gallbladder lumen is significantly distended. The wall of the gallbladder is not thickened, and has a relatively smooth mucosal surface. There is a moderate amount of non-organized, partially

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**PATIENT**

Kaya Wintz suspended, hyperechoic debris that appears to be accumulating in the gallbladder neck. The cystic and common bile ducts are normal/not visible.

**SPECIES** *Gastrointestinal*

Canine The stomach contains minimal luminal contents. It largely measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. There is some intraluminal gas, which is obscuring visualization of the entirety of the stomach, and in some areas the gastric wall appears slightly irregular, measuring at 0.58 cm. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity.

**BREED**

Shiba Inu 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 measured 0.45 cm. Jejunum wall measured 0.37 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.

**AGE**

8 Years 2 Months *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.

**WEIGHT**

27 Pounds *Free Abdomen*  
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. A mesenteric lymph node is visualized at 0.52 cm. The omentum is generally of normal echogenicity, but slightly prominent in the region of the pancreas.

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*Other*

A brief view of the heart was submitted. No significant pericardial effusion was seen.

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LVT

**ULTRASONOGRAPHIC FINDINGS**

**HOSPITAL NAME**

MountainView AH

- Mottled spleen with diffuse punctate hyperechoic foci – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. The hyperechoic foci trend towards the appearance of a benign process, although an underlying neoplastic process cannot be definitively ruled out.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large, distended gallbladder with suspended echogenic material and echogenic debris collecting near the gallbladder neck. There is no overt evidence of cholecystitis, but a large amount of debris is present. Correlate with liver enzyme elevations and recommend continued monitoring +/- Ursodiol.

**REFERRING VET**

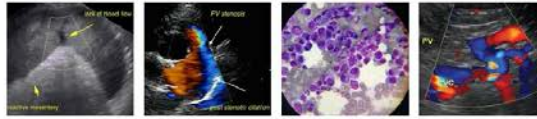
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**PATIENT**

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- Mild irregularity and subjective thickening of the gastric wall - The significance of this is uncertain, as visualization is somewhat limited, and this could be artifact due to rugal folding.

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

Shiba Inu

No large mass lesions are visualized to explain the hematemesis reported, although in some images the gastric wall appears slightly irregular and thickened. This can be misleading with an empty stomach, rugal folding, etc., and a significant portion of the gastric wall cannot be evaluated due to gas shadowing.

**SEX**

Spayed Female

There is a mildly prominent pancreas evident, but no overt severe inflammation, and a moderate amount of gallbladder debris. If liver enzymes are normal, then recommend continued monitoring. If they are elevated, then consider starting Ursodiol.

**AGE**

8 Years 2 Months

The spleen is mildly mottled and has numerous punctate, hyperechoic foci. These changes are likely benign, but fine needle aspirate could be considered if infiltrative neoplasia is of concern.

**WEIGHT**

27 Pounds

- Consider a novel protein/hydrolyzed protein prescription diet.
- Consider treatment for helicobacter.
- Recommend upper GI endoscopy to evaluate the esophageal and gastric mucosa, as superficial mucosal lesions are often not visualized on ultrasound, and gastric lesions are still possible.

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- Recommnd obtaining cytologic samples even if no source of hemorrhage is identified at endoscopy. Additionally, recommend biopsies of the small intestine.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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**HOSPITAL NAME**

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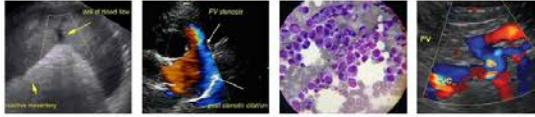
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**SPECIES**

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**SEX**

Spayed Female

**AGE**

8 Years 2 Months

**WEIGHT**

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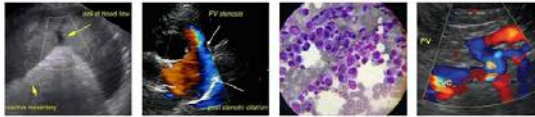
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**SPECIES**

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**BREED**

Shiba Inu



**SEX**

Spayed Female

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.

**AGE**

8 Years 2 Months

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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**WEIGHT**

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