



PATIENT

Mya Orr

PRESENTING CLINICAL SIGNS

SPECIES

Canine

Sedation (torb/alfaxalone) and flow by oxygenation during scans- Abnormal ECG: R wave amplitude is increased and left axis deviation, NO heart murmur HR 110- NO medications
Abnormal PE/Chem/CBC/UA Results: Abnormal LABS: ALKP 344, HGB 22.5, MCHC 40.4, ALB 6.0, PHOS 10.3, TBIL 27.9, TP 12.0 ABNORMAL PE: abdominal distention BILE ACIDS pending

BREED

Chihuahua X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately to mildly distended with echogenic urine. The bladder wall appears of normal thickness, but has some mild mucosal irregularities. The area of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi. Findings would be most consistent with cystitis, but an underlying neoplastic process cannot be ruled out. Recommend urinalysis and culture.

SEX

Spayed Female

AGE

9 Years 5 Months

The left kidney has a normal shape and size (3.74 cm) with a small non-obstructive nephrolith at 0.20 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, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

12.6 Pounds

The right kidney has a normal shape and size (4.48 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
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Medicine)

Adrenal Glands

The left adrenal gland is normal in size measuring 0.67 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 0.57 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, 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.

HOSPITAL NAME

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Liver

The liver is large in size and hyperechoic with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

REFERRING VET

Dr. Ren Johnson

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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

SPECIES

Canine

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Chihuahua X

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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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

9 Years 5 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

12.6 Pounds

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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Medicine)

ULTRASONOGRAPHIC FINDINGS

- Echogenic debris in the urinary bladder with mildly irregular bladder mucosa – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large, heterogeneous, hyperechoic liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- 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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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

No focal lesions are visualized associated with the liver, but it is large and heterogeneous. Recommendations would be based on clinical information depending on if this pet sick/how long etc.. There is an extreme elevation in bilirubin (with a mild ALP elevation which is odd), and no significant changes visualized associated with the gallbladder. Based on this information, a primary hepatopathy would be suspected. Consider the following:

BREED

Chihuahua X

- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc...

SEX

Spayed Female

- Consider PCR on urine/serum for leptospirosis (if not on antibiotics)/serology if recent antibiotic history

AGE

9 Years 5 Months

- If not already done, consider pre and post prandial bile acids to evaluate liver function (not necessary if there is a bilirubin present).

WEIGHT

12.6 Pounds

- If the ALP is significantly elevated relative to the ALT and symptoms consistent with cushings are present, consider adrenal function testing (ACTH stim)

- Consider Fine needle aspirate if round cell neoplasia is on your differentia list (25 g needle, normal coags)

- If no response to supportive care (denamarin, fluids, antibiotics,+/- ursodiol etc...) Consider liver biopsy with samples obtained for histopathology, culture, and copper levels.

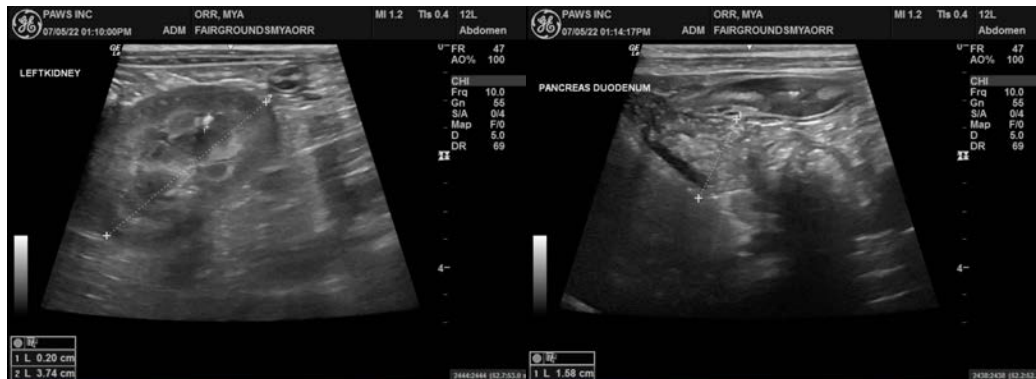
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Recommend urinalysis and culture to further investigate the mildly irregular bladder mucosa visualized.

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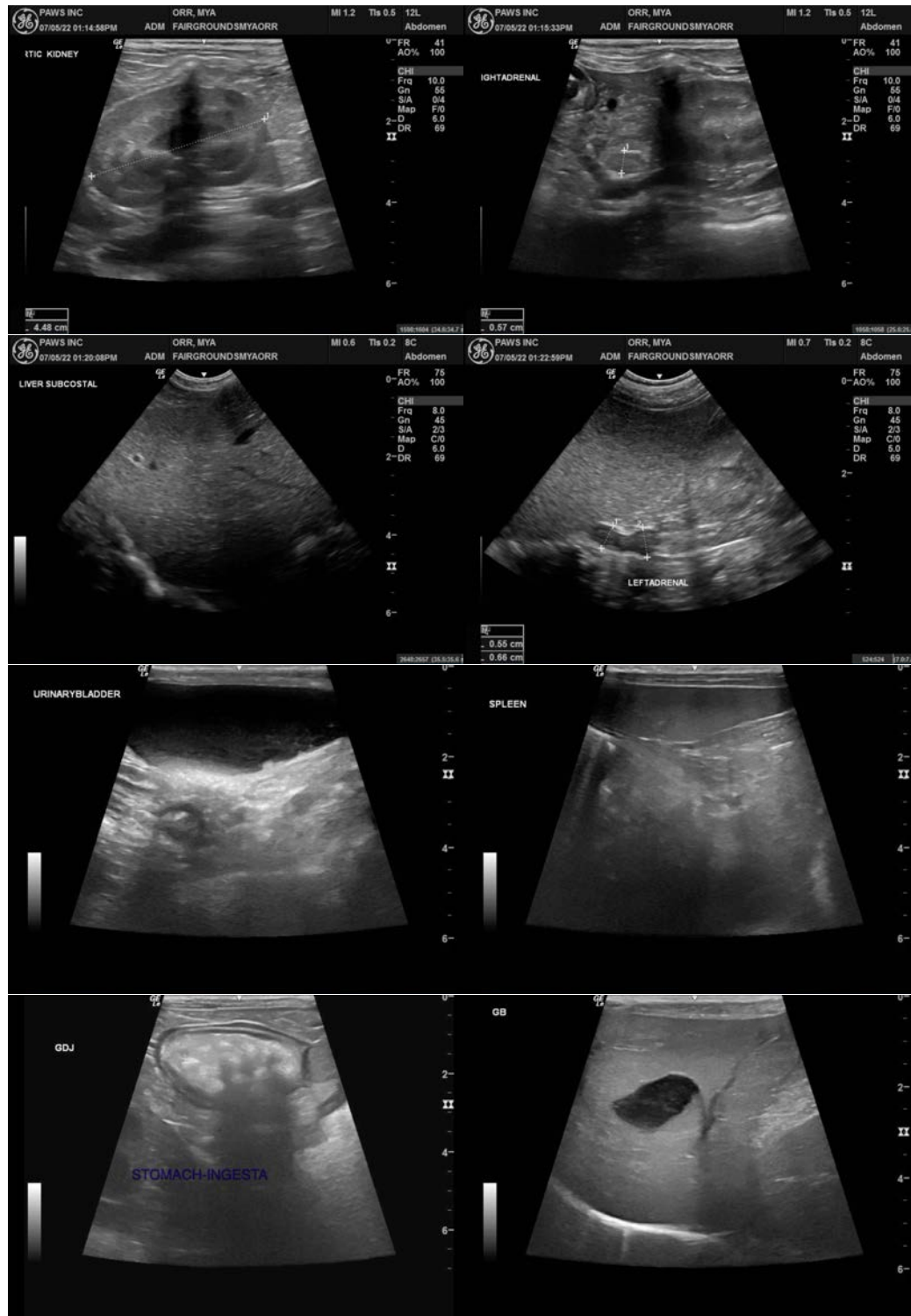
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Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY

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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.

SPECIES

Canine

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.

BREED

Chihuahua X

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