



PATIENT PRESENTING CLINICAL SIGNS

Cashew Casaletto

History: Chronic intermittent loose stool/diarrhea. Hx of elevated liver enzymes. Weight loss, mild PU/PD/PP. Current Meds: Visbiome, Liver diet., Torb for AUS.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 7/6/23- ALP 775 (150 H); ALT 443 (118 H); BUN 6 (7 L); Phos 2.5 (2.9 L); 6/2023 ALT 359; ALKP 524; Bile Acids: 6/14/23- Pre 47.8; Post 79.2. GI PCR panel all neg.

BREED

Cairn Terrier

SEX

Female Spayed

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

8 years, 4 mos

The left kidney has a normal shape and size (3.67 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 a corticomedullary distinction rim sign present. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

15.8 lbs

The right kidney has a normal shape and size (3.78 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 a corticomedullary distinction rim sign present. 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 (0.44 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

Shari Reffi, CVT

The right adrenal gland is normal in size (0.50 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

Heart and Paw

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. There is a small hypoechoic nodule visualized within the parenchyma (measuring 0.59 x 0.47 cm).

REFERRING VET

Dr. Verhalen

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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Gastrointestinal

DATE

7.6.23

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.

The visualized areas of duodenum (0.37 cm), jejunum (0.23 cm) and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical



PATIENT	curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. There is occasional mild mucosal speckling visualized.
Cashew Casaletto	
SPECIES	The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. The colon is distended with non-formed fecal material. The wall measures normal (0.15 cm). There is no observed focal or generalized colon wall thickening or loss of layering.
Canine	
BREED	Pancreas
Cairn Terrier	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.
SEX	Free Abdomen
Female Spayed	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.
AGE	
8 years, 4 mos	Other
WEIGHT	The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.
15.8 lbs	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)	Primary Findings
IMAGING PERFORMED BY	<ul style="list-style-type: none"> Small hypoechoic nodule visualized within the splenic parenchyma - There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. Occasional mild mucosal speckling visualized, associated with the small intestine - Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc. in the mucosal crypts.
Shari Reffi, CVT	
HOSPITAL NAME	Secondary Findings
Heart and Paw	<ul style="list-style-type: none"> Medullary rim sign visualized associated with both kidneys - Clinical significance uncertain, can be seen in normal patients and in cases of ethylene glycol toxicity, FIP, chronic interstitial nephritis, and leptospirosis.
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Verhalen	Much of the colon appears fluid-distended with shadowing intraluminal material, which interferes with evaluation of some regions of the abdomen. No focal lesions are visualized associated with the liver to explain the abnormal liver function. I suspect a biopsy of the liver would be necessary to further evaluate. If not already done, you could consider screening for Leptospirosis. Additionally, although unlikely, a small portosystemic shunt or similar, is possible. None was observed but a contrasting CT scan would likely be necessary to further evaluate this.
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DATE	
7.6.23	No focal lesions were visualized associated with the gastrointestinal tract to explain the diarrhea reported. This could be secondary to liver dysfunction or could be a concurrent gastrointestinal issue (which is what I suspect). There are some very occasional speckles visualized associated with the mucosa, which could be supportive of a primary enteropathy. Consider the following:



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**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

Heart and Paw

REFERRING VET

Dr. Verhalen

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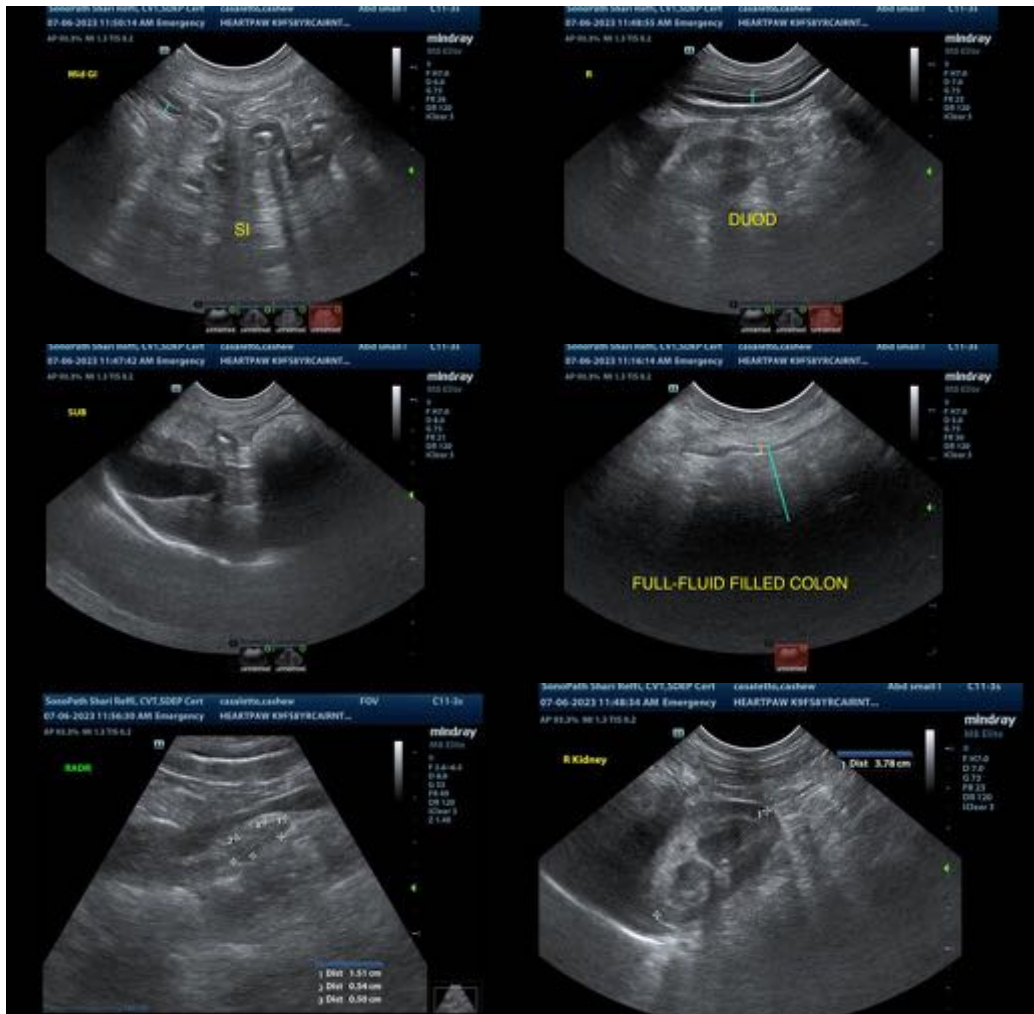
7.6.23

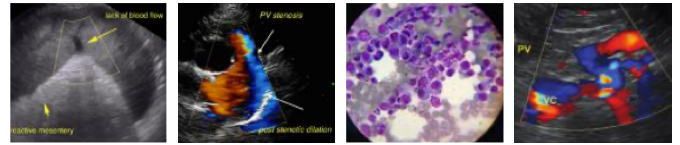
- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks).
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc. to further evaluate for pancreatic/small intestinal disease.
- Recommended chronic probiotic therapy

If liver biopsies are considered, GI biopsies could be performed at the same time.

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

There is a small nodule visualized associated with the spleen. I suspect this is too small to readily aspirate. Recommend continued monitoring with ultrasound, as this could represent a benign or an early neoplastic lesion.





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**IMAGING
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Shari Reffi, CVT

HOSPITAL NAME

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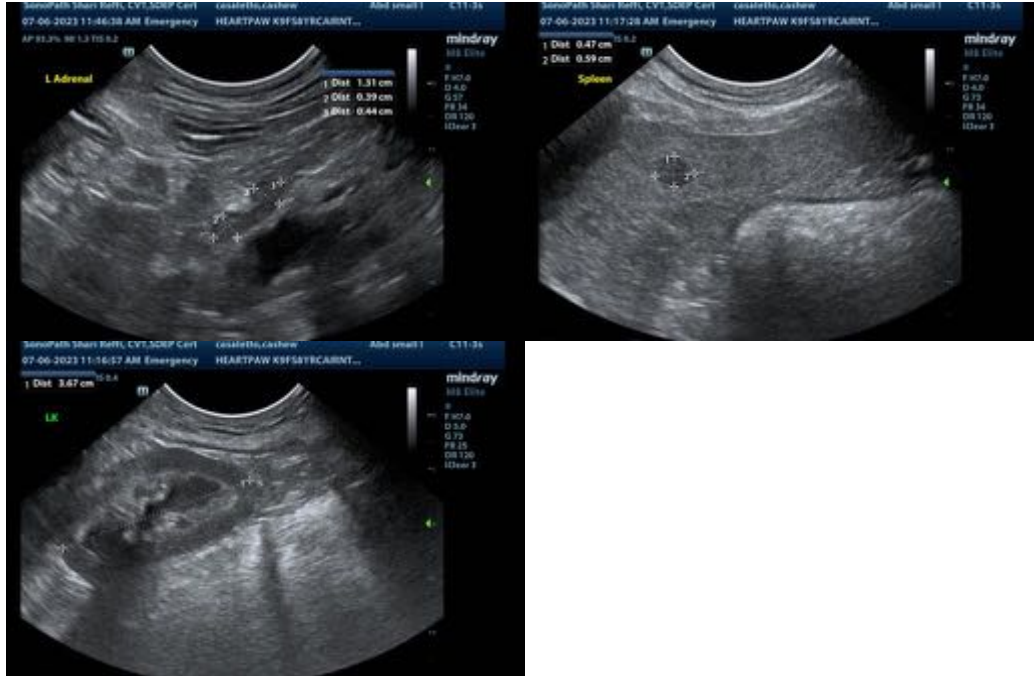
Dr. Verhalen

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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.

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