

PATIENT PRESENTING CLINICAL SIGNS

Mickey Richardson

Anorexia for 3 days, decreased water intake, lethargic, intermittent vomiting for last few weeks. Was at the trailer for the past week. NSF on abdominal rads. Hospitalized yesterday for IVF and supportive care, no real improvement overnight. Has been on Baytril, Ampicillin, Cerenia, Famotidine, Comfortan and Mirtazapine.

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

Abnormal PE/Chem/CBC/UA Results: Wellness blood and 4DX were all normal and negative 4/25/23. Now - mild leukocytosis, normal neuts with bands suspected, mild lymphocytosis, marked monocytosis, mild-mod azotemia, creatinine 170, BUN 20.7, Phos 2.5, mild hyponatremia and hypochloremia. ALT elevated at 180, ALP elevated at 1567, hyperbilirubinemia 35. Urine sp grav 1.015, mild hematuria, marked cocci, Lepto witness negative and urine sent for Culture.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

14.5 Years

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.

WEIGHT

4 kg

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

INTERPRETED BY

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

The left kidney has a normal shape and size (3.49 cm). Overall echogenicity is slightly hyperechoic with poor 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

Crystal Hill

The right kidney has a normal shape and size (4.03 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.

HOSPITAL NAME

Hartzel AH

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.

REFERRING VET

Dr. Morris

The right adrenal gland is normal in size measuring 0.64 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.

INVOICE

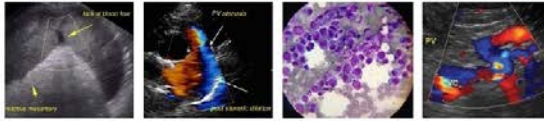
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Spleen

DATE

7/7/23

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.



PATIENT *Liver*

Mickey Richardson

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. There is some ill-defined cystic appearing tissue visualized cranial to the gallbladder, measuring approximately 1.71 cm x 1.9 cm.

SPECIES

Canine

BREED

Chihuahua

The gallbladder lumen is significantly distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The bile duct was not clearly visualized due to severe shadowing and inflammation in the right cranial abdomen.

SEX

Neutered Male

Gastrointestinal

The stomach contains mild fluid. 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.

AGE

14.5 Years

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Jejunum wall measures 0.28 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

WEIGHT

4 kg

The region of the ileocecal junction was visualized. There is some thickened abnormal bowel in this region, which could represent the ileocecal junction. In this area the bowel wall measures 0.55 cm, and there is reduced detail of wall layering. 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.

INTERPRETED BY

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

Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with severe pancreatitis.

IMAGING PERFORMED BY

Crystal Hill

Free Abdomen

There is a small amount of free abdominal fluid. No lymphadenopathy. The omentum is severely hyperechoic diffusely and around the left and right limbs of the pancreas.

HOSPITAL NAME

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Dr. Morris

PRIMARY FINDINGS

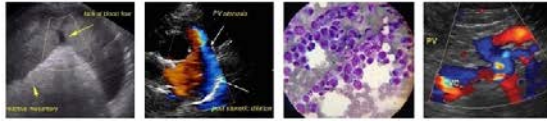
- Ill-defined cystic lesion visualized cranial to the gallbladder – I suspect this is most consistent with a cystadenoma. Recommend continued monitoring.
- Large gallbladder – Given the severe pancreatic inflammation and the elevation in bilirubin with a normal appearing gallbladder I suspect there could be a post-hepatic biliary obstruction.
- Severely enlarged and hypoechoic left and right limbs of the pancreas surrounded by hyperechoic mesentery and a small amount of free abdominal fluid – The pancreatic changes are most consistent with severe pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

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- Thickened area of bowel with reduced detail of wall layering in the mid caudal abdomen – I suspect is associated with the ileocecal junction, but a small bowel lesion cannot be excluded.

SPECIES
Canine

- Small volume free abdominal fluid and severe mesenteric inflammation – Findings are most consistent with peritonitis (likely sterile).

BREED
Chihuahua

SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

SEX
Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both limbs of the pancreas are severely hypoechoic, surrounded by hyperechoic mesentery and some free fluid. Additionally, the gallbladder is distended. Given the elevation in liver enzymes and the bilirubin, I suspect there is a post-hepatic obstruction due to the inflamed pancreatic tissue, but I cannot readily follow the bile duct to confirm.

AGE
14.5 Years

Additionally, there is some thickened abnormal bowel in the mid abdomen, which could be associated with the ileocecal junction. Recommend aggressive treatment for pancreatitis and reevaluation of this region once the inflammation has improved to better assess its location. If there is no significant improvement within 2-4 days of medical therapy, consider repeat evaluation with ultrasound, looking for development of an abscess, progressive necrotizing pancreatitis, or progression of the abnormal bowel visualized.

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

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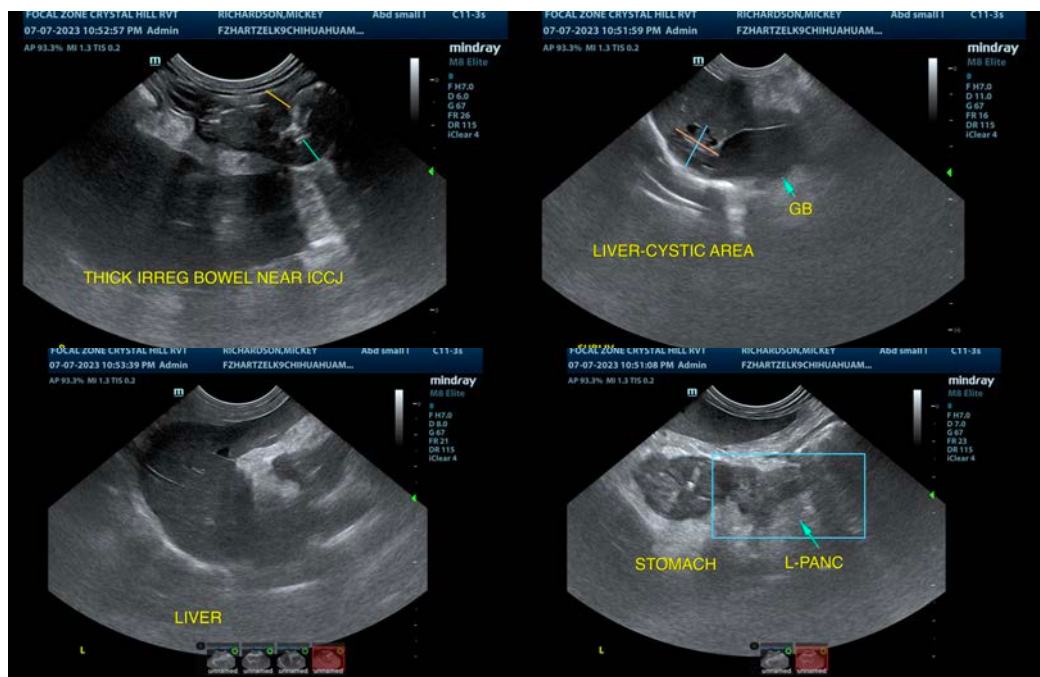
Dr. Morris

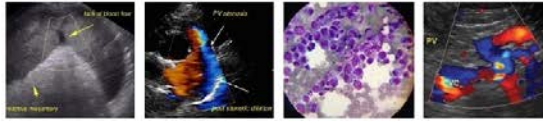
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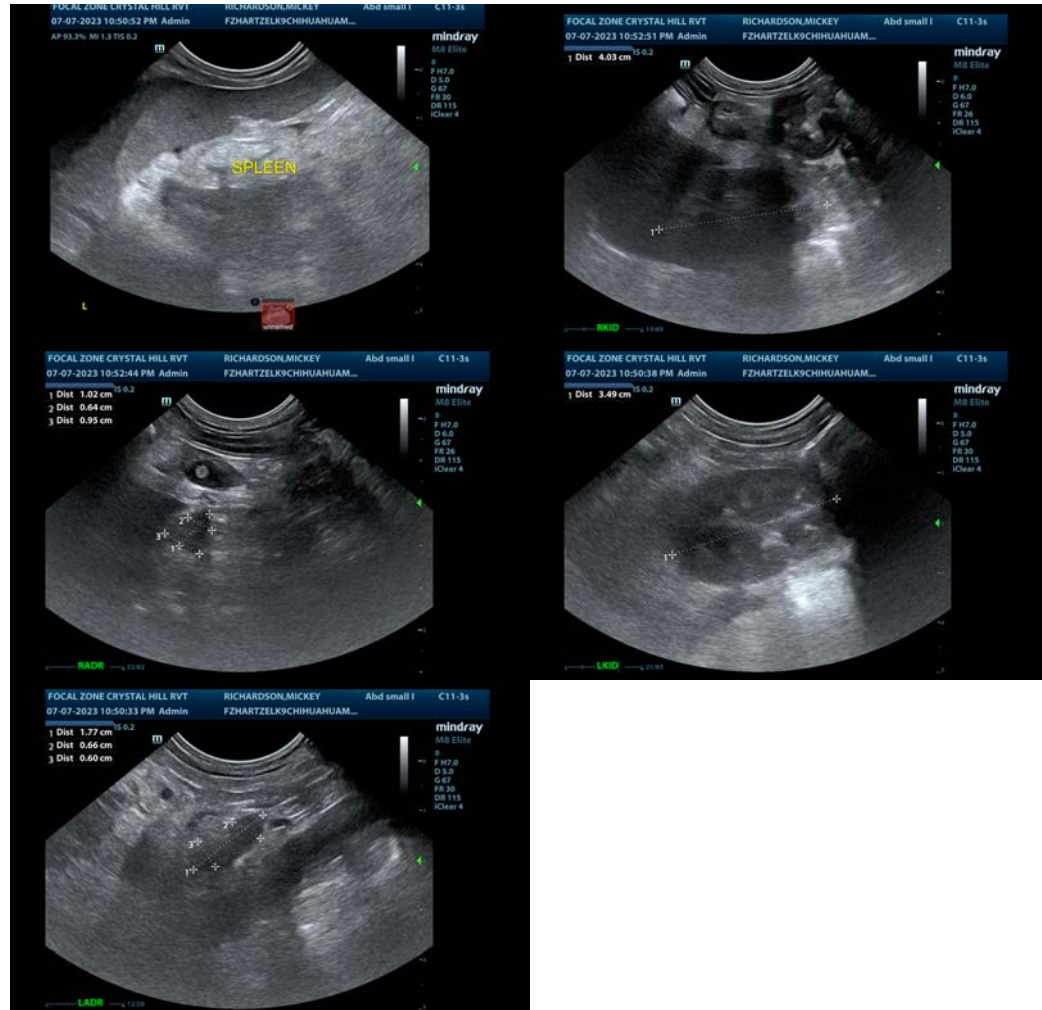
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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