

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Bean Santucci
SPECIES Canine
BREED Shih Tzu
SEX Neutered Male
AGE 11 Years 7 Months
WEIGHT 20 Pounds

Sedation 0.02ml dexdormitor/0.05ml butorphanol IV- Presenting Complaint: reticulocytosis_ HISTORY: Bean, a 11y MC Shih Tzu Mix, presents for additional testing after being diagnosed with Reticulocytosis with normal HCT, positive Coomb's test and abnormal CBC path review. Systems Review: No vomiting, diarrhea, coughing, sneezing. Patient eating, drinking, urinating, defecating normally. O does report lower energy level and breaths hard at times. Diet:_OTC kibble_

Abnormal PE/Chem/CBC/UA Results: 7/31/23 wellness labwork: CBC: Retic 226K with 41% HCT. Nucleated RBC. Path Review: Mild Markedly regenerative anemia with numerous spherocytes and occasional acanthocytes. CHEM: Glu 28 (L) Phos 6.8 (H) K 6.2 (H) Alb 2.7 (L) GLOB 4.3 (H) 8/9/23: follow up labwork: spot BG: 99 (N) UA: 1.050 pH 6.5 protein: 1+ Bili 2+ UPC: 0.1; Resting Cortisol: 2.3 (N); Coomb's Test: 1:2048

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall is diffusely mildly thickened (0.42 cm), and the mucosa is mildly irregular. The trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of severe mucosal irregularities, masses or cystic calculi. Full evaluation of the urinary bladder is difficult due to lack of significant urine distention.

The prostate is normal in size (1.1 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.59 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.

The right kidney has a normal shape and size (4.32 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.

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 0.49 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 but slightly irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a mixed echogenic nodule visualized on the periphery of the splenic parenchyma, which deviates the splenic capsule somewhat, measuring 1.99 cm x 2.64 cm.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Sierr Pet Clinic

REFERRING VET

Dr. KH

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DATE

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PATIENT *Liver*

Bean Santucci

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.

SPECIES

Canine

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.

BREED

Shih Tzu

Gastrointestinal

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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.

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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 measures 0.44 cm. Jejunum wall measures 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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Pancreas

The area of 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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy visualized. A mesenteric lymph node is noted measuring 0.51 cm. The omentum is of normal echogenicity.

Other

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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.

ULTRASONOGRAPHIC FINDINGS

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- Slightly irregular/prominent urinary bladder wall – Findings are likely due to lack of significant urine distention. Correlate with urinalysis +/- culture results.

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- Mixed echogenic nodule/mass effect visualized within the spleen – There is a non-cavitated, mixed echogenic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

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- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.



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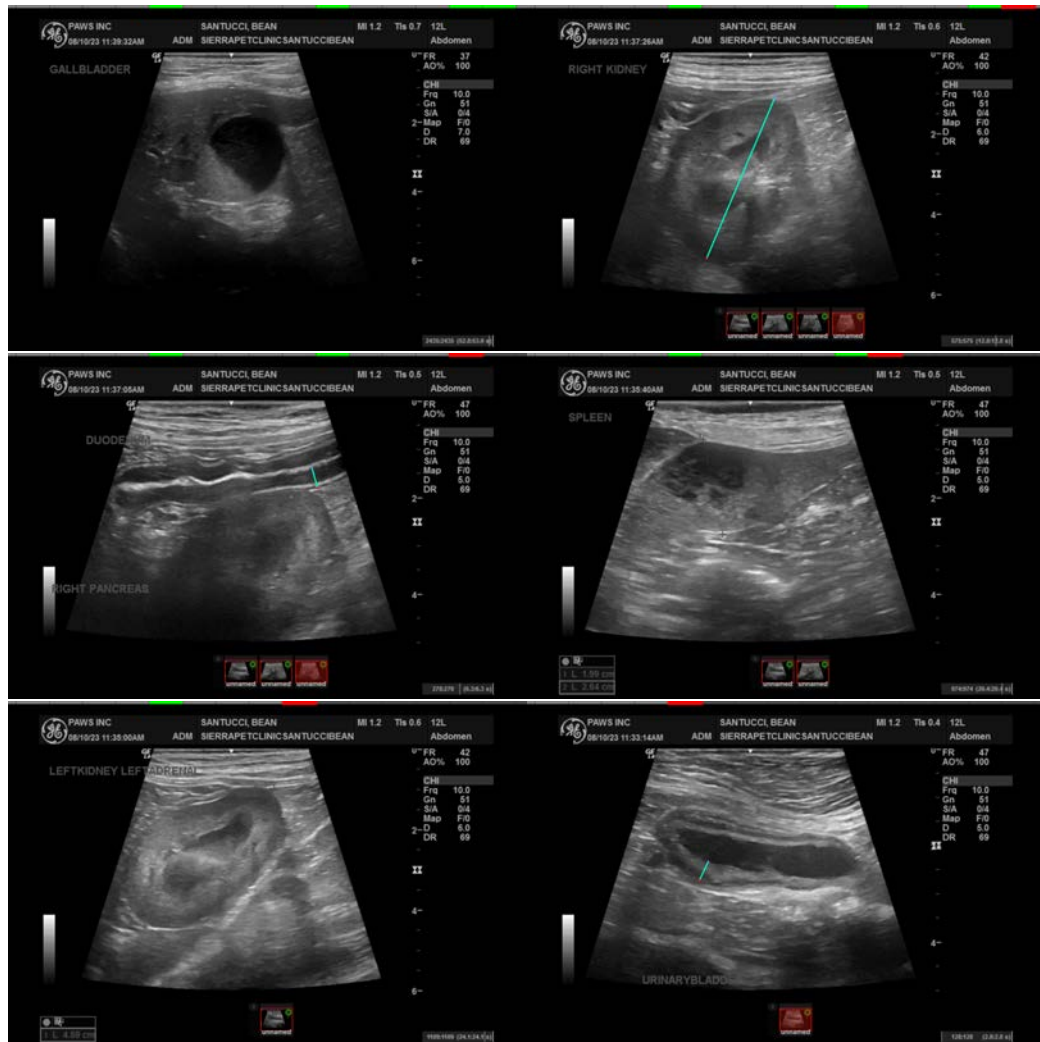
8/10/23

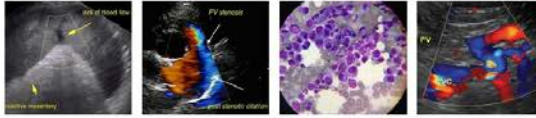
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a small, mixed echogenic mass effect visualized associated with the spleen. This is concerning, as it does deviate the splenic capsule somewhat. This could represent a benign or neoplastic process. Options moving forward include a splenectomy for both diagnostic and therapeutic purposes, or a fine needle aspirate of the splenic lesion combined with continued monitoring with ultrasound.

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

Consider reevaluation of serum albumin levels. If they are persistently low, consider evaluation of a urine protein to creatinine ratio and liver function test, looking for a source of the hypoalbuminemia. If these are normal, then you could consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate, looking for evidence of a possible underlying gastrointestinal lesion or enteropathy.





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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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