



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Nima Vanacore
SPECIES Canine
BREED Chihuahua
SEX Spayed Female
AGE 2012
WEIGHT 6 kg

Patient has been vomiting almost daily. Bloodwork is unremarkable. P has bilateral atrophy of masseter and temporalis muscles but no history of every having mouth/jaw pain. Patient has episodes (stares off into space and then appears to be post ictal for 30-45min) that the owner believes are seizure activity, we have never seen the episodes and owner has not recorded an episode yet. Abdominal rads and senior screen were done in June. from the record. O declined radiologist review of radiographs. Radiographs demonstrated a small amount of mineral opacity material in the stomach, and increased bronchiolar patterning, but no apparent masses, obstructions, or foreign bodies aside from the material." med- just scripted kbrevet liquid.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The left kidney has a normal shape and size (4.49 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 (4.83 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 0.56 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 0.51 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, 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.

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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Mount Rose AH

REFERRING VET

Dr. Sandra Carroll

INVOICE

44601

DATE

8/10/23



PATIENT

Nima Vanacore

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

SPECIES

Canine

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.43 cm 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.

BREED

Chihuahua

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 0.45 cm. Jejunum wall measures 0.36 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

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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.

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Pancreas

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 present. The sublumbar lymph nodes are visualized measuring 0.46 cm and 0.58 cm. The omentum is of normal echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- No significant ultrasonographic lesions visualized

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal. No obvious cause for the vomiting reported is visualized. Correlate these findings with lab results, looking for metabolic causes of vomiting. If this is thought unlikely, then consider primary gastrointestinal disease or possibly even medication reaction, etc.

REFERRING VET

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To further evaluate for possible underlying gastrointestinal problem you could consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate. Additionally, you could consider a novel protein/hydrolyzed protein prescription diet and probiotic therapy.

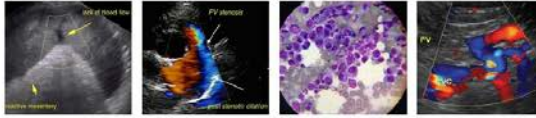
Consider a neurologic consultation regarding the abnormal "episodes" and the muscle wasting reported.

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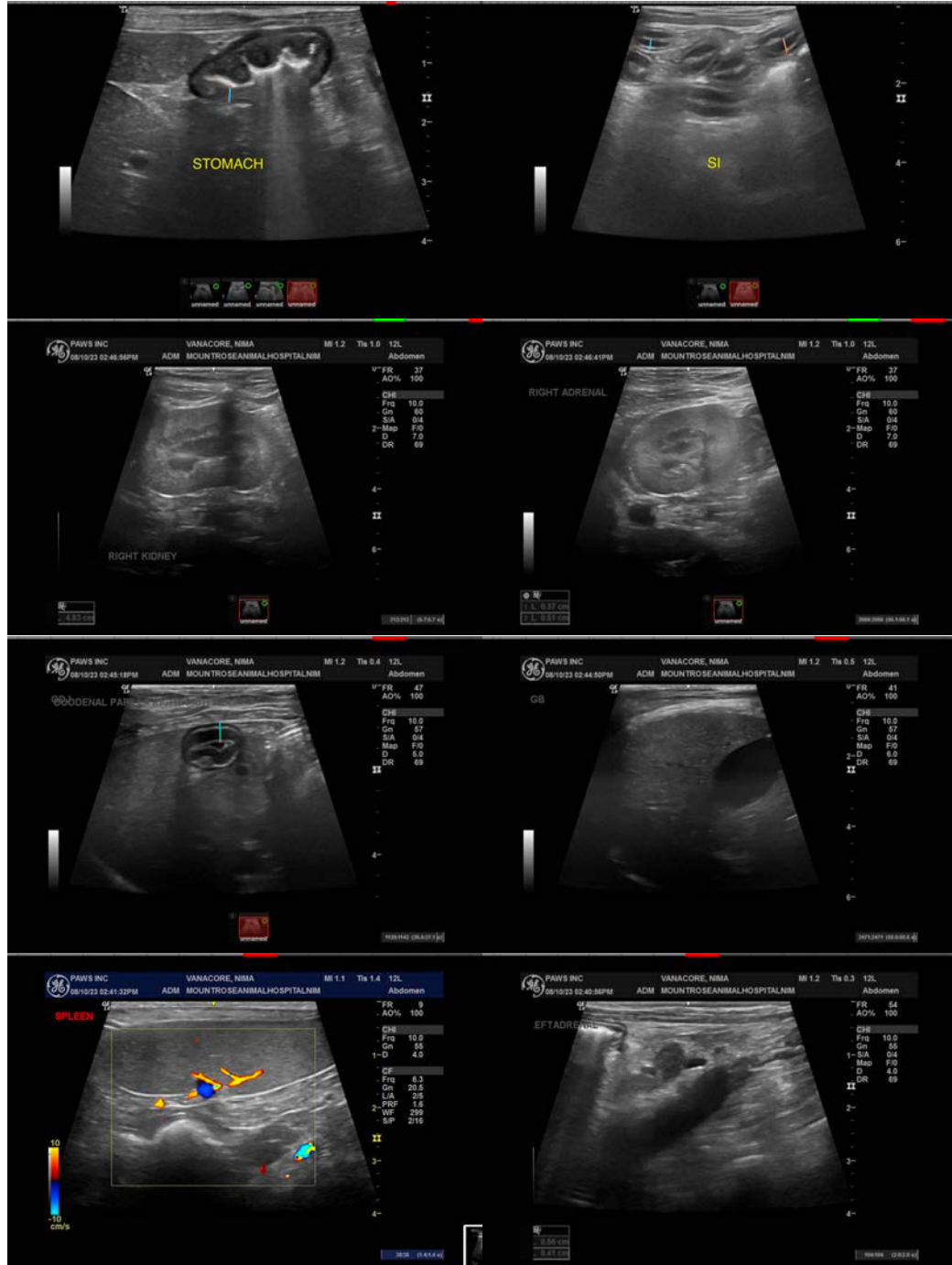
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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