



PATIENT PRESENTING CLINICAL SIGNS

Bubbles Tintle Owner adopted in early July 2023. Seen on 8/4/2023 for bruising on neck. No petechiae or ecchymosis noted elsewhere. Acting WNL. Huge spike in ALY from 184 in July to >4000 in August.

SPECIES

Abnormal PE/Chem/CBC/UA Results: See above and attached. Bruising resolved.

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Chihuahua X

Urinary System

SEX

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.

Spayed Female

AGE

The left kidney has a normal shape and size (3.73 cm) with non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

11 Years

WEIGHT

The right kidney has a normal shape and size. (3.8 cm) with non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

7.2

INTERPRETED BY

Adrenal Glands

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

The left adrenal gland is normal in size measuring 0.41 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

The right adrenal gland is normal in size measuring 0.32 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.

Dr. Christensen

Spleen

HOSPITAL NAME

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.

Tranquility VC

REFERRING VET

Liver

Dr. House

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.

INVOICE

44712

DATE

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

8/16/23



PATIENT *Gastrointestinal*

Bubbles Tintle The stomach contains mild fluid. It measures at a normal thickness of 0.60 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.

SPECIES

Canine

BREED

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. Duodenum wall measures 0.41 cm. Jejunum wall measures 0.33 cm. 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

11 Years

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.

WEIGHT

7.2

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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ULTRASONOGRAPHIC FINDINGS

- Non-obstructive nephroliths visualized in both kidneys – This is likely an incidental finding at this time. Recommend continued monitoring.
- Large debris visualized in the gallbladder – A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.
- Mild fluid visualized in the gastric lumen – This is likely incidental. Correlate with feeding/drinking history. Subjectively the gastric wall is slightly prominent for a small dog. This could be consistent with mild gastritis(?).

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Dr. Christensen

HOSPITAL NAME

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Dr. House

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Today's findings are relatively mild and largely of questionable significance. There is a large amount of debris visualized within the gallbladder with minimal surrounding inflammation. Consider starting Ursodiol therapy and continued monitoring of the gallbladder. Typically, significant cholecystitis would cause a significant elevation in ALP.

DATE

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The correlation between the ALT and the bruising, etc. is uncertain. You can see ALT spikes with envenomizations, trauma, etc. If this is persistent, consider a liver function test. Additionally, recommend measuring coagulation parameters. If vasculitis is suspected, you could consider a skin



PATIENT

biopsy, looking for inflammation around the superficial vessels. Recommend 3-view thorax.

Bubbles Tintle

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**IMAGING
PERFORMED BY**

Dr. Christensen

HOSPITAL NAME

Tranquility VC

REFERRING VET

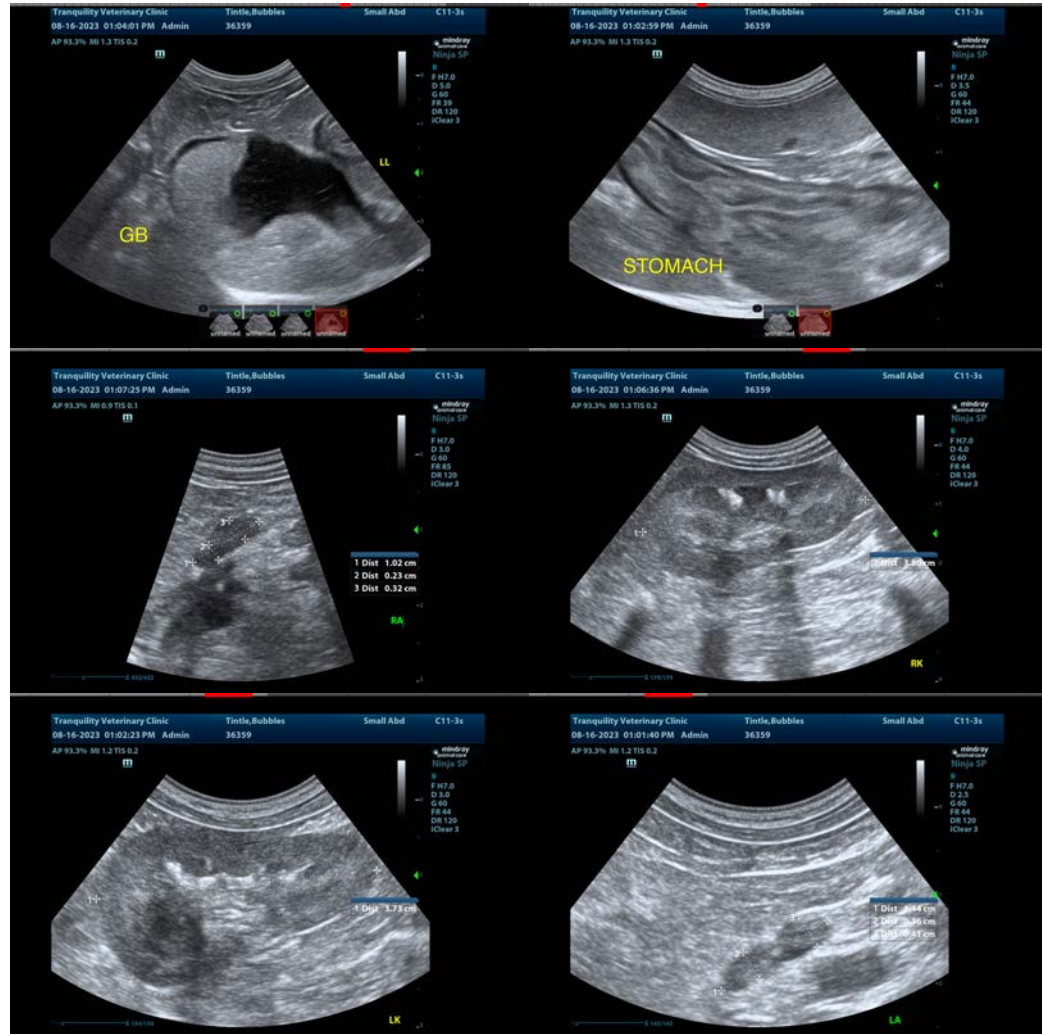
Dr. House

INVOICE

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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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