



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Marley Rolf
Hasn't been eating well at all. Has lost 1lb since last visit. Has been on Cytopoint for allergies and Gastro food.

SPECIES Abnormal PE/Chem/CBC/UA Results: T4 normal, elevated Triglycerides, kidney and liver values normal.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Coton de Tulear

The urinary bladder is minimally distended with anechoic urine. The Bladder wall appears diffusely mildly thickened and irregular at 0.46 cm. In the dependent portion of the urinary bladder, there are two moderate sized, hyperechoic, shadowing foci measuring 0.83, 0.72 cm, most consistent with two bladder stones. The area of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

SEX

Neutered Male

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.

AGE

10 Years

The left kidney has a normal shape and size (4.47 cm) with pinpoint non-obstructive nephroliths. 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 no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

15.3 Pounds

The right kidney has a normal shape and size (4.23 cm) with pinpoint non-obstructive nephroliths. 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 no evidence of pyelectasia, 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 measuring 0.63 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

Crystal Hill

The right adrenal gland is normal in size measuring 0.70 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

The Maples AH

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.

REFERRING VET

Dr. Kazienko

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.

INVOICE

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DATE

8/17/22

The gallbladder 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.



PATIENT

Gastrointestinal

Marley Rolf

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.

SPECIES

Canine

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. Duodenum wall measured 0.42 cm. Jejunum wall measured 0.38 cm with mild mucosal speckling. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Coton de Tulear

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.

SEX

Neutered Male

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.

AGE

10 Years

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.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

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- Dependent hyperechoic foci visualized within the urinary bladder – most consistent with calculi. Correlate with abdominal radiographs, urinalysis and culture.
- Prominent small intestine with mucosal speckling – Bright mucosal speckling has been proposed to represent dilated lacteals or focal accumulation of mucus, cellular debris etc.. in the mucosal crypts of the small intestine.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized to explain the anorexia noted. There are bladder stones present. This would be unlikely to cause anorexia, but could cause discomfort. Correlate with abdominal radiographs to determine the number of stones and size present. Additionally, recommend urinalysis and culture. If culture is positive, you could consider trying to dissolve these stones in the hopes that they are struvite. If the urine is sterile, these are unlikely to be struvite, and options are continued monitoring or removal via cystotomy, cystoscopy, etc.

REFERRING VET

Dr. Kazienko

The small bowel appears subjectively mildly thickened with some mucosal speckling. This is a non-specific finding but could be an indicator of underlying small intestinal disease. Consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to further evaluate for the possibility of underlying pancreatic or small intestinal disease.

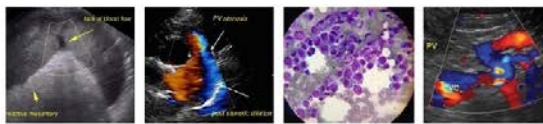
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Depending on the degree of hypertriglyceridemia present, some pets will not feel well. Confirm the presence with a strictly fasted (>12 hours, ideally 24 hours) sample. If persistent, start by instituting an ultra low-fat diet, screening for hypothyroidism, etc.

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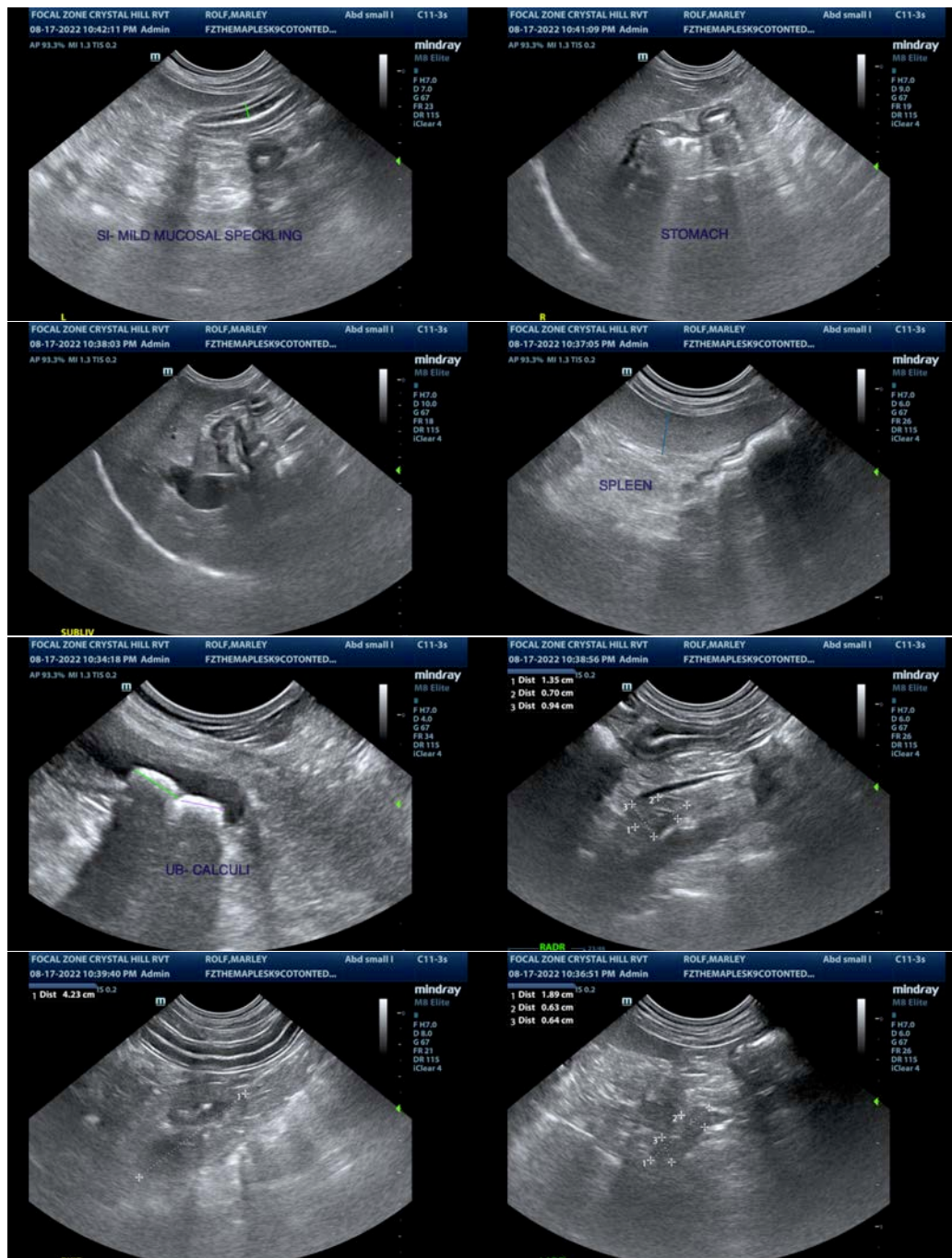
Dr. Kazienko

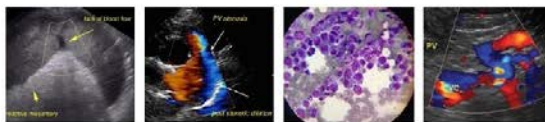
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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