

**PATIENT**

Callisto Pratt

**PRESENTING CLINICAL SIGNS**

Drinking, urinating, and defecating appropriately. Vomited once last week. Has not been eating much or at all over the past week, however, did eat last night. No c/s/d reported. Objective: \* Eyes - Lenticular sclerosis OU. \* Mouth - Moderate tartar and staining. Moderate attrition. \* Gastrointestinal - Hyporexia and vomiting reported. \* Musculoskeletal - Moderate atrophy of the epaxial muscles. \* BCS - 4/9 \* CBC - NSF \* Prep Profile - Elevated ALT. Assessment: Elevated ALT, open - r/o: primary liver disease vs endocrine disease vs age-related changes vs neoplasia vs other Moderate periodontal disease Hyporexia, open Gastritis, open Underweight Plan/Procedure: : \* Informed O of elevated ALT and risks associated with anesthesia. \* Recommended further workup (additional blood work, abd rads, and/or abd u/s) - O understands. Elects to postpone spay procedure today and will schedule for abd u/s. Possibly pregnant Sedated 0.1ml dex/torb each

**SPECIES**

Canine

**BREED**

Lab X

**SEX**

Intact Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**AGE**

11 Years

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**

57 Pounds

The left kidney has a normal shape and size (6.5 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

The right kidney has a normal shape and size (6.87 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

The left adrenal gland is normal in size measuring 0.75 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.

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The right adrenal gland is normal in size measuring 0.86 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**

**REFERRING VET**

Dr. Jeffrey Pearson

The spleen is large in size. The spleen echotexture is heterogenous and mottled, 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.

**INVOICE**

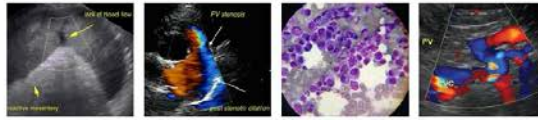
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**Liver**

The liver is large in size, with normal echogenicity and smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is an ill-defined, hypoechoic region visualized measuring 1.8 cm x 3.0 cm.

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Callisto Pratt 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.

**SPECIES**

***Gastrointestinal***

Canine

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.

**BREED**

Lab 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.)

**SEX**

Intact Female

Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**AGE**

11 Years

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.

***Pancreas***

**WEIGHT**

57 Pounds

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.

***Free Abdomen***

**INTERPRETED BY**

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

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.

***Other***

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

The ovaries are visualized and appear normal. A non-gravid uterus is evident.

A brief view of the heart was submitted. No pericardial effusion was seen.

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**PRIMARY FINDINGS**

- Large, mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Heterogeneous liver with ill-defined hypoechoic region – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

**REFERRING VET**

Dr. Jeffrey Pearson

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**SECONDARY FINDINGS**

- Non-gravid uterus

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The spleen is large, somewhat mottled, and appears irregular. Recommend fine needle aspirate. You could consider vector borne disease testing. Additionally the liver is irregular and there is an ill-defined, hypoechoic region. Consider fine needle aspirate of this area as well. Recommend 3-view thoracic radiographs. Recommend liver function test and testing for Leptospirosis. If liver function is abnormal, and cytology of the liver is not diagnostic, you could consider a spay with biopsy of the liver for histopathology, copper levels and culture. Depending on FNA results you could also consider splenectomy or splenic biopsy. There is no evidence of a pregnancy at this time.

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**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

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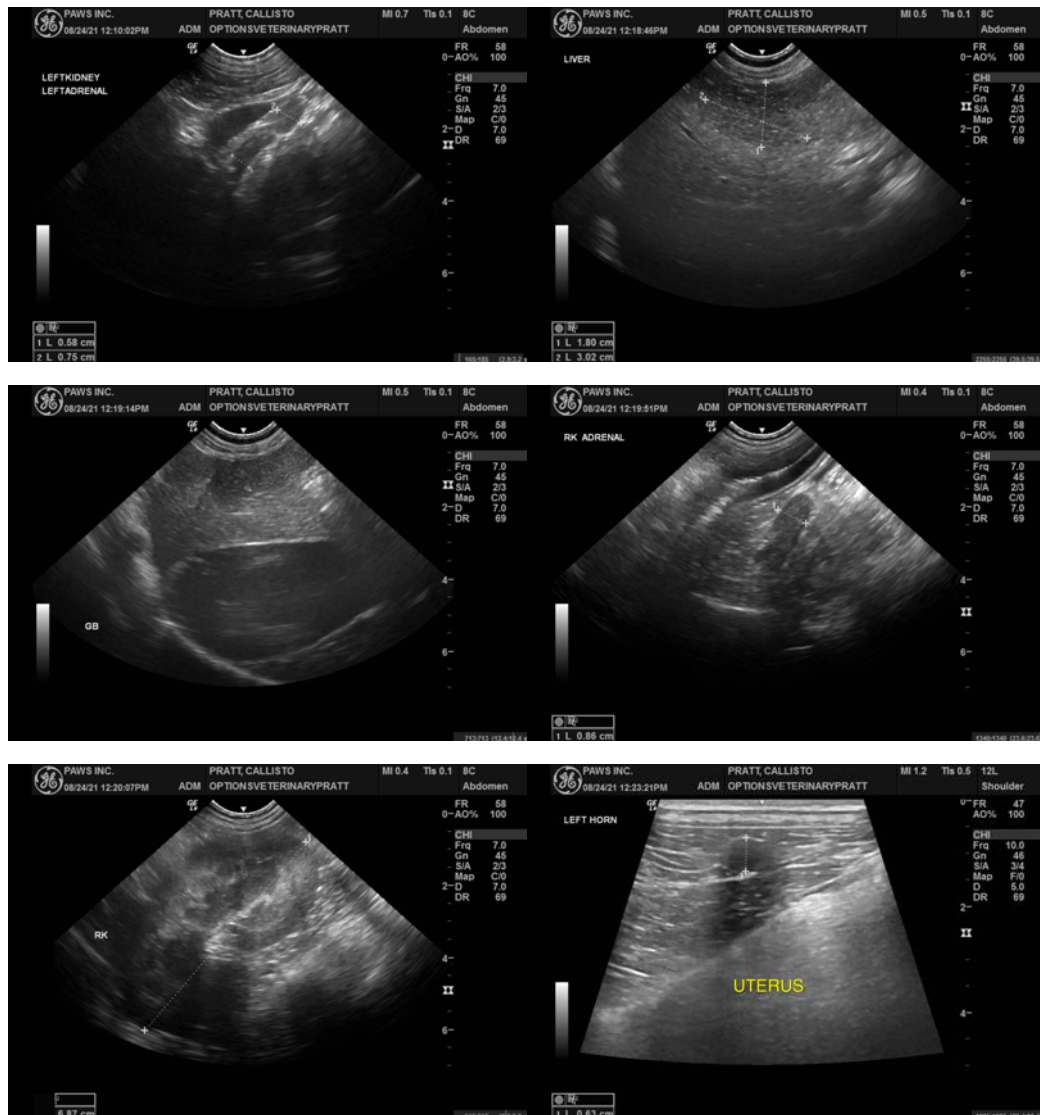
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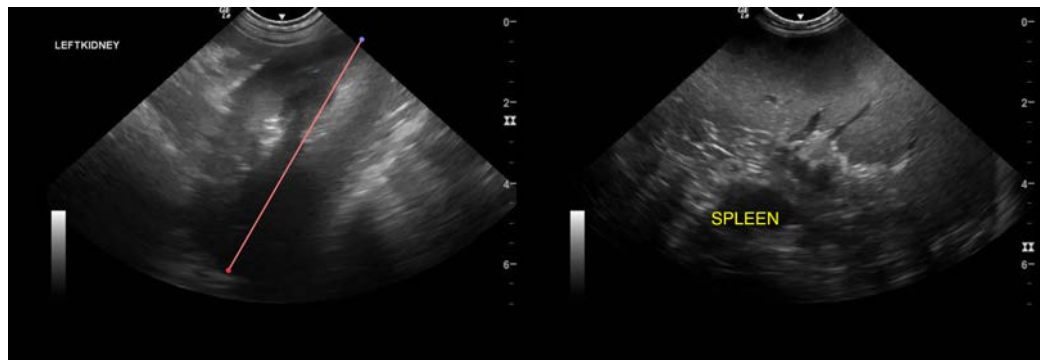
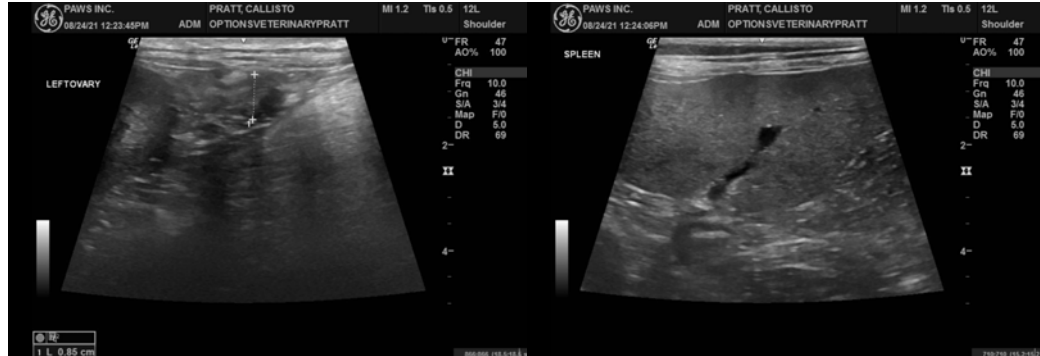
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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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Lab X

kathleen.sennello@sonopath.com

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