



**PATIENT**

Suzie Koeller

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Spayed Female

**AGE**

13 ½ years

**WEIGHT**

28.5 lbs

**PRESENTING CLINICAL SIGNS**

History: Suzie presented for vomiting, diarrhea and lethargy. She had a history of pancreatitis so GI support meds started. Dog was not hospitalized. The day after the visit she was eating and behaving normally. O then recalled that her vomiting episodes have increased over the last 4 months. All liver values elevated - see attached blood work cPLI snap test was normal

**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 (5.12 cm). Overall echogenicity is slightly hyperechoic with poor 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.

The right kidney has a normal shape and size (4.94 cm). Overall echogenicity is slightly hyperechoic with poor 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)

**IMAGING PERFORMED BY**

Dr. Whitcraft

**HOSPITAL NAME**

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**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.65 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 0.63 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 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.

**Liver**

The liver is subjectively (normal, large, small, normal/large, normal/small) in size, and echogenicity with 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. In some areas the parenchyma is irregular enough to border on ill-defined, hypoechoic nodules. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface.



<b>PATIENT</b>	There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.
Suzie Koeller	
<b>SPECIES</b>	<b>Gastrointestinal</b>
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.
<b>BREED</b>	
Beagle	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 and the jejunum measured as normal (0.24 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.
<b>SEX</b>	
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.
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<b>INTERPRETED BY</b>	<b>Pancreas</b>
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)	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.
<b>IMAGING PERFORMED BY</b>	<b>Free Abdomen</b>
Dr. Whitcraft	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.
<b>HOSPITAL NAME</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Craig Road AH	<b>PRIMARY FINDINGS:</b>
<b>REFERRING VET</b>	<ul style="list-style-type: none"> <li>Heterogenous liver with indistinct hypoechoic nodules. 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.</li> <li>Mottled spleen. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytoplogy or histopathology would be necessary to get a definitive diagnosis.</li> <li>Large dilated gallbladder with a large amount of gallbladder sludge. Findings are consistent with severe gallbladder debris or very early mucocele.</li> </ul>
Dr. Whitcraft	<b>SECONDARY FINDINGS:</b>
<b>INVOICE</b>	<ul style="list-style-type: none"> <li>Decreased corticomedullary distinction in both kidneys. The bilateral renal findings are</li> </ul>
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**PATIENT** consistent with age-related change.

Suzie Koeller

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Canine

The liver is large and irregular, almost nodular in appearance and the gallbladder is distended with thickened bile, but the wall appears relatively healthy and there is no surrounding inflammation. I suspect that this is a primary hepatopathy. The gallbladder changes are severe enough that they can be playing a role as well. Initially I would consider testing for Leptospirosis, FNA or liver and spleen (if coagulation parameters are normal) and symptomatic treatment for acute liver injury including antibiotics, Ursodiol, Denamarin, nausea medications, etc. Depending on the response to therapy and continued monitoring of the gallbladder with ultrasound, this could be managed medically or alternately a surgical biopsy could be performed of the liver +/- gallbladder removal depending on intraoperative evaluation. I recommend three view thoracic radiographs.

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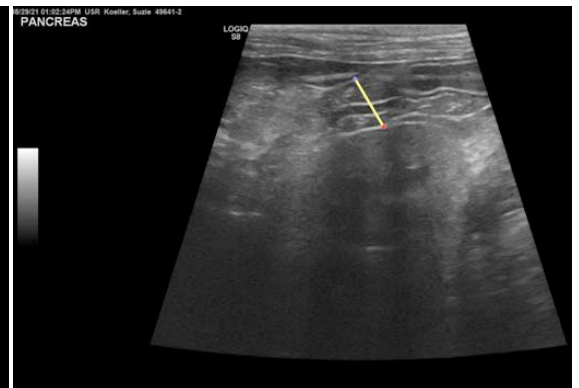
The pancreas was visualized and does not appear overtly inflamed, but sometimes ultrasound does not correlate with the clinical signs then consider a quantitative PLI test and continued medical management (this overlaps quite a bit with management for acute liver injury) in order to cover all basis, but I do not think that this is exclusively pancreatitis.

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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.

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Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)  
kathleen.sennello@sonopath.com

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