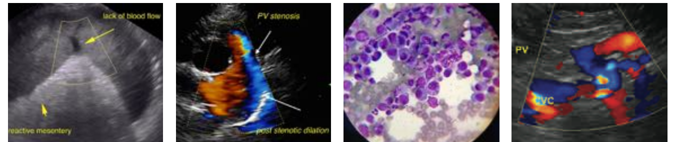
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Xena Pike

SPECIES
Canine

BREED
Rottweiler Mix

SEX
Spayed Female

AGE
8 years

WEIGHT
75 lbs

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

IMAGING PERFORMED BY
Dr. Mengine

HOSPITAL NAME
Stoney Creek VH

REFERRING VET
Dr. Mengine

INVOICE
91805

DATE
9/14/21

PRESENTING CLINICAL SIGNS

History: Vomiting intermittently since ~ 9/1 - 1 to 2 times per day, most days, bile and food. No diarrhea, normal appetite. CBC / Chem WNL except ALP 1634 (has been slowly going up for years), ALT still low-normal. CPL normal. U/A = SpGr 1.41, all 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 (6.1 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.

The right kidney has a normal shape and size (6.34 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

The left adrenal gland is normal in size measuring 0.45 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.

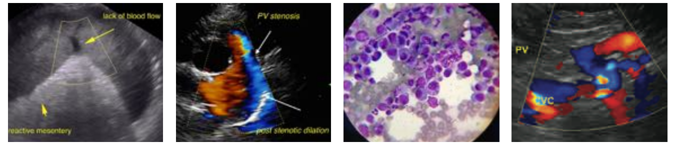
The right adrenal gland is normal in size measuring 0.65 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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/subjectively 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. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Xena Pike

SPECIES

Canine

BREED

Rottweiler Mix

SEX

Spayed Female

AGE

8 years

WEIGHT

75 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mengine

INVOICE

91805

DATE

9/14/21

and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

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.

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 (0.51 cm) and the jejunum measured as normal (0.4 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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

The region 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.

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.

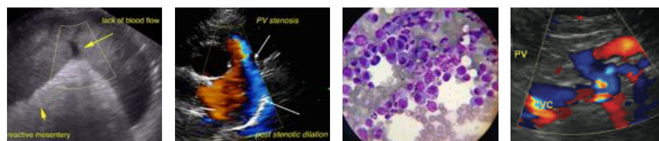
ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

Heterogenous liver. 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. The liver seems subjectively small for this size of dog, correlate with abdominal radiographs to better judge the hepatic size.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious cause for the reported vomiting and liver enzyme elevation is not identified. No focal lesions were observed with the small intestine or stomach. Correlate with abdominal radiographs as ultrasound can be insensitive in picking up some types of foreign material. I recommend a liver function test to further evaluate the liver as it appears subjectively small. If metabolic testing is fairly normal and you have ruled out liver dysfunction, Addison's disease, etc. then consider primary intestinal causes of vomiting such as GI parasitism, dietary indiscretion, mild pancreatitis, bacterial dysbiosis, food allergy,



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Xena Pike

SPECIES

Canine

BREED

Rottweiler Mix

SEX

Spayed Female

AGE

8 years

WEIGHT

75 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mengine

INVOICE

91805

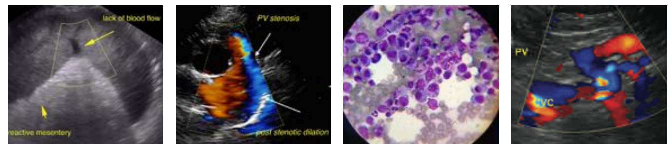
DATE

9/14/21

IBD and less likely intestinal neoplasia.

I recommend symptomatic therapy and close monitoring. If symptoms persist then:

- Reevaluate and consider surgery/endoscopy to obtain biopsies and evaluate for foreign material.
- Consider a diet trial with a novel protein/hydrolyzed prescription diet.
- Consider a GI panel to evaluate for B12 deficiency, quantitative PLI and folate levels.



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Xena Pike

SPECIES

Canine

BREED

Rottweiler Mix

SEX

Spayed Female

AGE

8 years

WEIGHT

75 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

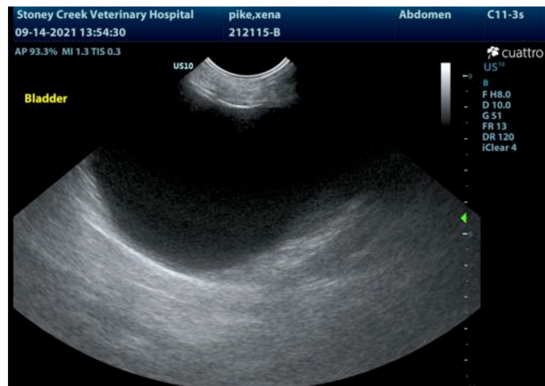
Dr. Mengine

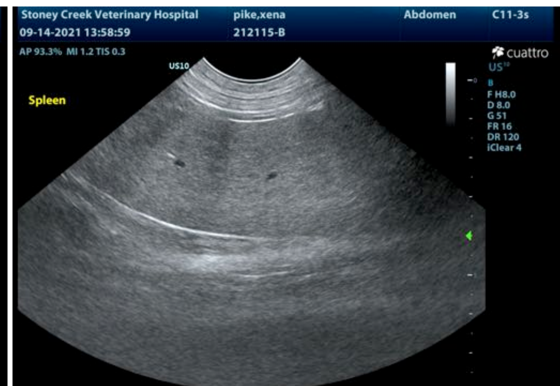
INVOICE

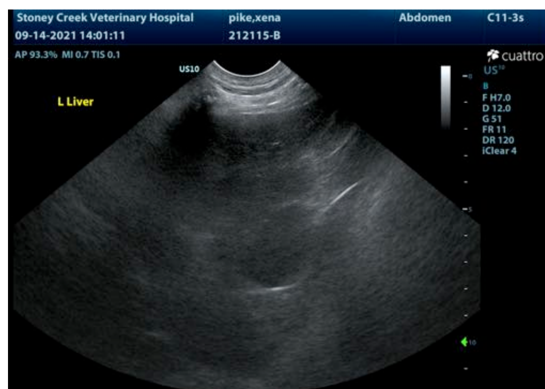
91805

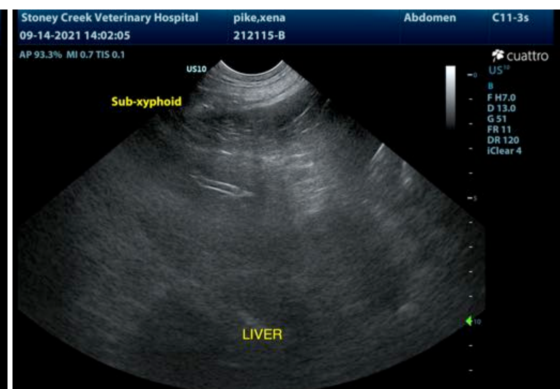
DATE

9/14/21









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.

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)
kathleen.sennello@sonopath.com