**PATIENT**

Mazey Volley 43280

**SPECIES**

Canine

**BREED**West Highland  
White Terrier**SEX**

Spayed Female

**AGE**

6 Years 3 Months

**WEIGHT**

8.9 kg

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

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**Madison Veterinary  
Specialists – Dr. Maller**INVOICE**

41688

**DATE**

9/27/22

**PRESENTING CLINICAL SIGNS**

Mazey has been dealing with chronic diarrhea and hyporexia since April. Owners have taken her to pcDVM several times since then to have her evaluated, including for an AUS on 5/9/22 which revealed mildly infiltrative small intestinal disease and gallbladder sludge. Owners have tried various diets, including prescription and homemade bland diets and a hydrolyzed protein diet. Mazey will occasionally take nibbles of some of the foods, but will not eat anything consistently. Most recently pcDVM told owners to try offering anything to Mazey to see if she has any interest, but Mazey will even refuse most human food they offer. Her diarrhea has been consistent since April and has always been very dark in color. Owners noted that she has been scooting on her hind end constantly since April as well. She vomits bile once in a while, but not on a regular basis. Her energy level is still pretty good, though maybe a little less than normal. She has not been losing weight.

**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 (4.26 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.04 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.50 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 0.48 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.

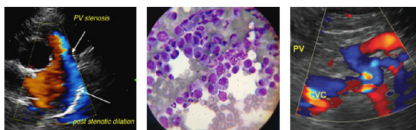
**Spleen**

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 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.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

**PATIENT**

Mazey Volley 43280

**SPECIES**

Canine

**BREED**West Highland  
White Terrier**SEX**

Spayed Female

**AGE**

6 Years 3 Months

**WEIGHT**

8.9 kg

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

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**Madison Veterinary  
Specialists – Dr. Maller**INVOICE**

41688

**DATE**

9/27/22

***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 uniform diameter with minimal fluid distension. Wall thickness is moderately increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Duodenum wall measures 0.47 cm. Jejunum wall measures 0.34 cm. Areas of mild mucosal speckling noted. 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 (0.17 cm). Sections of colon are visualized with nonformed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

***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.

***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The medial iliac lymph nodes are observed. The left is normal at 0.38 cm. The right is slightly larger and mottled with some focal hypoechoic areas measuring 0.47 cm (one of the hypoechoic areas measures at 0.31 cm). The omentum is generally of normal echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

- Mildly reduced corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Mildly thickened small intestine with mild mucosal speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.
- Prominent, mottled (almost nodular) right medial iliac lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

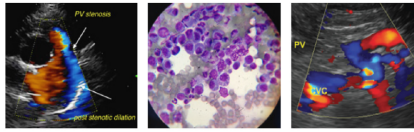
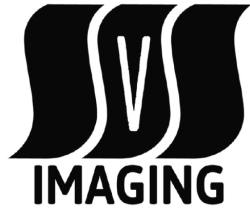
The changes in the kidneys are relatively mild and could be within normal limits for this individual. Correlate with SDMA levels and urine specific gravity.

No focal bowel lesions are observed but there is some slightly thickened small intestine and some mild mucosal speckling. Given the history provided and the chronicity of the symptoms combined with the lack of response to dietary therapy, I would recommend a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate, chronic probiotic therapy, and obtaining biopsies of the upper and lower GI tract. I would also consider a baseline cortisol to rule out Addison's disease and evaluation of any metabolic contributing factors.

The right medial iliac appears somewhat irregular and heterogeneous. The significance of this is unclear at this time. Recommend rectal palpation to rule out any anal gland tumors, etc. Provided this is normal, consider continued monitoring, as this could be reactive change, less likely early metastatic disease.

IMAGING PERFORMED BY

SVS Mobile Imaging CT 262-366-5970  
fredgromalak@gmail.com



**PATIENT**

Mazey Volley 43280

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

**SPECIES**

Canine

**BREED**

West Highland  
White Terrier

**SEX**

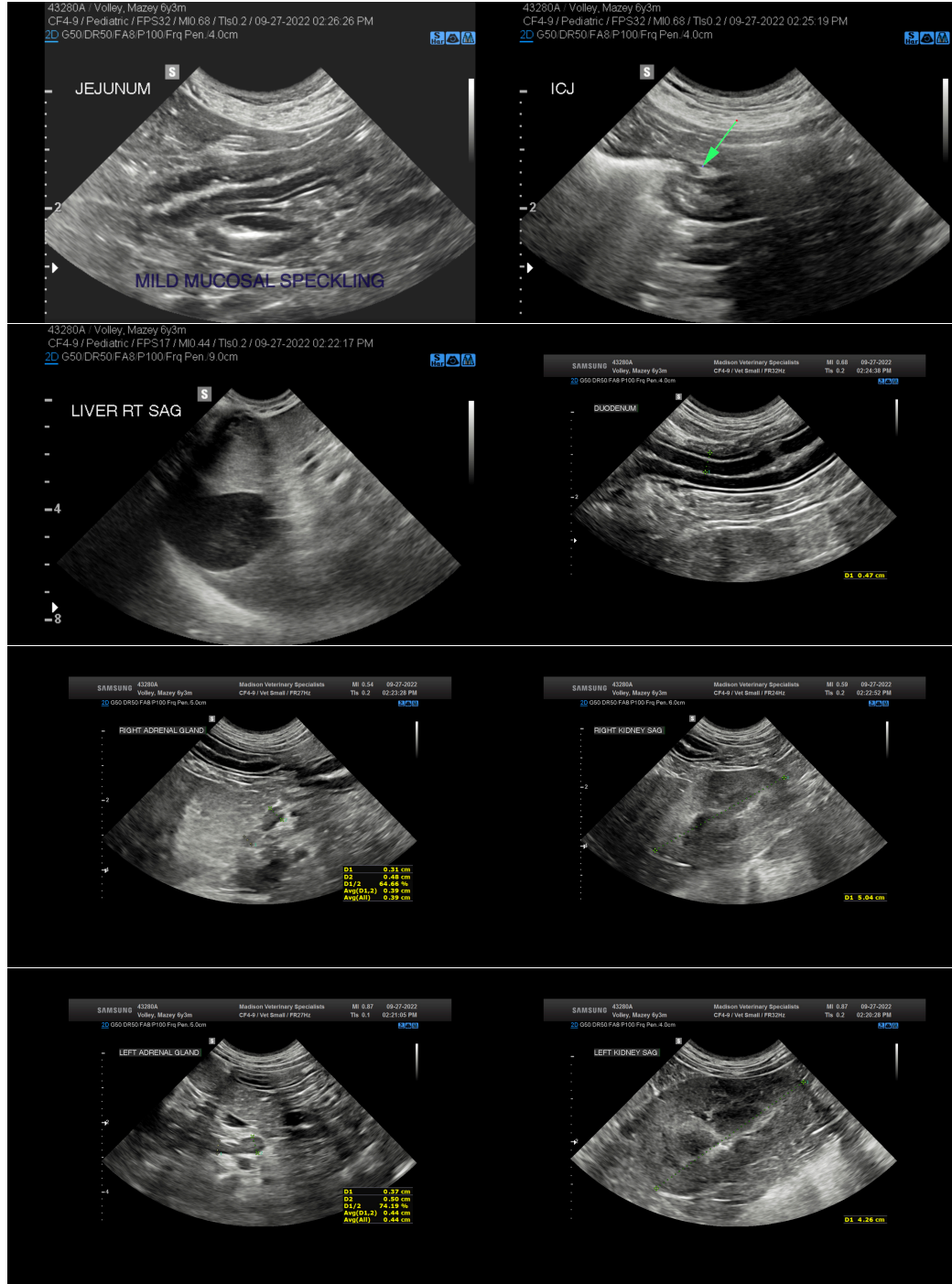
Spayed Female

**AGE**

6 Years 3 Months

**WEIGHT**

8.9 kg



**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Madison Veterinary  
Specialists - Dr. Maller

**INVOICE**

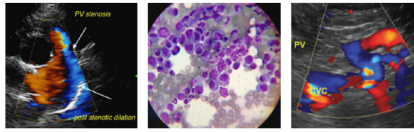
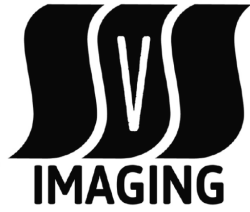
41688

**DATE**

9/27/22

**IMAGING PERFORMED BY**

SVS Mobile Imaging CT 262-366-5970  
fredgromalak@gmail.com



**PATIENT**

Mazey Volley 43280

**SPECIES**

Canine

**BREED**

West Highland  
White Terrier

**SEX**

Spayed Female

**AGE**

6 Years 3 Months

**WEIGHT**

8.9 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

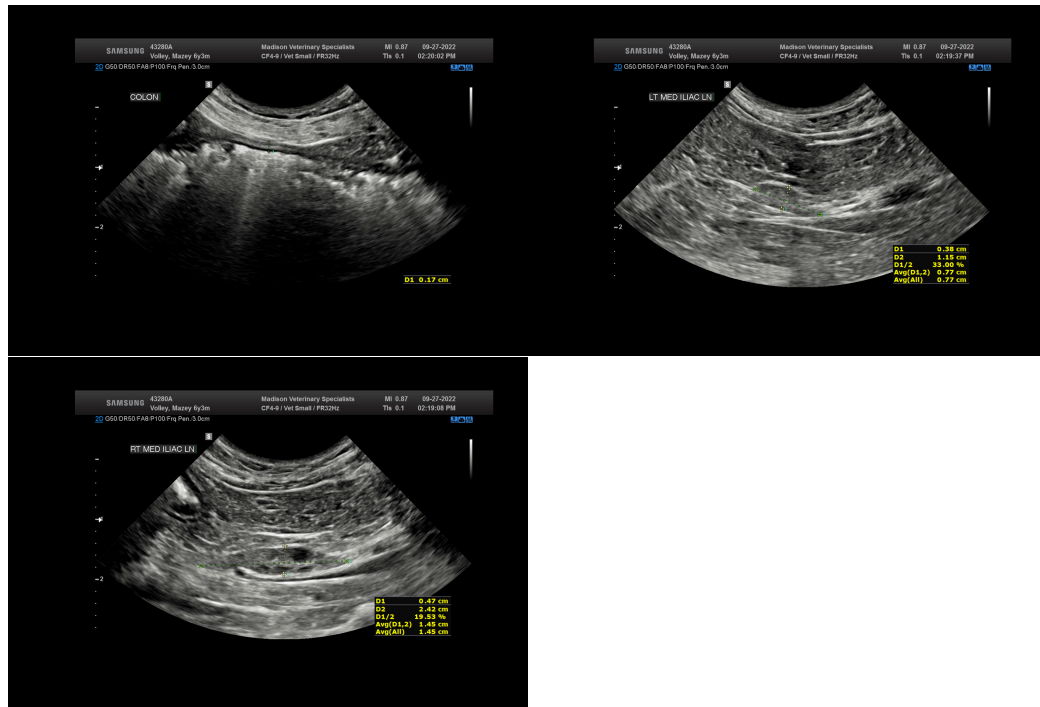
Madison Veterinary  
Specialists - Dr. Maller

**INVOICE**

41688

**DATE**

9/27/22



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.

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

kathleen.sennello@sonopath.com