

**PATIENT**

Lady Sink

SPECIES

Canine

BREED

Mini Aussie

SEX

Spayed Female

AGE

11 Years

WEIGHT

14.5 Pounds

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

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

41057

DATE

9/6/22

PRESENTING CLINICAL SIGNS

Recheck AUS (last performed 7/12/22) since starting Ursodiol. This past Wednesday, patient vomited partially digested kibble twice and had diarrhea with small amount blood and mucous. Treated outpatient with Pepcid and Metronidazole. Symptoms have resolved, although patient no longer will eat RC GI LF, but will eat Hills GI Biome very well.

Abnormal PE/Chem/CBC/UA Results: 1/2lb weight loss noted. Current BW and fecal pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is diffusely mildly thickened, and the mucosa is mildly irregular. The trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of severe mucosal irregularities, masses or cystic calculi. Findings are most consistent with bacterial cystitis or lack of urine distention. Recommend urinalysis and culture.

The left kidney has a normal shape and size (3.88 cm) with small mineralizations. Overall echogenicity is normal with adequate 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.67 cm) with small mineralizations. Overall echogenicity is normal with adequate 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 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 0.45 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 mildly 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 gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris and some areas have early mucosal stranding and organization of the debris into an early mucocele. There is a large amount of primarily non-organized echogenic debris present as well. The bile duct is visualized and appears relatively normal at 0.28 cm.

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Gastrointestinal

The stomach contains a moderate to large amount of fluid/ingesta. 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 mild to moderately increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Duodenum wall measures 0.44 cm. Jejunum wall measures 0.28 cm. There is mild mucosal speckling noted in the duodenum. 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 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.

PRIMARY FINDINGS

- Early gallbladder mucocele – A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.
- Mild mucosal speckling of the duodenum – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

SECONDARY FINDINGS

- Mildly irregular/thickened urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Small mineralizations in both kidneys – The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.
- Mildly heterogeneous 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.
- Fluid and ingesta distended stomach – Most consistent with a recent meal.

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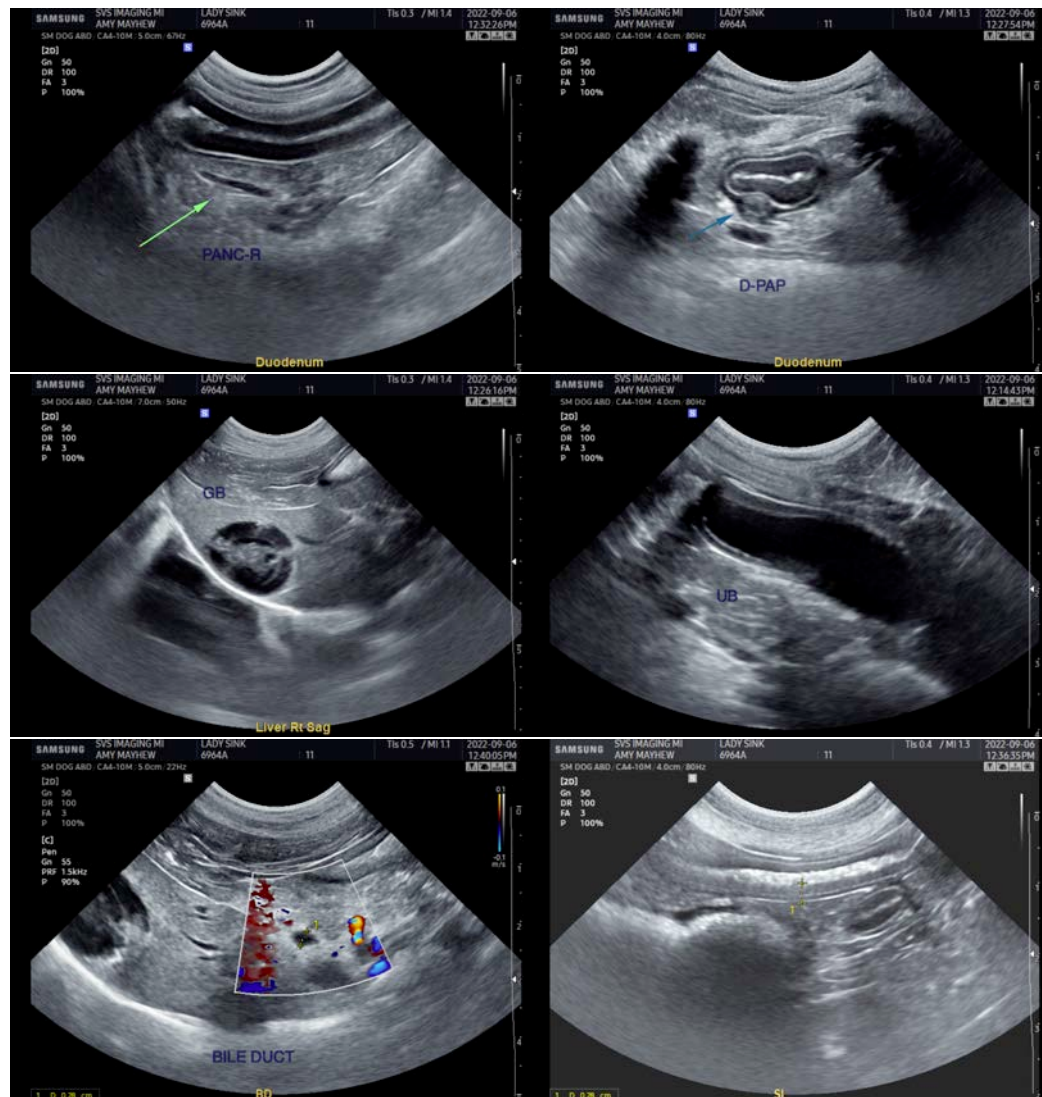
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder appears similar to the previous scan 7/12/22. Correlate with bloodwork. If there is significant improvement, then consider reevaluation in 4-6 months. I am not 100% convinced that the symptoms reported are secondary to the gallbladder, but this could progress to a surgical lesions. Options moving forward would include:

- Surgical removal of the gallbladder and obtaining GI biopsies to better determine what is going on and to remove the abnormal gallbladder. If liver enzyme elevations are present, I would consider biopsy of the liver at the same time.
- Alternately, you could consider continued monitoring of the gallbladder, continuing Ursodiol and symptomatic therapy for the GI symptoms.
- A novel protein/hydrolyzed protein prescription diet could be considered. Additionally, if this pet is very picky, you could consider consultation with a veterinary nutritionist to formulate a homemade low-fat/novel protein diet. In the very least, continued monitoring of bloodwork is recommended, and a recheck ultrasound of the gallbladder if there are further elevations or if clinical signs develop.



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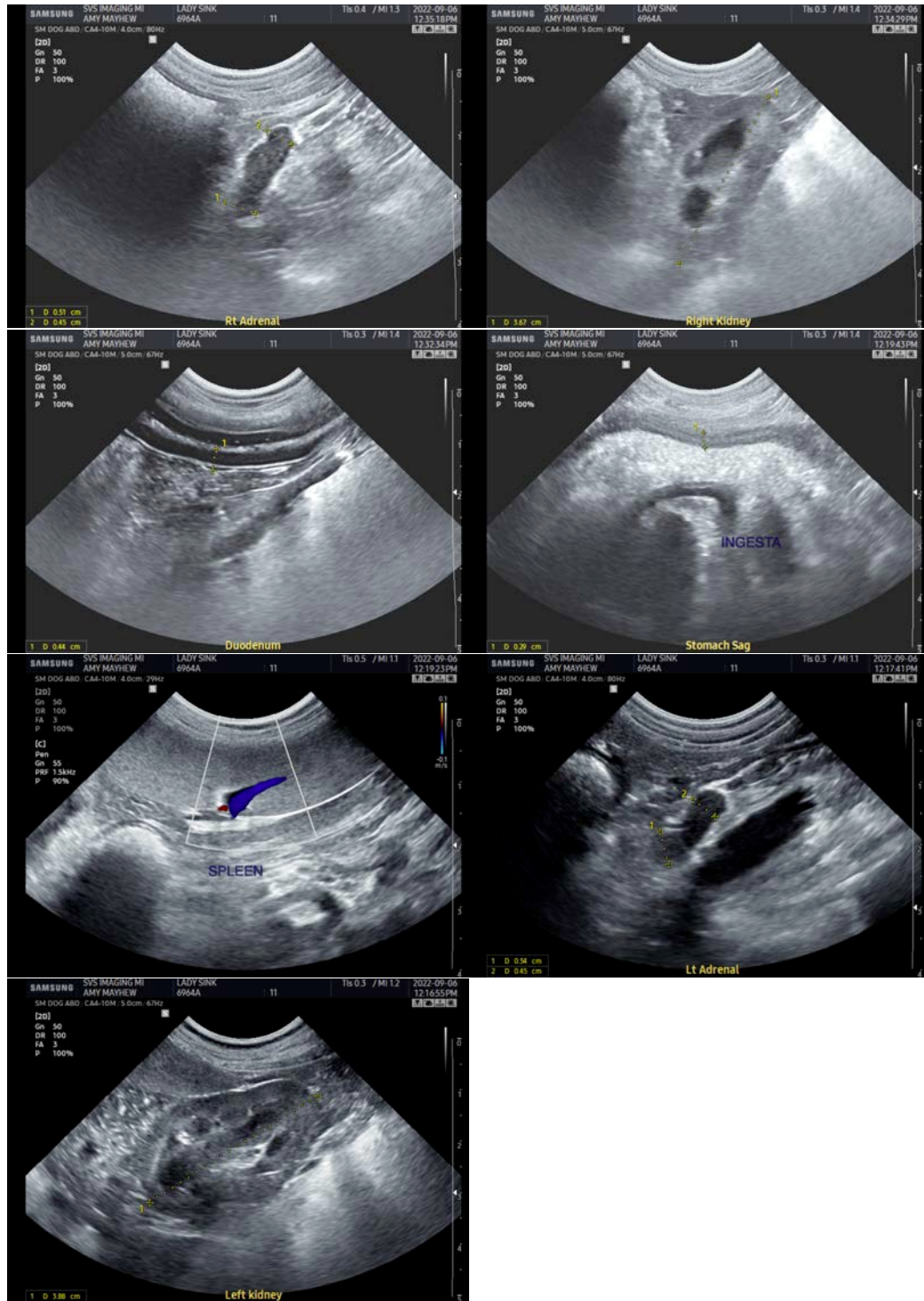
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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