



PATIENT

Nola Keller

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Lab

SEX

Intact Female

AGE

12 Years

WEIGHT

60 Pounds

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Sierra Animal Wellness

REFERRING VET

Dr. Peggy Roberts

INVOICE

25253

DATE

9/8/21

DOB 7/1/09 FI Lab BW 63.2# presented 9/3/21 for vomiting and weight loss. Last estrus 1 year ago. Last litter of pups 5 years ago. Mms very pale. blood work: Hct 19% lab work forwarded from Idexx. Abd xrays: radiologist review forwarded in separate email. treatment cerenia, cephalexin, omeprazole. according to client no longer vomiting. Current weight today: 60#
Abnormal PE/Chem/CBC/UA Results: rads clusion Impression of a colitis with suspicion of impending small volume diarrhea. There is gastric ingesta present. Although there are no features of gastric outflow or small bowel obstruction at this time, gastric ingesta in an actively vomiting patient who has not recently eaten would be unexpected, prompting consideration that foreign material may be present. Suggest supportive medical therapy with recheck fasting radiographs in 10 to 12 hours or overnight to assess for satisfactory and complete gastric emptying. Uterine enlargement is not detected. Consider abdominal ultrasound as additional imaging diagnostics.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. In the apical and ventral portions of the urinary bladder, the wall appears somewhat irregular and thickened at 0.67 cm. In the area of the trigone, ureteral papillae and visible urethra (to a depth of 2cm) the wall appears normal with no mucosal irregularities, masses, or cystic calculi. These findings are most consistent with cystitis.

The left kidney has a normal shape and size (5.6 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 hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (6.68 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.66 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 0.77 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. There is an ill-defined, hypoechoic nodule measuring 0.8 cm x 0.49 cm in the mid body of the spleen. Additionally, there is a 0.36 cm hypoechoic nodule in the cranial aspect of the spleen.



PATIENT

Nola Keller **Liver**

The liver is subjectively normal 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.

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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.

Gastrointestinal

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Intact Female

The stomach contains minimal luminal contents. It generally measures at a normal thickness of 0.32 cm with normal distinction of gastric layering. There is a focal area of bowel wall that appears thickened and hypoechoic with a loss of layering measuring up to 1.4 cm. Mucosa appears irregular in this area, causing concern for a focal gastric lesion (mass, granuloma, ulcer, other). The mesentery and lymph nodes surrounding this area of stomach are inflamed/enlarged.

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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. Duodenum wall measured 0.28 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

WEIGHT

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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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Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a moderate mesenteric lymphadenopathy. Cranial abdominal lymph nodes (primarily the gastric lymph nodes) are severely enlarged and hypoechoic, measuring 1.55 cm x 2.25 cm and 0.94 cm. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation.

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The omentum is of increased echogenicity in the cranial abdomen, particularly around the abnormal gastric wall.

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Other

The left and right ovaries are visualized and appear normal.

PRIMARY FINDINGS

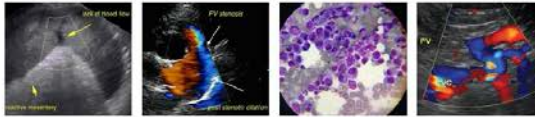
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- Focal gastric wall thickening – concerning for infiltrative disease (neoplasia, fungal infection, granuloma, ulcer, etc.).

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Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY

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- Mottled spleen with rare hypoechoic nodules – 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.

SPECIES

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- 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.

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- Cranial mesenteric lymphadenopathy – most consistent with either secondary inflammation or metastasis.

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- Mild irregularity of urinary bladder mucosa – 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. Recommend urinalysis and culture and sensitivity.

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SECONDARY FINDINGS

- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

WEIGHT

60 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM

The gastric wall changes are concerning as a possible source of the anemia (particularly if indices are consistent with an iron deficiency anemia). Options to further evaluate this area include upper GI endoscopy for surgical evaluation. There is a high concern for neoplasia based on the local lymphadenopathy and the mass effect, but benign ulceration can cause severe inflammation as well. Recommend 3-view thoracic radiographs.

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Additionally, there are some small nodules in the spleen, and both the spleen and liver are heterogeneous/mottled. This is a non-specific finding. Consider fine needle aspirate of the spleen +/- liver, and if able to reach a gastric lymph node, that could be helpful.

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If iron deficiency anemia is suspected, consider measuring iron levels and supplementation of iron if values are low in addition to a blood transfusion.

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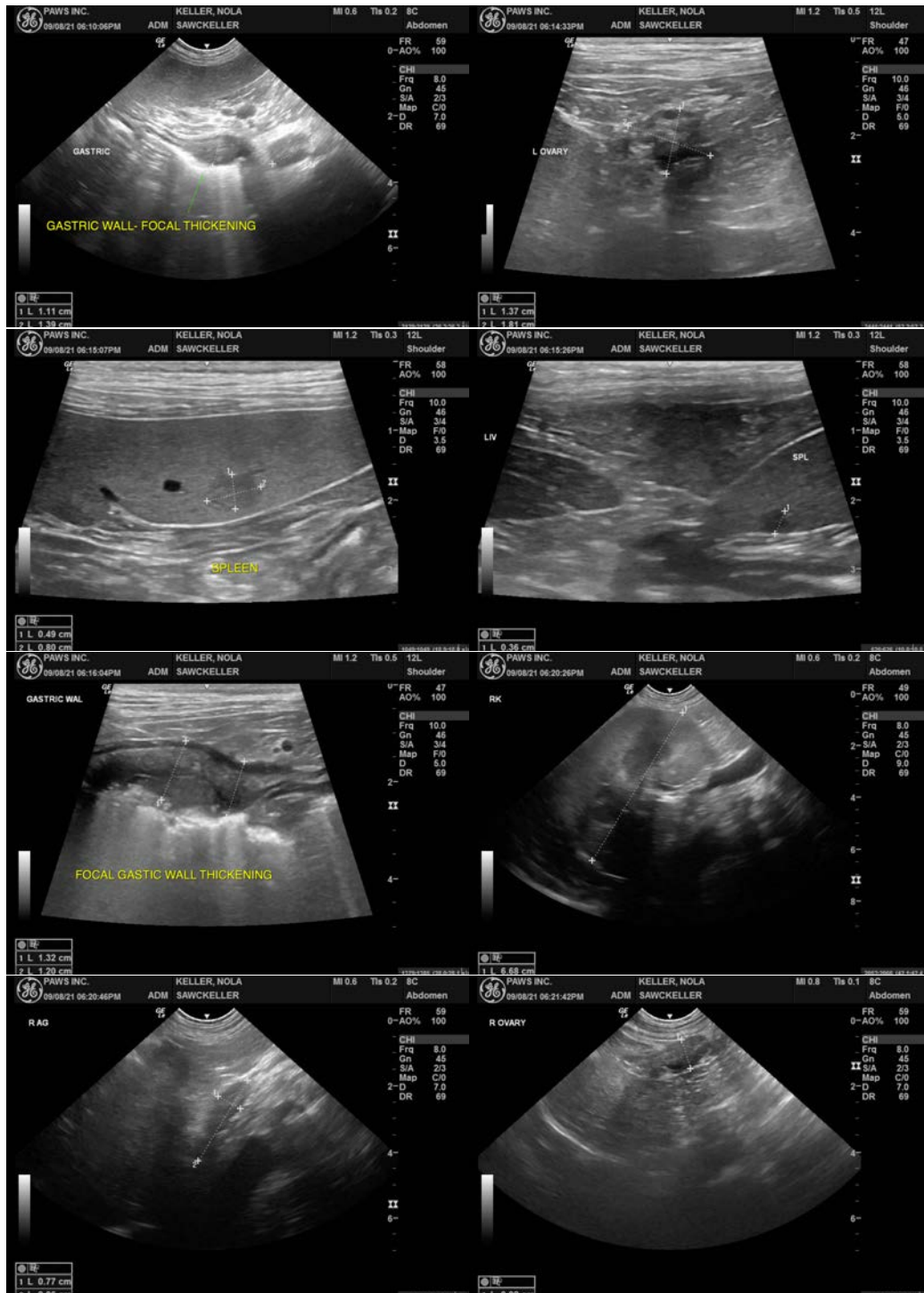
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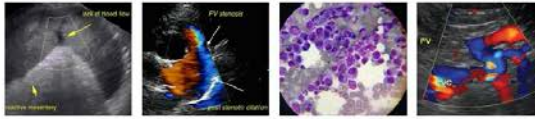
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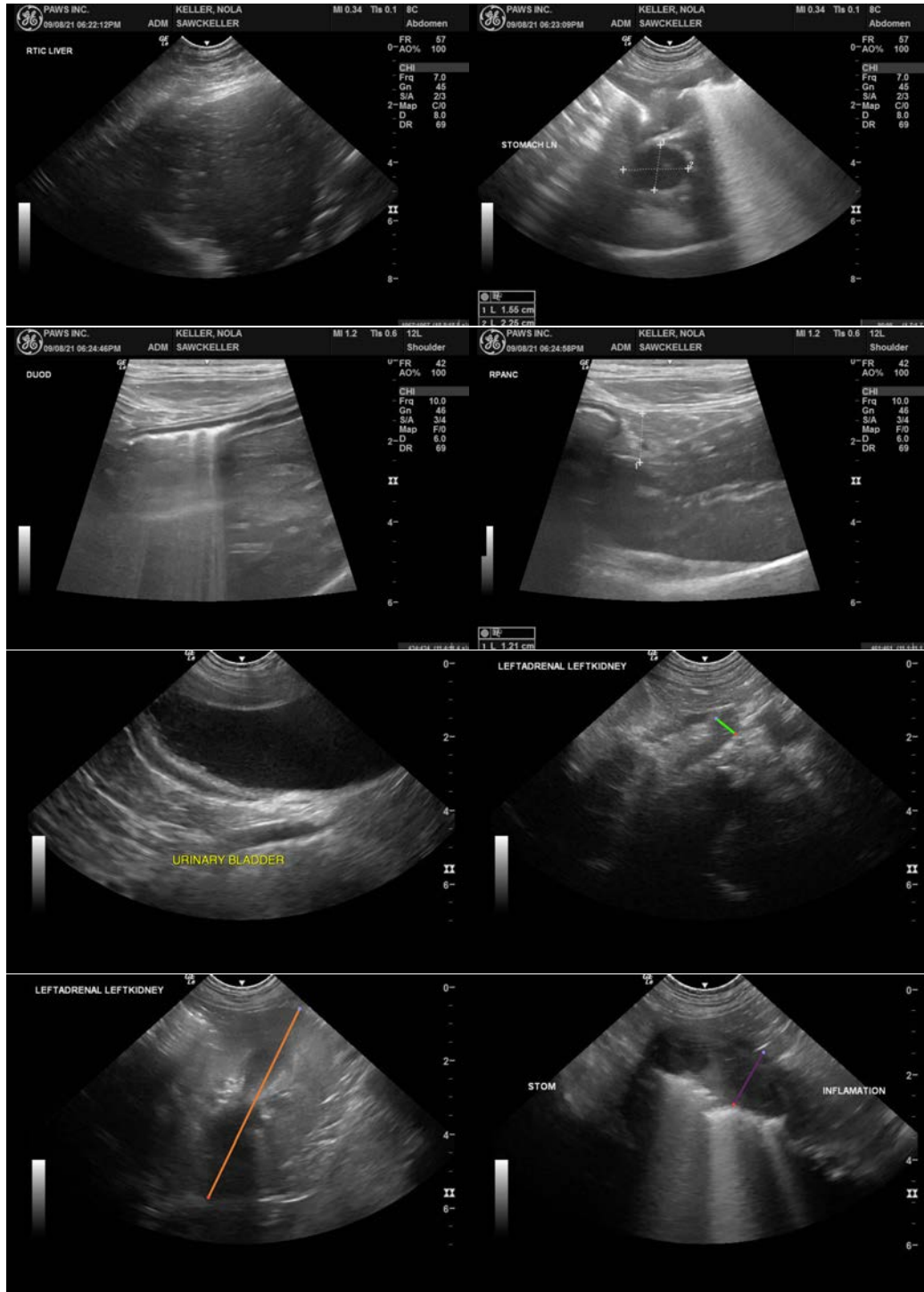
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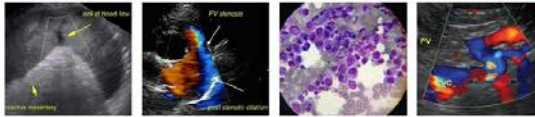
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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