



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Roxy Sabot  
**SPECIES** Canine  
**BREED** Yorkie  
**SEX** Spayed Female

**PRESENTING CLINICAL SIGNS**  
History: Cardiac heart murmur, wanting to assess for anesthetic risk. Abdominal - intermittent soft bloody stool.  
Abnormal PE/Chem/CBC/UA Results: CBC normal other than mildly low MCH and Reticulocytes. WBC very mildly elevated. Chemistry and Spec CPL 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.

**AGE** 13 years  
The left kidney has a normal shape and size (2.6 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.

**WEIGHT** 2.3 kg  
The right kidney has a normal shape and size (3.3 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)

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.81 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.

**IMAGING PERFORMED BY**

Crystal Hill

The right adrenal gland is normal in size measuring 0.44 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.

**HOSPITAL NAME**

Wellington AH

**Spleen**

**REFERRING VET**

Dr. Dennis

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.

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**Liver**

**DATE**

8/26/21

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. There is a 2.65 x 1.55 cm hypoechoic nodule visualized deep to the gallbladder. The gallbladder lumen is moderately



**PATIENT**

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.

Roxy Sabot

**SPECIES**

**Gastrointestinal**

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.

**BREED**

Yorkie

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 (0.23 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SEX**

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.

**AGE**

13 years

**Pancreas**

**WEIGHT**

2.3 kg

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.

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**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild lymphadenomegaly present (mesenteric lymph nodes are prominent and measure 0.25 cm, 0.28 cm). There was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

**IMAGING PERFORMED BY**

Crystal Hill

**ULTRASONOGRAPHIC FINDINGS**

**HOSPITAL NAME**

Wellington AH

**PRIMARY FINDINGS:**

**REFERRING VET**

Dr. Dennis

- Mildly heterogenous liver with hypoechoic nodules/mass. 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.
- Decreased corticomedullary distinction in both kidneys. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Mild mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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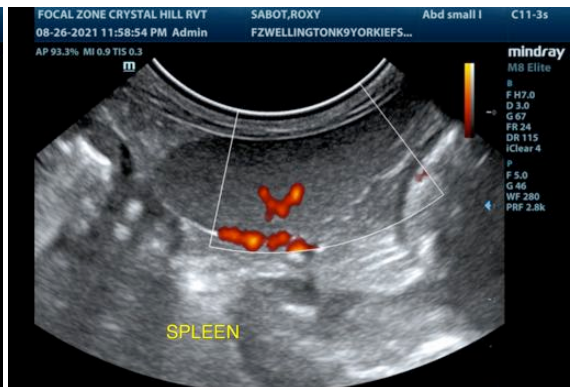
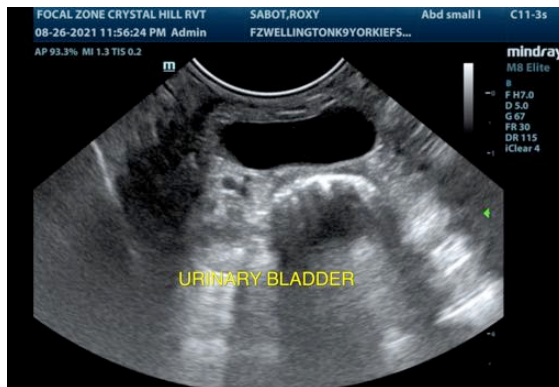
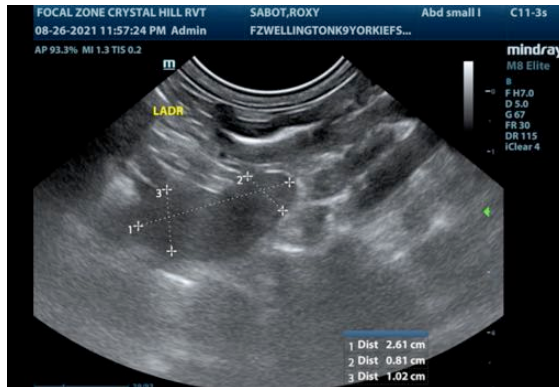
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There are no bowel changes observed that are consistent with the bloody diarrhea reported. Consider inflammatory, infectious and parasitic causes. If symptoms persist I recommend work-up for large bowel diarrhea such as testing for clostridium and colonoscopy. There is a nodule visible in the liver. I suspect this is too deep for a FNA. Options moving forward include continued monitoring with ultrasound or advanced imaging (CT scan) to further evaluate for potential surgical removal. I suspect that this lesion is currently incidental due to the lack of liver enzyme elevation reported. I recommend three view thoracic radiographs and I suspect that there would no impact on the risk for anesthesia.





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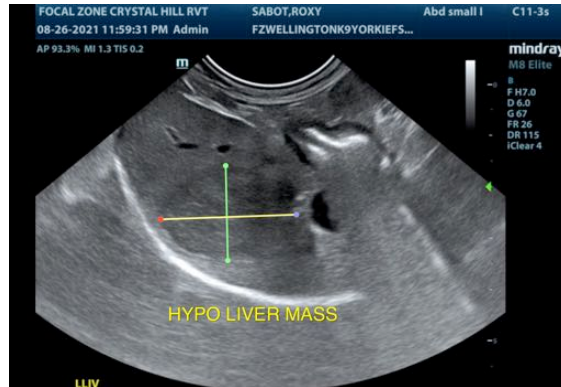
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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