

**IMAGING PERFORMED BY**SVS Mobile Imaging MI 734 - 637 - 7711  
svsimagingmi@gmail.com**PATIENT**

Cookie Kishi

**SPECIES**

Canine

**BREED**

Jack Russel Terrier

**SEX**

Spayed female

**AGE**

13 years

**WEIGHT**

22 Pounds

**INTERPRETED BY**Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM**IMAGING PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging Michigan

**REFERRING VET**Wixom Family Pet  
Practice**INVOICE**

132117

**DATE**

7/3/22

**PRESENTING CLINICAL SIGNS**

History: Current Medications: Dasuquin advanced ESM, interceptor plus Patient History: Owners have noticed bad breath and some mobility issues, is having dental and mass removal today after screenings. ALP was 309 (5-131IU/L) and PrecisionPSL was 278 (24-140 U/L), but there are no GI symptoms currently

Abnormal PE/Chem/CBC/UA Results: moderate diffuse tartar, mild diffuse gingivitis; pink fleshy, gingival mass between 408 and 409 on buccal aspect, left jugular groove has 0.5cm intradermal mass, movable, non-painful, mild decrease ROM bilateral hips, seems a little stiff in gait moving around room

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Sedated for ultrasound

**Urinary System**

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

**Kidneys**

The **left** kidney measures 4.25 cm. The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. Mild fat and mineralization deposition are noted along the diverticulae. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 4.44 cm. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

**Aortic bifurcation/trifurcation** No abnormalities observed.

**Adrenal Glands**

The **left** adrenal gland measures 0.60 cm at the cranial pole, 0.53 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.54 cm at the cranial pole, 0.62 cm at the caudal pole. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**Spleen**

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. An ill-defined hyperechoic region is noted mid-body, which is suggestive of nodular regeneration, fibrosis. Occasional perivascular cuffing, consistent with myelolipomas is also observed; these are not considered clinically significant. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

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**Liver**

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. Focal lesions are not observed and no abnormalities are noted with the hepatic vessels.

The **gallbladder (GB)** is moderately distended with a large amount of free floating, gravity-dependent and inspissated echogenic material (sludge), some of which have formed nodules, and which is adhered to the intramural wall. The GB wall is within normal limits in thickness and echogenicity. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction. The parenchyma surrounding the GB is not hyperechoic.

**Gastrointestinal**

A large amount of fluid and gas, and a moderate amount of food are present within the lumen of the stomach despite being fasted for general anesthesia (dentistry). The gastric wall is within normal limits in thickness and the wall layers are well defined.

Duodenum: Wall thickness is within normal limits to mildly increased. A large amount of gas is present in the lumen. The definition of the wall layers is preserved, however, mucosal fogging and stippling are present.

Jejunum: wall thickness is within normal limits and the definition of the wall layers is preserved. Occasional segments show mucosal fogging and mild stippling.

The colonic wall is not thickened and mural detail is considered normal. A large amount of gas and semi-formed stools are present in the colon.

There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.

**Pancreas**

No overt abnormalities are observed with the architecture, contours, echogenicity or echotexture of the pancreas. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

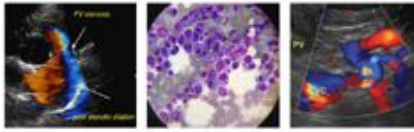
**Other**

**Lymph nodes** No abnormalities are observed

**Abdominal effusion** is not visualized.

**ULTRASONOGRAPHIC FINDINGS**

- No major abnormalities are observed on today's ultrasound.
- **Gallbladder (GB):** Gallbladder sludge is often clinically insignificant, however, gastroesophageal reflux disease (GERD), can occur in some patients. Obtaining a history regarding signs of GERD from the client is suggested. Treatment with an anti-acid, proton pump inhibitor or ursodeoxycholic acid may be required.

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- **Gastrointestinal (GI) tract:** A delay in gastric emptying cannot be excluded based on the amount of food present, however, it is also possible that Cookie was fed inadvertently. Gas may be due to panting. Although the mild stippling and fogging of the duodenum and a few loops of jejunum may not be clinically significant, they can signify inflammation in some patients. However, further diagnostics are not considered necessary as Cookie is not demonstrated GI signs.
- **Adrenal glands:** Both are at the high end of normal for a dog of Cookie's stature, however, this is not considered clinically significant due to the absence of clinical signs of hyperadrenocorticism.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The very mildly elevated ALP enzyme activity may be secondary to periodontal disease and GB sludge.

Obtaining a history regarding signs of GERD from the client is suggested.

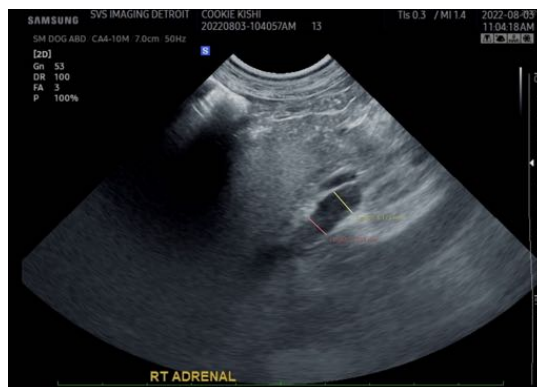
If signs of GERD are present, consider a 10-14 day trial with famotidine or omeprazole (0.7-1 mg/kg PO q12h), small frequent meals, and a snack prior to going to bed

Evaluation of (minimum 12 hours) fasting triglycerides to exclude hyperlipidemia as a contributing cause of gallbladder sludge

ursodeoxycholic acid (Ursodiol): It should not be started concurrently with other medications. Furthermore, it should be administered judiciously, at a very low dose, and slowly up-titrated to decrease the risk of GI side effects. For example, 3 mg/kg PO once a day for 5-7 days, then 5 mg/kg PO once a day for 5-7 days, then 7.5 mg/kg PO once a day for 5-7 days, then 10 mg/kg PO once a day for 5-7 days. She may not be able to tolerate the 15 mg/kg/day dose. The dose should be *divided* BID and given with a meal to decrease the risk of nausea, cramps, vomiting and diarrhea.

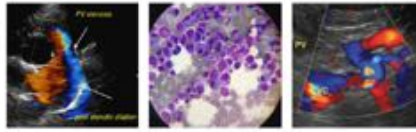
Recheck ultrasound 3-4 months following initiation of medication to assess response to therapy.

A diet addressing joint health may be helpful in reducing signs of osteoarthritis, in addition to continuing the current joint supplement.



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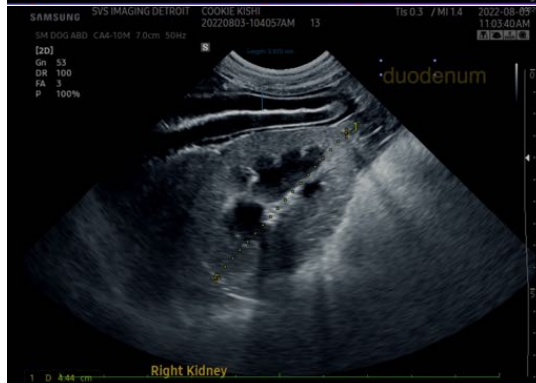
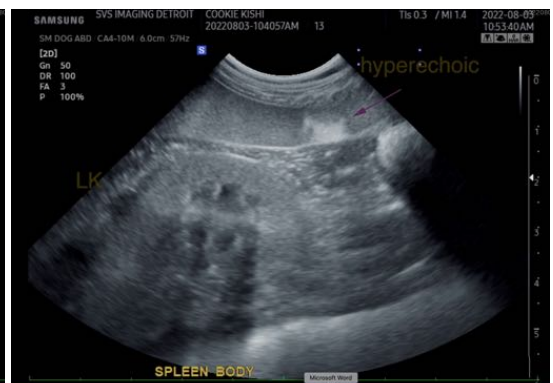
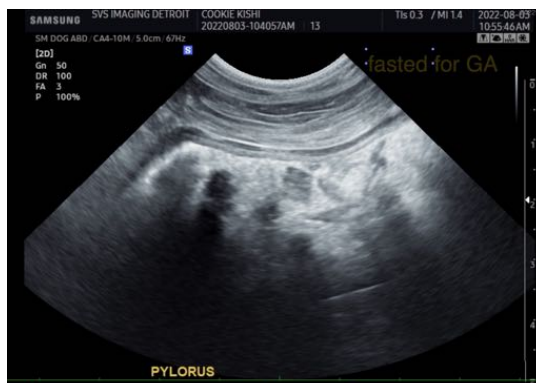
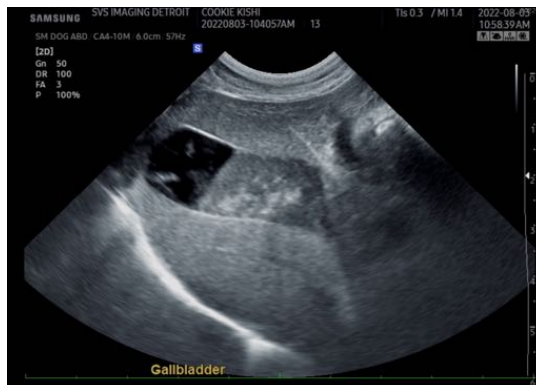
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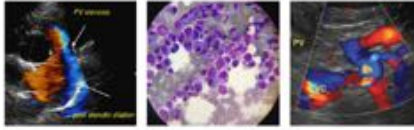
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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