

PATIENT

Enzo Ryckebosch

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

13y

WEIGHT

13lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

MountainView Animal
Hospital

REFERRING VET

Dr. Sara Kalivoda

INVOICE

10029

DATE

2/10/2023

PRESENTING CLINICAL SIGNS

Cardiomegaly, chronic cough, tracheal collapse, HX of 2/6 murmur, splenomegaly. HX: Of chronic ongoing Pancreatitis, Liver disease. ~ Sedation: Alfaxalone/butorphanol AFTER echo/ECG...Sedated only for abdominal portion. PREVIOUS SONOPATH reports

Abnormal PE/Chem/CBC/UA Results: Pulse 90 Resp 30 CRT <2 sec BP 177/180/170 RADS: 1) L>Rt collapsing(redundant) tracheal membrane. 2) Cardiomegaly L>Rt. 3) Splenomegaly w/tail enlargement 4) No overt signs of CHF, cannot r/out mild pericardial effusion, but very mild.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is diffusely mildly thickened (measuring at 0.29 cm), 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 distension. Recommend urinalysis and culture.

The prostate is normal in size (0.83 cm) and shape for this neutered male dog. The parenchyma is homogenous, and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.51 cm) with numerous small cortical cysts. Overall echogenicity is slightly hyperechoic with poor 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 (4.92 cm) with numerous small cortical cysts. Overall echogenicity is slightly hyperechoic with poor 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

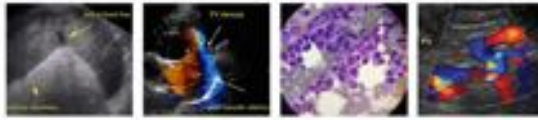
The left adrenal gland is normal in size measuring 0.63 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.57 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



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The liver is large in size, and normal in 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 are numerous hypoechoic nodules visualized in the hepatic parenchyma measuring 0.52 cm in diameter. Additionally, there is a larger hypoechoic lesion measuring 1.22 cm x 3.56 cm.

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

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The stomach contains moderate ingesta and gas. 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.

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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. There is mucosal speckling of the duodenum noted. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The duodenum is measuring at 0.45 cm and the jejunum is measuring at 0.38 cm.

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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 area 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, or subjective lymphadenomegaly. A mesenteric lymph node is visualized measuring 0.38 cm. The omentum is of normal uniform echogenicity.

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PRIMARY FINDINGS

- Subjectively thickened irregular urinary bladder. 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.
- Decreased corticomedullary in both kidneys with numerous small cortical cysts. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Large heterogenous liver with hypoechoic nodules. 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. The appearance of the hypoechoic nodule's trends toward a benign etiology, the larger

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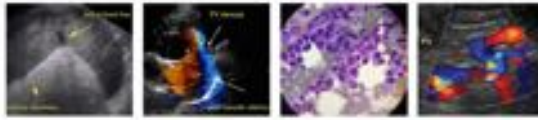
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hypochoic nodule is sampled in the images presented.

- Mild gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

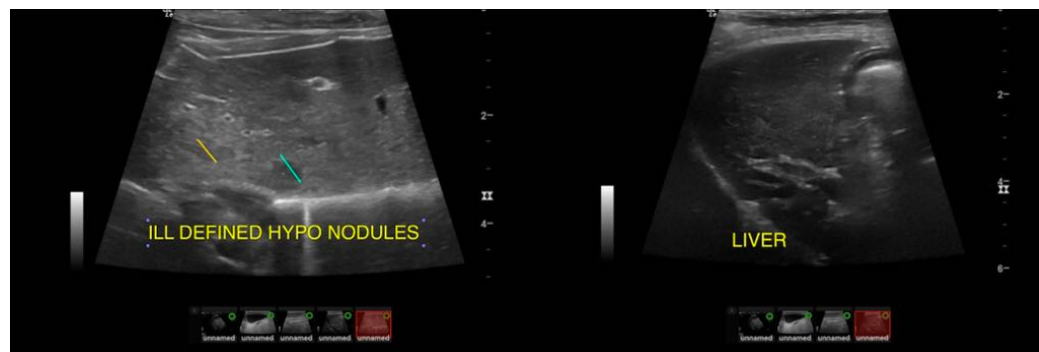
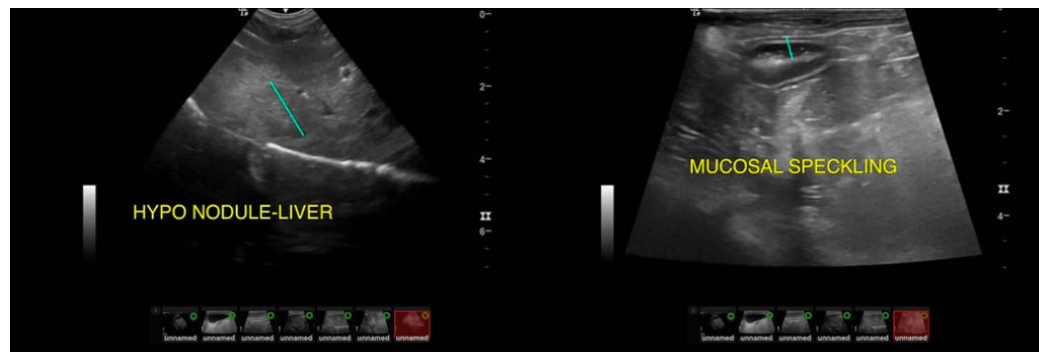
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

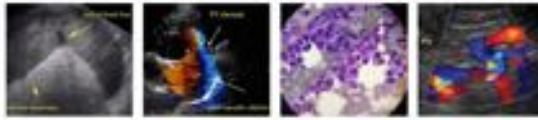
Urinary bladder wall appears mildly thickened and irregular, this could be somewhat artifactual due to lack of urine distention. Recommend a urinalysis and culture looking for possible cystitis.

The changes in the kidneys are most consistent with chronic age-related renal disease. Recommend blood pressure, urine analysis, and culture as a baseline.

The changes in the liver are likely somewhat age-related, the significance of the hypochoic nodules is unclear, this could represent a benign or a neoplastic process. Recommend a fine needle aspirate (a fine needle aspirate was performed during the exam.)

The small intestine appears subjectively thickened with some mild mucosal speckling evident. This could be an indication of an underlying small intestinal disease. If symptoms of intestinal disease are present, then consider further evaluation for underlying gastrointestinal disease.





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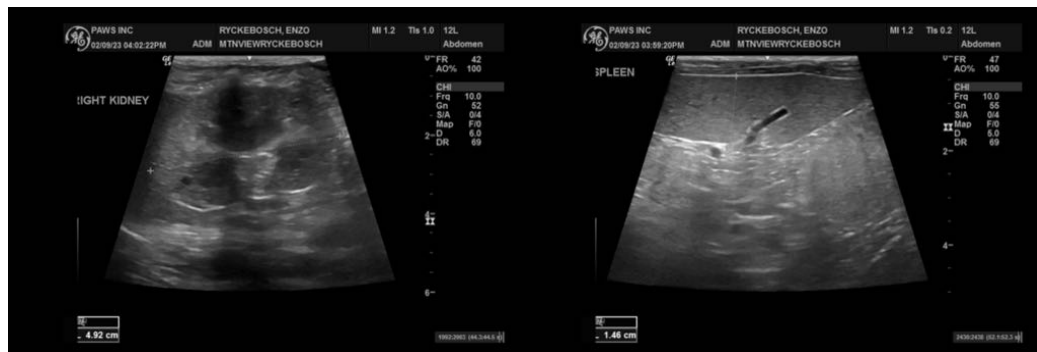
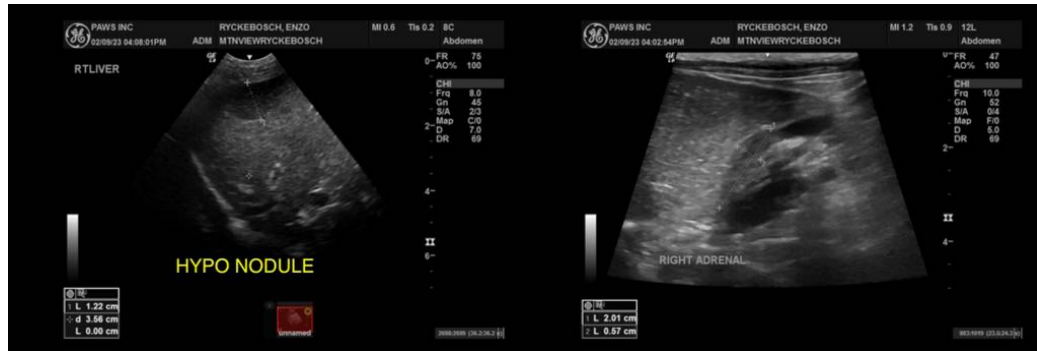
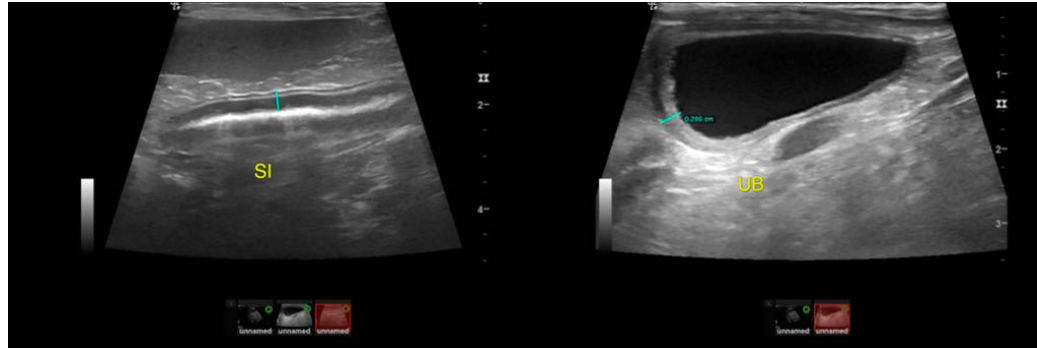
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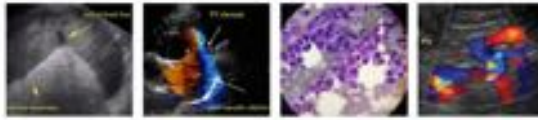
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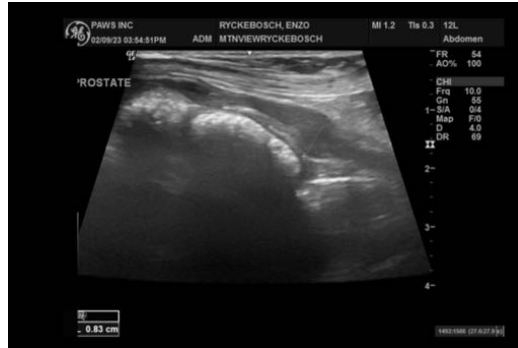
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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