

**PATIENT**

Slinky Gonzales

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Neutered Male

**AGE**

9y 7m

**WEIGHT**

11.9lbs

**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. Sarah Kalivoda

**INVOICE**

10031

**DATE**

2/10/2023

**PRESENTING CLINICAL SIGNS**

Hepatopathy - check liver on US- Sedated with dex/torb 0.05ml IV but reversed dexdormitor halfway thru scan...low HR

Abnormal PE/Chem/CBC/UA Results: ALT= 437 AST= 61 Alk Phos WNL @ 25 GGT=9 3+ ammonium Phos UA crystals, TBili WNL @0.2

**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, or masses. There are numerous hyperechoic foci both suspended and dependent portion of the urinary bladder. Most consistent with sandy debris/small stones. Correlate with abdominal radiographs, urinalysis, and culture.

The prostate is normal in size (0.48 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 (4.06 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.09 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

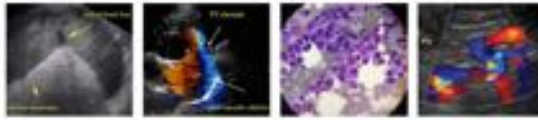
The left adrenal gland is normal in size measuring 0.59 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.46 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.

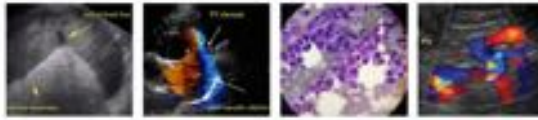
**Spleen**

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**



<b>PATIENT</b>	The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.
Slinky Gonzales	
<b>SPECIES</b>	The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.
Canine	
<b>BREED</b>	<b><i>Gastrointestinal</i></b>
Chihuahua Mix	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.
<b>SEX</b>	
Neutered Male	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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.
<b>AGE</b>	
9y 7m	
<b>WEIGHT</b>	
11.9lbs	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.
<b>INTERPRETED BY</b>	<b><i>Pancreas</i></b>
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)	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.
<b>IMAGING PERFORMED BY</b>	<b><i>Free Abdomen</i></b>
Loetitia Saint-Jacques, LVT	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.
<b>HOSPITAL NAME</b>	<b>PRIMARY FINDINGS</b>
MountainView Animal Hospital	<ul style="list-style-type: none"> <li>• Hyperechoic shadowing debris/small calculi in the urinary bladder. Correlate with abdominal radiographs. Recommend urinalysis and culture.</li> </ul>
<b>REFERRING VET</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Dr. Sarah Kalivoda	No focal lesions are visualized associated with the liver to explain the evaluation in ALT reported. Unfortunately, there are many causes for liver enzymes evaluations which cannot be diagnosed by ultrasound alone. Consider the following:
<b>INVOICE</b>	
10031	<ul style="list-style-type: none"> <li>- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc...</li> </ul>
<b>DATE</b>	<ul style="list-style-type: none"> <li>- Consider PCR on urine/serum for leptospirosis (if not on antibiotics)/serology if recent antibiotic history</li> </ul>
2/10/2023	<ul style="list-style-type: none"> <li>- If not already done, consider pre and post prandial bile acids to evaluate liver function</li> </ul>



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Slinky Gonzales

- Consider Fine needle aspirate if round cell neoplasia is on your differential list (25 g needle, normal coags)
- If no response to supportive care (denamarin, fluids, antibiotics, +/- ursodiol etc...) Consider liver biopsy with samples obtained for histopathology, culture, and copper levels.

**SPECIES**

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Recommend a urinalysis and culture to further evaluate the urinary bladder and see if evaluation of the sediment and crystals could help to identify the type of stones present.

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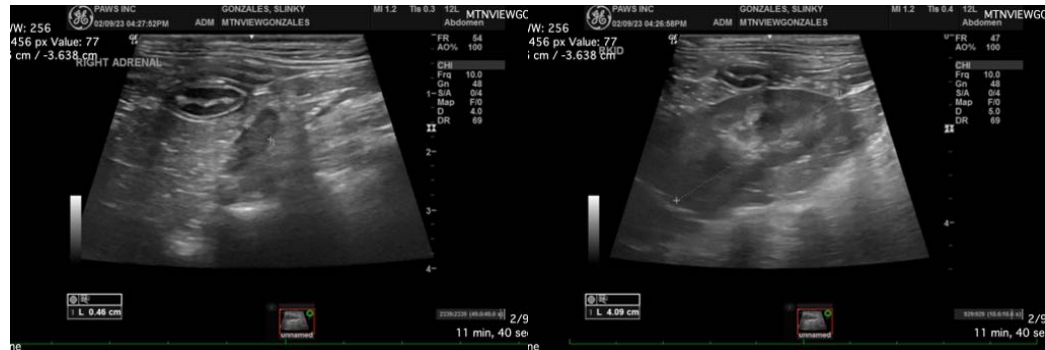
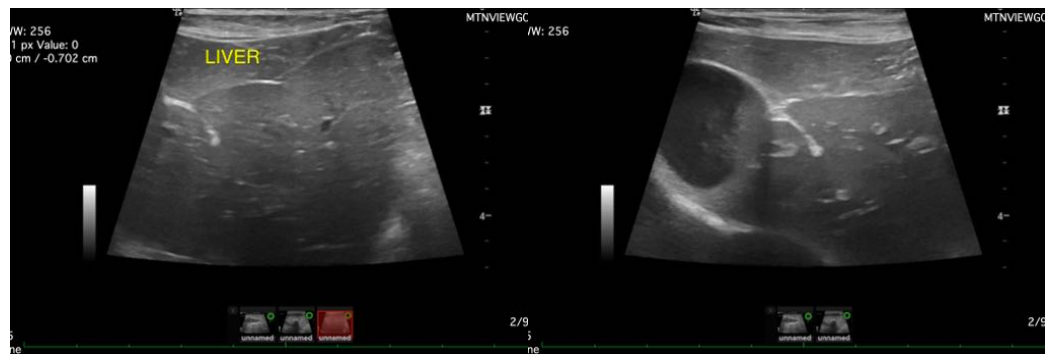
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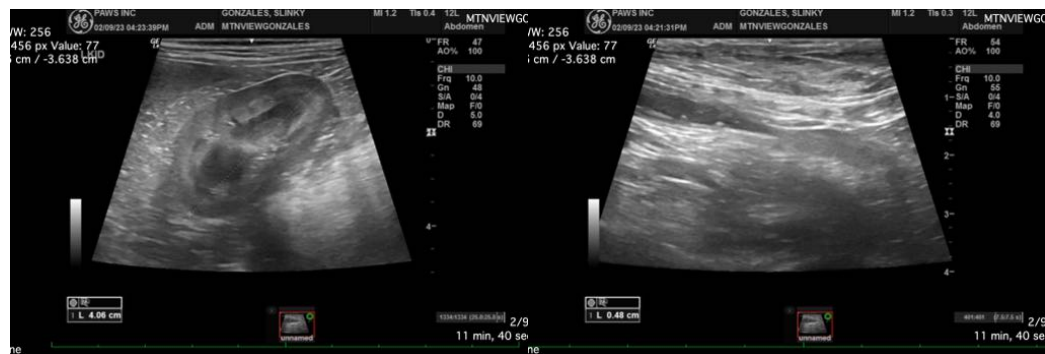
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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