



PATIENT PRESENTING CLINICAL SIGNS

Freddy Roberts having episodes of severe vomiting/gagging and not eating. August had bad episode, bw determined start of kidney failure -(maybe due to metacam?) hospitalized for a few days. meds: cerenia PO

SPECIES Abnormal PE/Chem/CBC/UA Results: USG 1.012 in May and Aug, Please see attached labs

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Westie

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Neutered Male

The right kidney is normal in size (4.93 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

AGE

7 Years

The left kidney is normal in size (4.98 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

8.8 kg

Adrenal Glands

The right adrenal gland is normal in size (1.93 cm long x 1.24 cm at the cranial pole and 0.40 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

The left adrenal gland is normal in size (1.68 cm long x 0.41 cm at the cranial pole and 0.51 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Kelly Reschny

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

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Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. Sommers

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

INVOICE

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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

DATE

10/25/22



PATIENT

Freddy Roberts

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

SPECIES

Canine

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

BREED

Westie

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

SEX

Neutered Male

A prominent, hypoechoic, normal-shaped medial iliac lymph node is noted, measuring 1.2 cm long x 0.50 cm thick.

There is no evidence of free peritoneal effusion noted in these images.

AGE

7 Years

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- Acute pancreatitis suspected based on the presence of enhanced hyperechoic mesenteric fat throughout the cranial abdomen around the area of the pancreas and the visible pancreas noted.

WEIGHT

8.8 kg

SECONDARY FINDINGS

- Medial iliac lymphadenopathy – Both reactive lymphadenopathy and infiltrative neoplasia are differentials and cannot be differentiated without tissue sampling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's history of gastrointestinal signs and the changes described above, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

IMAGING PERFORMED BY

Kelly Reschny

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

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If the baseline cortisol is normal, and infiltrative or underlying gastrointestinal disease or pancreatitis is ruled out, and/or azotemia develops, then given the chronically dilute urine, testing for Leptospirosis could also be considered. In the meantime, supportive/symptomatic medical management of acute gastroenteritis/pancreatitis is recommended with antiemetics, gastroprotectants, appetite stimulant, pain medication if clinically indicated, fluid therapy if necessary. Empirical deworming with a 5-day course of Panacur and transition to a bland low-fat diet is also recommended.

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PERFORMED BY**

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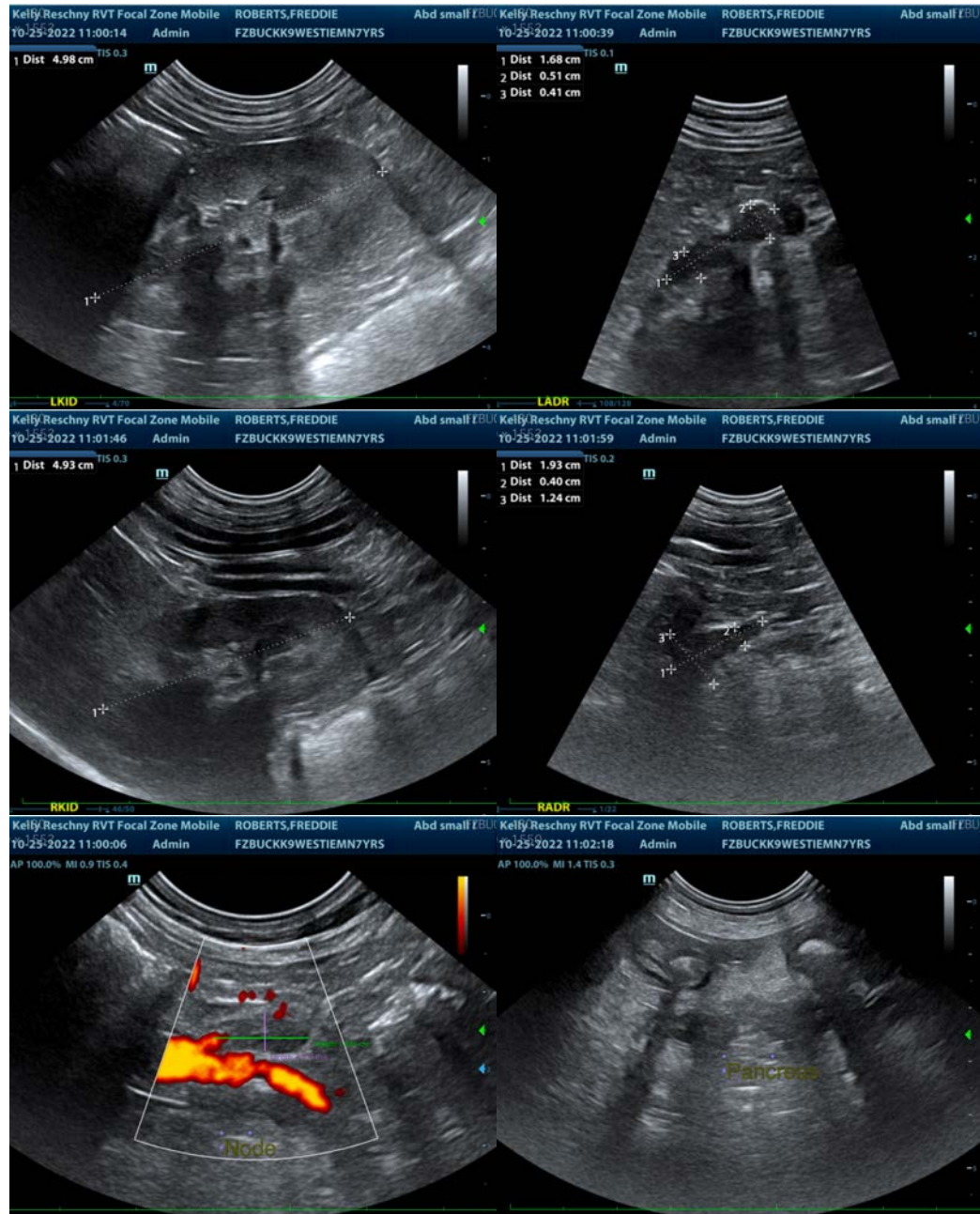
Dr. Sommers

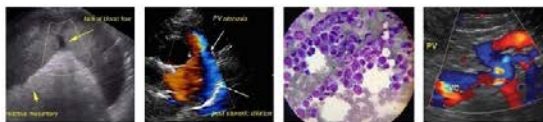
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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