



## PATIENT

Bouche Jensen

## PRESENTING CLINICAL SIGNS

## SPECIES

Canine

## BREED

Brussels Griffon

## SEX

Neutered Male

## AGE

2 Years 11 Months

## WEIGHT

11 Pounds

## INTERPRETED BY

Kathleen Sennello DVM,  
MS, Diplomate ACVIM

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

## HOSPITAL NAME

MountainView AH

## REFERRING VET

Dr. Bridget Landon

## INVOICE

34974

## DATE

1/20/22

Chief Concern / Provisional Diagnosis: ~intermittent episodes of nausea, abdominal pain~  
Relevant Medical History and Physical Exam findings: ~ p. has a history of episodes of standing hunched and making a gurgling noise with tongue out, also had a couple of episodes of screaming and circling that lasted about 30 sec to 1 minute, 1/5/22 on exam p. had mild splinting with mid abdominal palpation no obvious lesions noted splinting decreased w/ repeated abdominal palpation during exam episodes ddx list: nausea/pain?, focal seizures? back/disc pain? Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~ has a hx of bun elevation for a few weeks that returned to normal 1/5/22 sdma and creat wnl p. has chronically mildly elevated alp that has stabilized (375, 361) other liver values wnl Current medications (include full name, dosage and frequency): ~heartgard and nexgard~ Relevant Radiograph Findings(email radiographs if available): ~none~ NOT SEDATED

## 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.

The prostate is normal in size (1.0 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 (3.66 cm). Overall echogenicity is increased, while maintaining good corticomedullary distinction. There is no evidence of 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 (4.28 cm). Overall echogenicity is increased, while maintaining good corticomedullary distinction. There is no evidence of 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 0.34 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 0.28 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.



## PATIENT

Bouche Jensen **Liver**

The liver is normal to borderline small in size and hypoechoic. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

## SPECIES

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The gallbladder lumen is moderately 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.

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Brussels Griffon

### **Gastrointestinal**

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.

## SEX

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. Duodenum wall measured 0.32 cm. Jejunum wall measured 0.17 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

## WEIGHT

11 Pounds

### **Pancreas**

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. Occasional prominent mesenteric lymph nodes noted with a sublumbar lymph node measuring 0.51 cm in diameter, and a mesenteric lymph node measuring 0.35 cm. The omentum is of normal echogenicity.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

## ULTRASONOGRAPHIC FINDINGS

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- Subjectively small hypoechoic liver – These findings could be within normal limits for this individual, or could be seen with underlying liver disease. Consider a liver function test.
- Mildly hyperechoic kidneys – Findings could be consistent with early interstitial nephrosis.
- Prominent, mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan were relatively mild and could be within normal limits for this individual. No focal lesions associated with the bowel or the liver were observed. The

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**PATIENT**

Bouche Jensen pancreas does not appear overtly inflamed. Unfortunately, there are many causes for GI upset that cannot be diagnosed by ultrasound alone.

**SPECIES**

Canine The liver is subjectively small. Recommend pre- and post-prandial bile acids. If they are significantly abnormal, I would consider a contrast CT scan to look for a small portosystemic shunt. None was visualized on today's scan, but they can be difficult to detect.

**BREED**

Brussels Griffon Possible causes of chronic intermittent GI symptoms would include dietary intolerance, dietary indiscretion, mild IBD, dysbiosis, GI parasites, pancreatitis, and much less likely intestinal neoplasia.

**SEX**

Neutered Male

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- Consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to get more information regarding the pancreas and small intestine.
- Consider a novel protein/hydrolyzed protein prescription diet.
- Recommend probiotic therapy.
- Recommend an ACTH stimulation test to rule out Addison's disease.
- If metabolic testing is normal, and symptomatic therapy is unsuccessful in controlling symptoms, consider obtaining GI biopsies.

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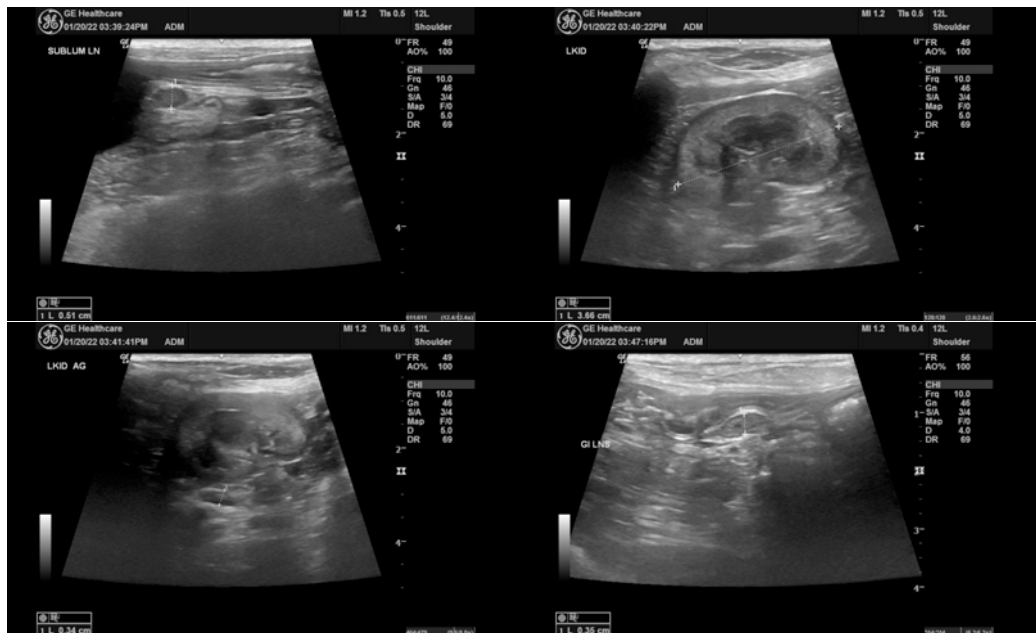
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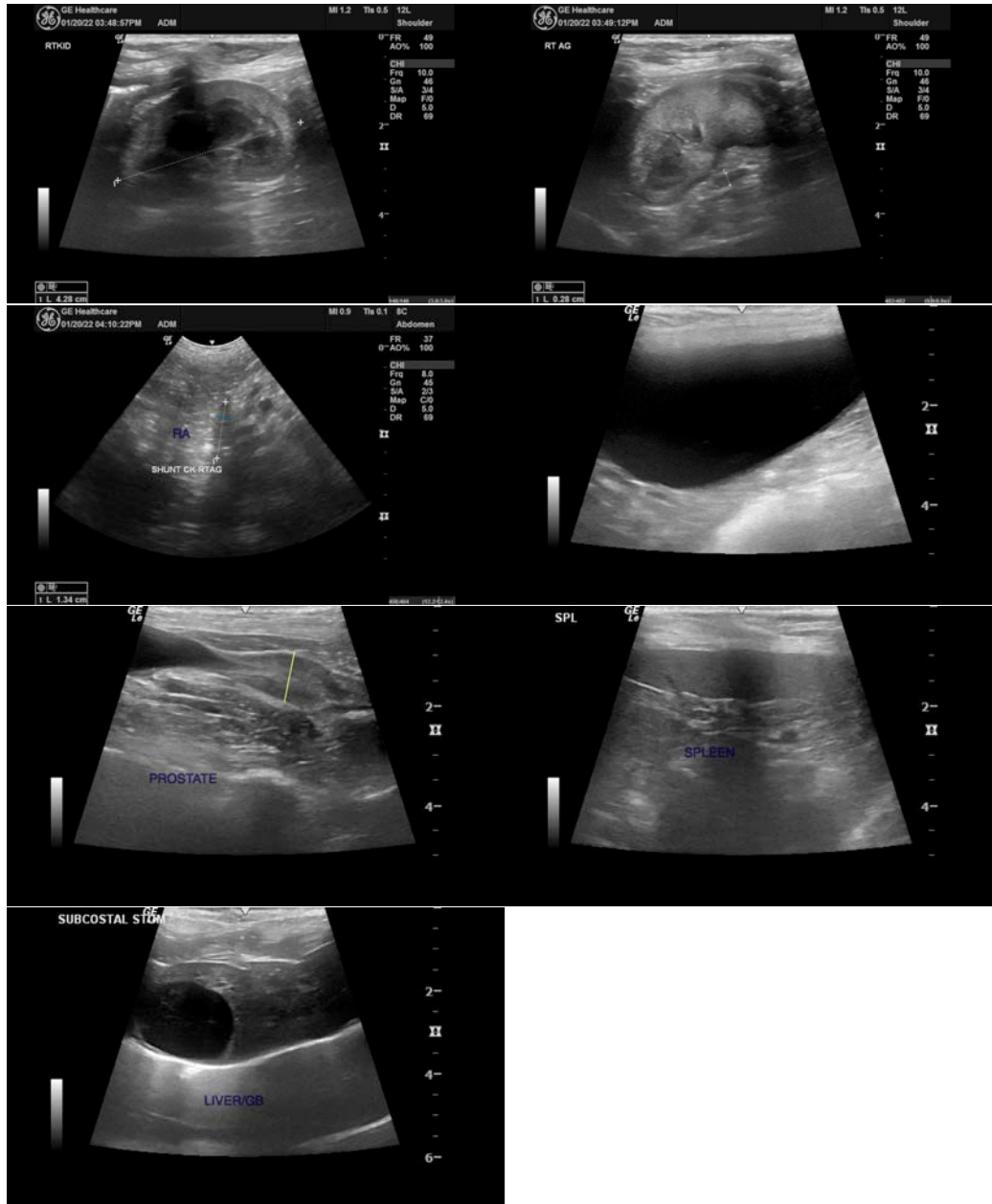
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## PATIENT

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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.**

## SPECIES

Canine

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.

## BREED

Brussels Griffon

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