



PATIENT PRESENTING CLINICAL SIGNS

Diesel Mattice

SPECIES

Canine

BREED

Rottweiler X

SEX

Neutered Male

AGE

4 Years

WEIGHT

51 kg

INTERPRETED BY

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

IMAGING

PERFORMED BY

Kelly Reschny

HOSPITAL NAME

West Park AH

REFERRING VET

Dr. Rice

INVOICE

20369

DATE

1/5/23

History: Aggressive will not tolerate full exam - will perform at time of ultrasound after trazadone is given Presented for recheck exam - post ACL repair surgery November 26th - not doing well, was on NSIAD and Gabapentin and started vomiting and anorexia. Discontinued NSAID. Still no improvement. He is eating/drinking with no vomiting for the past 3 weeks but has slowly been declining, weak, lethargic, not eating as much as usual and will only eat boiled chicken, loose dark tarry stool. MM where pink today. Problem list Anemia Weakness Ptyalism Severe melena - dark/black tarry stool Current Medications Gabapentin, sucralfate, omeprazole, cerenia

Abnormal PE/Chem/CBC/UA Results: DECEMBER 6th 2022 RBC 5.4 5.4 - 8.7 x10¹²/L Hematocrit 0.34 0.38 - 0.57 L/L Hemoglobin 108 134 - 207 g/L MCV 63.0 59.0 - 76.0 fL MCH 20.0 21.9 - 26.1 pg MCHC 317.6 326.0 - 392.0 g/L RDW 12.6 10.0 - 19.0 % Reticulocyte 1.6 % Reticulocytes 86.4 10.0 - 110.0 K/ μ L Reticulocyte Hemoglobin 21.2 24.5 - 31.8 pg WBC 23.5 4.9 - 17.6 x10⁹/L % Neutrophils 84.7 % % Lymphocytes 11.2 % % Monocytes 2.6 % % Eosinophils 1.4 % % Basophils 0.1 % Neutrophils 19.9 2.9 - 12.7 x10⁹/L Lymphocytes 2.6 1.1 - 5.0 x10⁹/L Monocytes 0.6 0.0 - 1.2 x10⁹/L Eosinophils 0.3 0.0 - 1.5 x10⁹/L Basophils 0.0 0.0 - 0.1 x10⁹/L Platelets 151 143 - 448 x10⁹/L Comment: *This is an automated CBC. For a slide review, including cell morphology, a CBC Blood Film Evaluation Add-on (Test code CBF) is available. BUN.: 11.46 H (Canine 3.20 - 10.40 mmol/L Feline 5.35 - 11.42 mmol/L) CREA.: 123 (Canine 35 - 124 umol/L Feline 71 - 159 umol/L) ALT.: 38 (Canine 0 - 120 U/L Feline 0 - 100 U/L ALP.: 145 H (Canine 0 - 140 U/L Feline 0 - 90 U/L GLU.: 6.7 (Canine 4.2 - 6.9 mmol/L Feline 3.9 - 7.2 mmol/L) T-PRO (P): 56 (Canine 55 - 76 g/L Feline 60 - 80 g/L) ALBUMIN.: 28 (Canine 25 - 40 g/L Feline 23 - 35 g/L) PHOS.: 1.6 (Canine 0.60 - 1.60 mmol/L Feline 0.84 - 1.94 mmol/L) CA.: 02.46 (Canine 2.30 - 3.10 mmol/L Feline 2.20 - 3.00 mmol/L) T-BILI.: 1 (Canine 0 - 9 umol/L Feline 0 - 9 umol/L) GGT: 10 (Canine 0-14 U/L, Feline 0-10 U/L) TCHO: 07.46 (Canine 3.10 - 8.00 mmol/L, Feline 1.81 - 5.17 mmol/L) DECEMBER 16 th 2022 HEMATOLOGY TEST RESULT REF.RANGE/UNITS L RBC 5.2 5.4 - 8.7 x10E12/L L Hematocrit 0.32 0.38 - 0.57 L/L L Hemoglobin 106 134 - 207 g/L MCV 61.5 59.0 - 76.0 fL L MCH 20.4 21.9 - 26.1 pg MCHC 331.3 326.0 - 392.0 g/L RDW 13.1 10.0 - 19.0 % Reticulocyte 2.7 % 10.0 - 110.0 x10E3/uL H Reticulocytes 140.4 Reticulocyte 24.5 - 31.8 pg Hemoglobin L 17.6 H WBC 24.8 4.9 - 17.6 x10E9/L % Neutrophils 76.0 % % Lymphocytes 11.0 % % Monocytes 2.0 % % Eosinophils 11.0 % % Basophils 0.0 % % Nucleated RBC 1.0 0.0 - 2.0 /100 WBC H Neutrophils 18.8 2.9 - 12.7 x10E9/L Lymphocytes 2.7 1.1 - 5.0 x10E9/L Monocytes 0.5 0.0 - 1.2 x10E9/L H Eosinophils 2.7 0.0 - 1.5 x10E9/L Basophils 0.0 0.0 - 0.1 x10E9/L Nucleated RBC 1.0 0.0 - 2.0 /100 WBC Platelets 297 143 - 448 please see attached rads

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (1.13 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 (7.22 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.



PATIENT

Diesel Mattice

The right kidney has a normal shape and size (8.82 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

SPECIES

Canine

Adrenal Glands

The left adrenal gland is normal in size measuring 0.72 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.

BREED

Rottweiler X

The right adrenal gland is normal in size measuring 0.75 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.

SEX

Neutered Male

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and severely mottled, 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.

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Liver

The liver is subjectively normal in size, and 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. No focal nodules or cystic lesions are observed.

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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. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with large ingesta and gas. It measures at a normal thickness of <0.7 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering 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 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 (0.58 cm) and the jejunum measured as normal (0.43 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.

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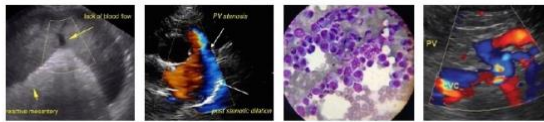
Pancreas

The region of 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.

DATE

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Free Abdomen



PATIENT

There is a moderate to large amount of free abdominal fluid. No lymphadenopathy noted. The omentum is of increased echogenicity.

Diesel Mattice

ULTRASONOGRAPHIC FINDINGS

SPECIES

Canine

- Significantly mottled spleen- The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. The spleen almost has a reticulated pattern, which can be seen with round cell neoplasia.

BREED

Rottweiler X

- Heterogenous liver- 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.

SEX

Neutered Male

- Large shadowing ingesta within the gastric lumen- Correlate with the feeding history and abdominal radiographs. If the patient was adequately fasted consider such differentials as delayed gastric emptying, a partial outflow tract obstruction (none seen) or ingested foreign material.

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- Moderate amount of free abdominal fluid- Recommend fluid analysis and cytology

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is significantly mottled and almost has a reticulated pattern, which can sometimes be seen with round cell neoplasia. Recommend a fine needle aspirate with cytology.

The liver is somewhat difficult to see in this large dog. The areas visualized reveal a heterogenous liver with no large focal lesions. A fine needle aspirate +/- a liver function test could be considered.

There is a large amount of shadowing ingesta within the gastric lumen. This impaired visualization of the cranial abdomen somewhat. Correlate these findings with a feeding history. If the patient was adequately fasted, consider such differentials as delayed gastric emptying or ingested foreign material.

There is a moderate amount of fluid in the abdomen. Recommend sampling for fluid analysis and cytology. The albumin level reported is low normal so unlikely to be a source of the effusion. This could be a neoplastic effusion or secondary to congestion. Consider a cardiac ultrasound and three view thoracic radiographs.

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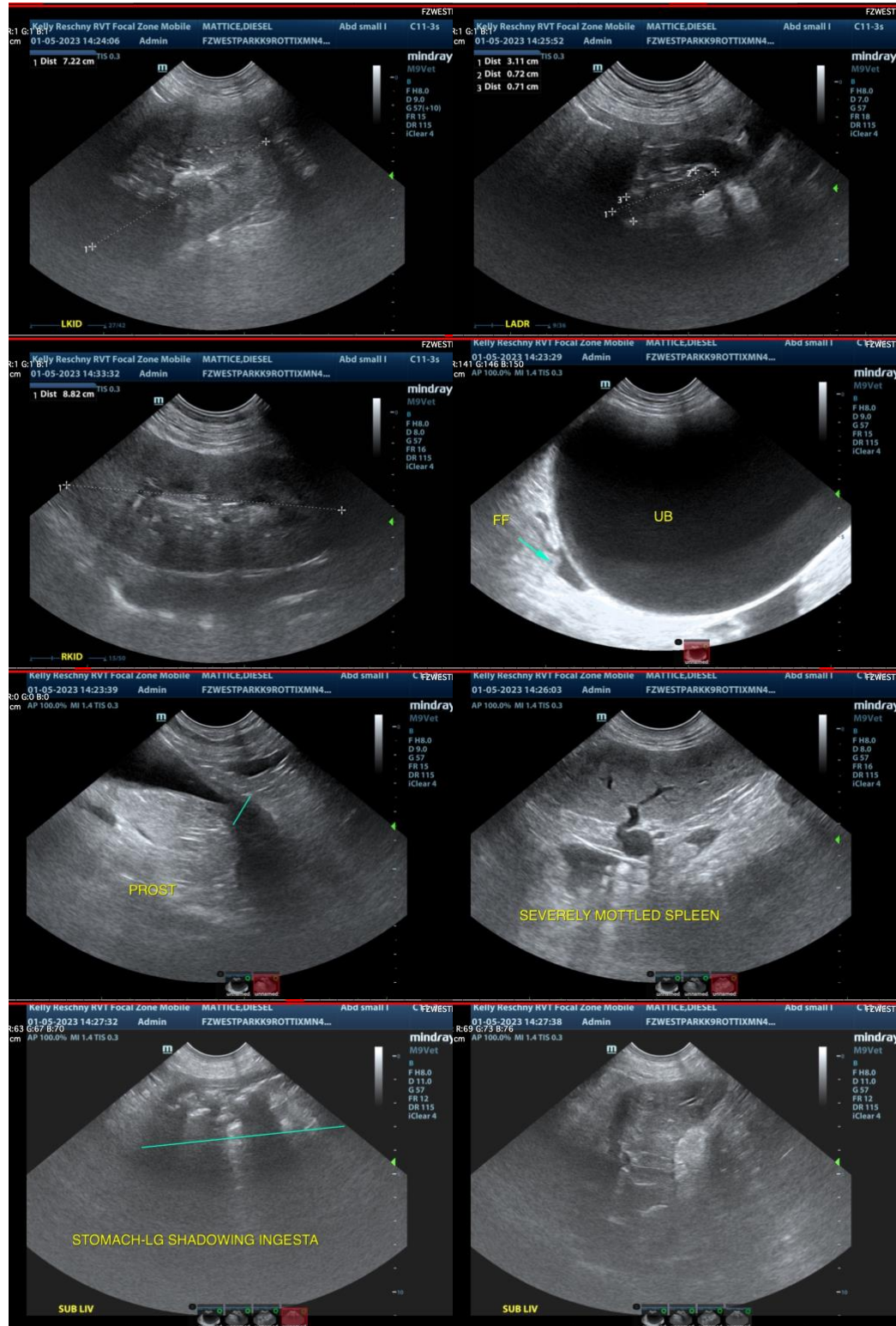
Dr. Rice

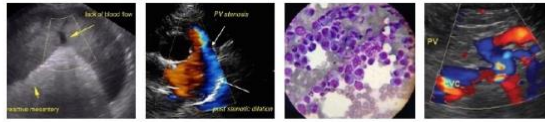
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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4 Years

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.

WEIGHT

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