

PATIENT

Hyatt Kelly Hechinger

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Saint Bernard

At 8 weeks old Hyatt stopped growing. Littermates continued to grow. About 4 months he began to grow again. At 6 months he rocketed in growth. Now stands 31" at the shoulder. He has moderate to severe hip dysplasia, his is under muscled and very uncoordinated. Started severe bloating approximately 3 months ago. Is able to be patted to de-gas. This can happen multiple times within minutes apart. He also doesn't seem to be bothered by the bloating. He is now slow fed throughout the day (tablespoons at a time). Bloating still happens but not as severe and is much more manageable. Gasx 375mg as needed. Famotidine 40mg BID Diet: raw/home cooked balance diet
Abnormal PE/Chem/CBC/UA Results: sedated dex/torb- LABS and a photo of his stomach attached- perihperal LNs are normal

SEX

Intact Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

14 Months

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

WEIGHT

50 kg

The left kidney has a normal shape and size (7.1 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.

The right kidney has a normal shape and size (6.7 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.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Adrenal Glands

The left adrenal gland is normal in size measuring 0.35 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 0.56 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.

HOSPITAL NAME

Sierra Pet Clinic

REFERRING VET

Dr. Sperks

Spleen

The spleen is large in size. The spleen echotexture is heterogenous and 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.

INVOICE

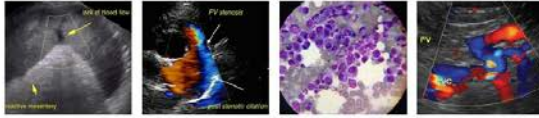
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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the biliary tract appear normal. No focal nodules or cystic lesions are observed. In some views, the portal vein appears to narrow with the

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PATIENT

Hyatt Kelly Hechinger possibility of an abnormal vessel, although the liver does not appear small. This is area is difficult to visualize in such a large dog. Recommend bile acids to further evaluate for liver shunt.

SPECIES

Canine

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.

BREED

Saint Bernard

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal 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 layering is adequate and there is no impression of reduced peristaltic activity. No focal mass effects or thickening is noted. There is an apparent narrowing of the lumen visualized on several views, but there is no significant wall changes in the area to support this, so it could also be a prominent rugal fold/peristaltic wave.

SEX

Intact 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.

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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 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.

Free Abdomen

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

There is a small amount of anechoic free fluid. There is a mild mesenteric lymphadenopathy present with a sublumbar lymph node visualized, measuring 0.83 cm. A subcostal lymph node measured 1.44 cm x 0.37 cm. The omentum is generally of normal echogenicity.

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Other

The left and right testicles are visualized and appear within normal limits.

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PRIMARY FINDINGS

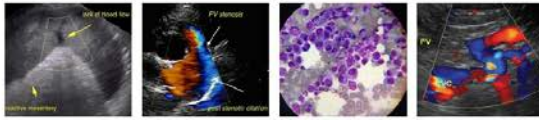
- Subjectively large, mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Small volume anechoic free fluid

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SECONDARY FINDINGS

- Moderate ingesta within the gastric lumen and subjective narrowing – Correlate with radiographic findings and feeding history As there are no wall changes associated with this narrowing, I suspect this is an incidental finding. If adequate fasted, this could be consistent with delayed gastric emptying or less likely a partial outflow tract obstruction.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. It can be normal for younger dogs to have prominent mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No definitive focal lesions are visualized on today’s scan. This is a very large dog, so some of the findings may be subjective or normal for this individual. The spleen appears somewhat large and mottled, but this is a big dog. You could consider a fine needle aspirate for further evaluation. Additionally, the mesenteric lymph nodes are prominent. This can be a common finding in young dogs, so the significance of this is unclear, but a fine needle aspirate could be considered, and the scant free abdominal fluid does not have a definitive cause visualized.

There is a moderate amount of ingesta in the stomach. Given the history of frequent bloating, there would be a concern for delayed gastric emptying. Additionally, there is a subjective narrowing noted in the gastric lumen. You could consider a barium study with radiographs to try to further evaluate this area. A lack of wall changes (i.e., thickening, etc.) makes me less concerned about this area. You could do a Metoclopramide trial to see if it helps with the episodes of bloating.

A slightly irregular/prominent abdominal vessel is seen, which appears to be coming from the portal vein. This could be consistent with a liver shunt, but the liver itself appears normal in size. Recommend bile acid evaluation for further consideration.





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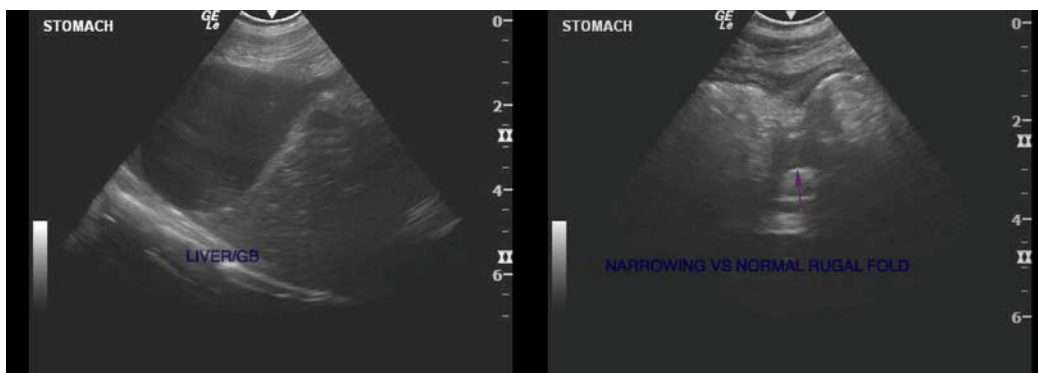
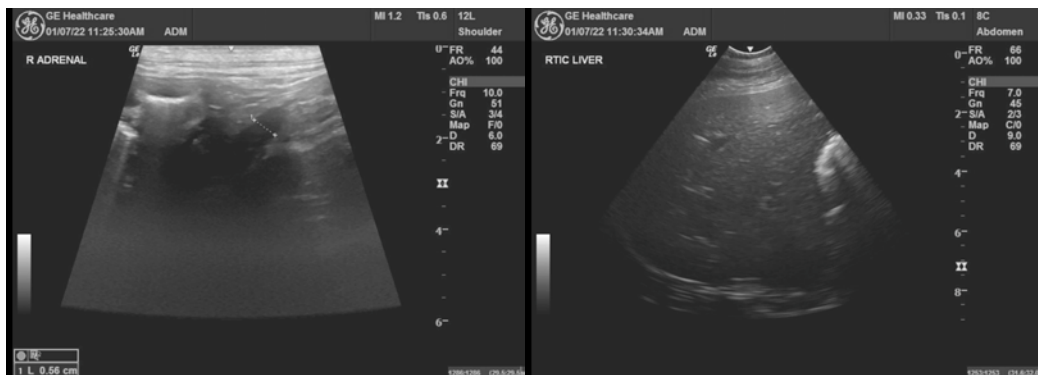
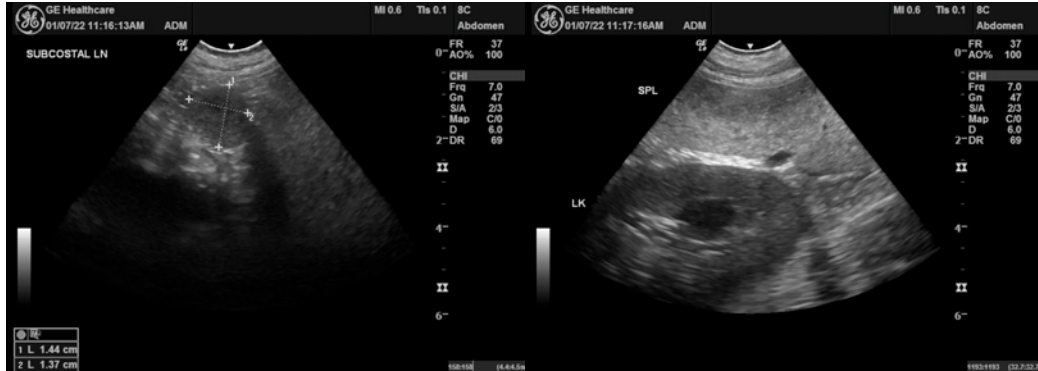
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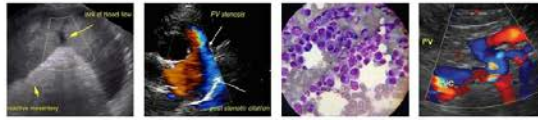
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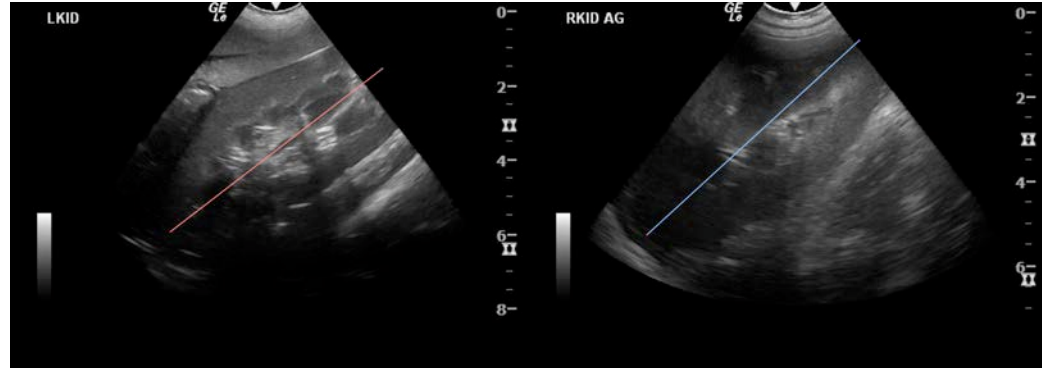
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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