



PATIENT

PeeWee Jost

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

8 Years

WEIGHT

5.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Veterinary H

REFERRING VET

Dr. Yomanda

DATE

10/1/21

Invoice

13394

PRESENTING CLINICAL SIGNS

History: P presented yesterday (9/30/21) for 24 hrs vomiting, diarrhea (no blood), abdominal pain, and inappetence. P has history of seizures and was started on phenobarbital 4 weeks ago, but has not been able to take her medications morning of 9/30 exam. No seizures since starting phenobarb. PE abnormalities: - T: 100.9, HR: 100, RR: 20. - Dental tartar 4/4 on molars, 3/4 on premolars with halitosis. - Generally tense abdomen, no increase in pain/sensitivity in any one quadrant. Difficult to palpate deep structures. P presented 24 hrs later (10/1/21 AM) for regurgitation/vomiting overnight despite Cerenia/SQ fluid treatments. P did not eat anything and is regurgitating even water. PE Abnormalities: T: 100.1, HR: 140, RR: 30 - Generalized abdominal pain, palpable gas - Vomit/regurg staining on face and diarrhea staining around anus. - P is more QAR/dull vs. yesterday Current Medications Cerenia 0.3ml, Buprenorphine 0.08ml IV, Phenobarbital 8.1mg PO BID Radiographic Findings Rads from 9/30/21 - The small intestines have many diffuse gas opacities; cecum is largely gas dilated with some gas in colon also. The small intestines appear subjectively dilated. The cardiac silhouette appears normal within the chest with no abnormal lung patterns. The abdomen has good serosal detail with some air in the stomach but normal silhouettes of the kidneys, liver,bladder with no abnormal gas opacities. The vertebral structures appear normally with no evidence of chronic changes, trauma or joint effusion. Rads from 10/1/21 - The small intestines are still markedly dilated with a large gas opacity mid-abdomen which has not moved, and a bright radioopaque area around it. The intestines still appear subjectively dilated, little material within the colon. The stomach is empty and mildly gas dilated.

Abnormal PE/Chem/CBC/UA Results: - CBC/CHEM17 labwork performed: Stress leukogram, slightly elevated ALKP 144, otherwise WNLs

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 left kidney has a normal shape and size (3.64cm). 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, infarcts or hydroureter. Renal vasculature is normal. The hyperechoic mineralized foci observed at the corticomedullary junction of the left kidney are consistent with small, non-obstructive nephroliths.

The right kidney has a normal shape and size (3.3 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.

Adrenal Glands

The region of the left adrenal gland revealed no evident pathology.



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The right adrenal gland is normal in size measuring 0.43 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.

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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.

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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 vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach contains minimal luminal contents. 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 layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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Some of the areas of visualized duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distention. This appears more typical of the proximal small intestine. A loop of mild to moderately dilated small intestine is visualized in the more caudal abdomen. These bowel loops are following a curvilinear path and have distinct wall layering maintained the typical 1:3 muscularis to mucosa layer ratio. The duodenum is not dilated and measures at a normal thickness of 0.33 cm. Areas of normal undilated jejunum are visualized at 0.28 cm. There are some areas of small intestine which show mild to moderate fluid dilation and there is severe dilation in the more distal bowel most consistent with colon with a diameter of 1.5 cm and liquid contents which show non-progressive motility.

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Kathleen Sennello DVM,
MS, Diplomate ACVIM
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Severely dilated colon is visualized just dorsal to the urinary bladder, consistent with the diarrhea described. No focal lesions were observed consistent with an obstruction or mass effect. Unfortunately, this cannot be ruled out definitively, but seems unlikely.

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The large intestine appears diffusely severely dilated with liquid fecal material, particularly at the transverse colon and the distal colon approaching the rectum. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The (pancreas/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.

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Free Abdomen

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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.

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ULTRASONOGRAPHIC FINDINGS

- Severe colonic dilation with fluid consistent with diarrhea or impending diarrhea
- Mild small intestinal dilation most consistent with enteritis, cannot rule out a partial obstruction, correlate these findings with serial radiographs. I suspect there is a component of ileus present

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The colon is severely fluid dilated. The distal small intestine as well appears somewhat fluid dilated, but no focal area of obstruction is observed. I suspect that this is severe gastroenteritis with ileus and if the diarrhea is not currently severe, some of this material should pass in the near future.

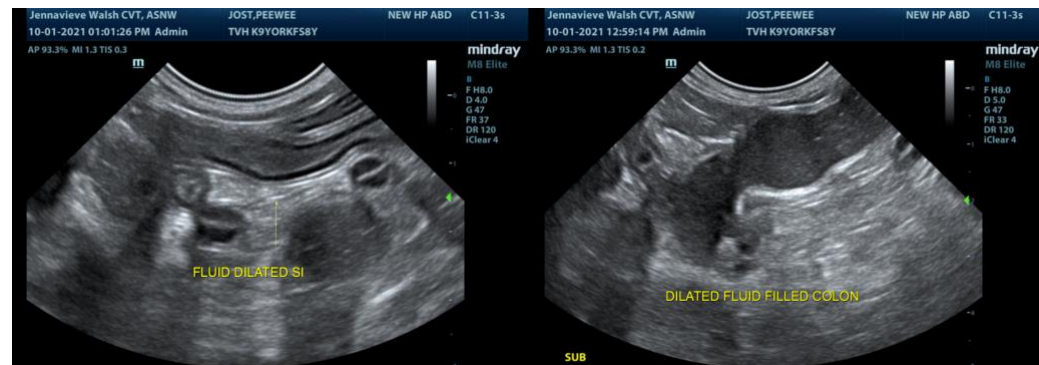
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Consider a single injection with a promotility medication such as metoclopramide to see if you can resolve the ileus. I recommend continued monitoring and symptomatic treatment for acute gastroenteritis to gastroenterocolitis, as a foreign body cannot be ruled out but seems unlikely.

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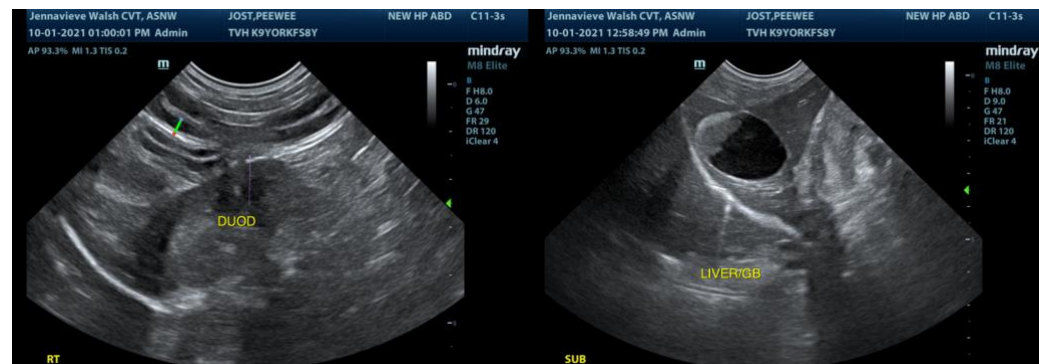


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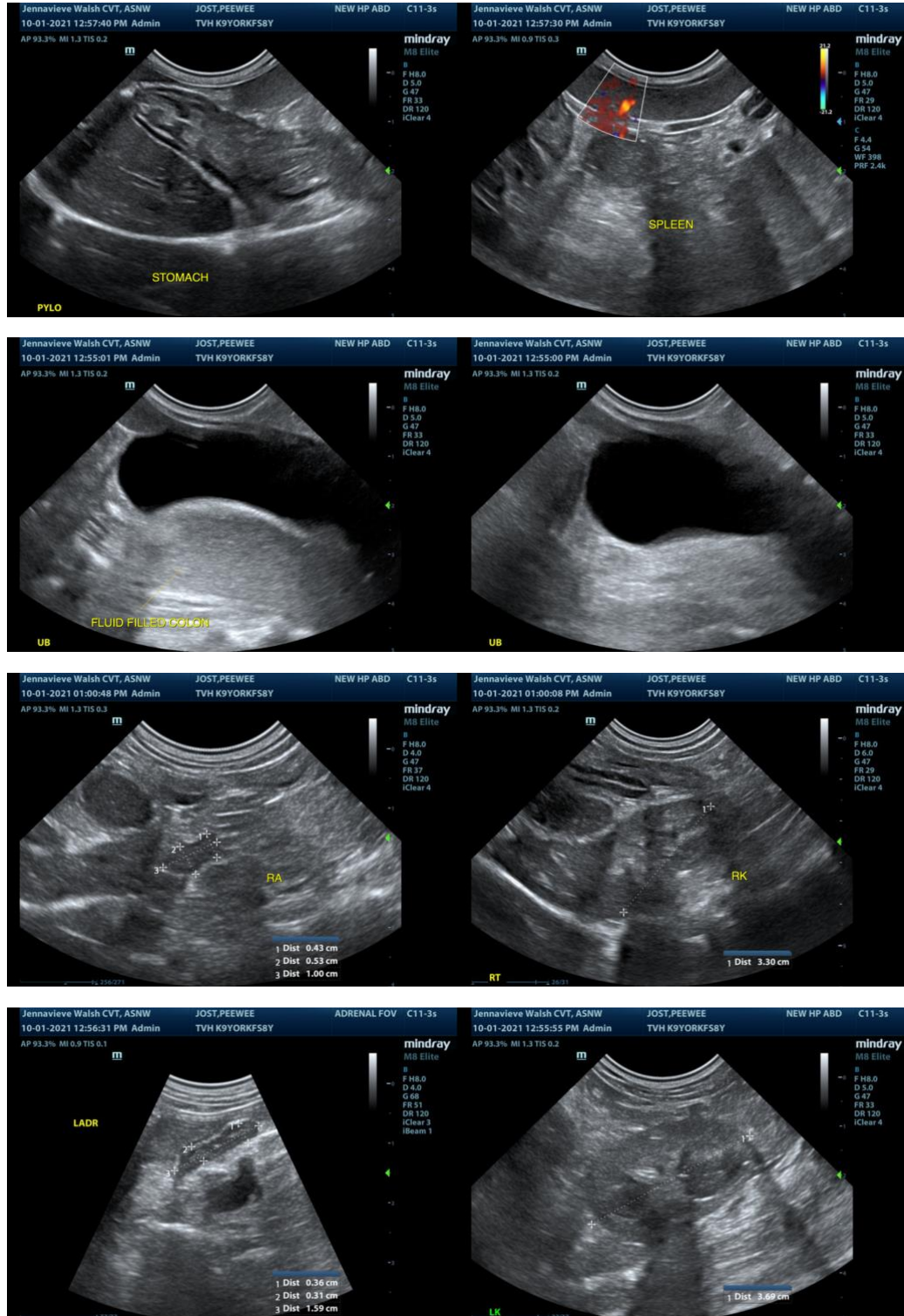
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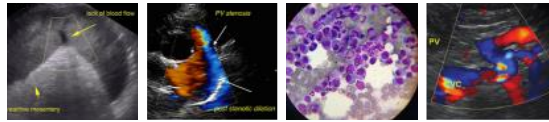
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The information and recommendations provided are based on the images presented by the



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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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com