



## PATIENT

Shin Nagashima

## PRESENTING CLINICAL SIGNS

## SPECIES

Canine

Chief Concern/Provisional Diagnosis: Chronic diarrhea lasting approximately 5 weeks, little to no response to courses of probiotics and Metronidazole. General LW NSF, fecal O/P and Keystone fecal PCR panel all NEG/undetected parasites. Current Therapy and Medications : None, pending results of ACTH stim test (came back normal), Texas GI panel (pending) and AUS findings.

## BREED

Australian Shepherd

## 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.

## SEX

Neutered Male

The prostate is normal in size (0.78 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.

## AGE

23 Months

The left kidney has a normal shape and size (5.92 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

## WEIGHT

34.2 Pounds

The right kidney has a normal shape and size (5.35 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

## INTERPRETED BY

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

### Adrenal Glands

The left adrenal gland is normal in size measuring 0.45 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.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

The right adrenal gland is normal in size measuring XXcm 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.

## REFERRING VET

Dr. Michelle Caldwell

### 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.

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**PATIENT**

Shin Nagashima The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

**SPECIES**

Canine

**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.

**BREED**

Australian Shepherd

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.) Duodenum wall measures 0.53 cm. Jejunum wall measures 0.28 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SEX**

Neutered Male

**AGE**

23 Months

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are dilated with liquid non-formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering. The colon wall measures 0.19 cm. There is moderate

**WEIGHT**

34.2 Pounds

**Pancreas**

The pancreas is mildly prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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(Small Animal Internal  
Medicine)

**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent mesenteric lymph nodes. A lymph node near the colon measures 0.69 cm in diameter, and a mesenteric lymph node is measured at 0.75 cm in diameter. The omentum is generally of normal echogenicity.

**IMAGING BY**

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**ULTRASONOGRAPHIC FINDINGS**

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- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Fluid distended colon – This is consistent with the diarrhea reported.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**REFERRING VET**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes observed on today's scan are relatively mild. The pancreatic changes observed are

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Shin Nagashima likely incidental, as there is no significant inflammation surrounding the pancreas. The prominent lymph nodes are common in young dogs. Unfortunately, there are many causes for diarrhea that cannot be diagnosed by ultrasound alone. No focal lesions were visualized associated with the GI tract.

**SPECIES**

Canine Consider such differentials as dietary intolerance/food allergy, GI parasitism, dysbiosis, and much less likely IBD or underlying neoplasia.

**BREED**

- Australian Shepherd
- Recommend a novel protein/hydrolyzed protein prescription diet.
  - Recommend a GI panel (I believe this is pending).
  - Recommend chronic probiotic therapy.

**SEX**

- Neutered Male
- If dysbiosis is suspected, then consider a fecal transplant, as this is a fairly easy procedure to perform.

**AGE**

- 23 Months
- If symptoms persist despite a diet change and further evaluation, then consider obtaining GI biopsies.

**WEIGHT**

34.2 Pounds

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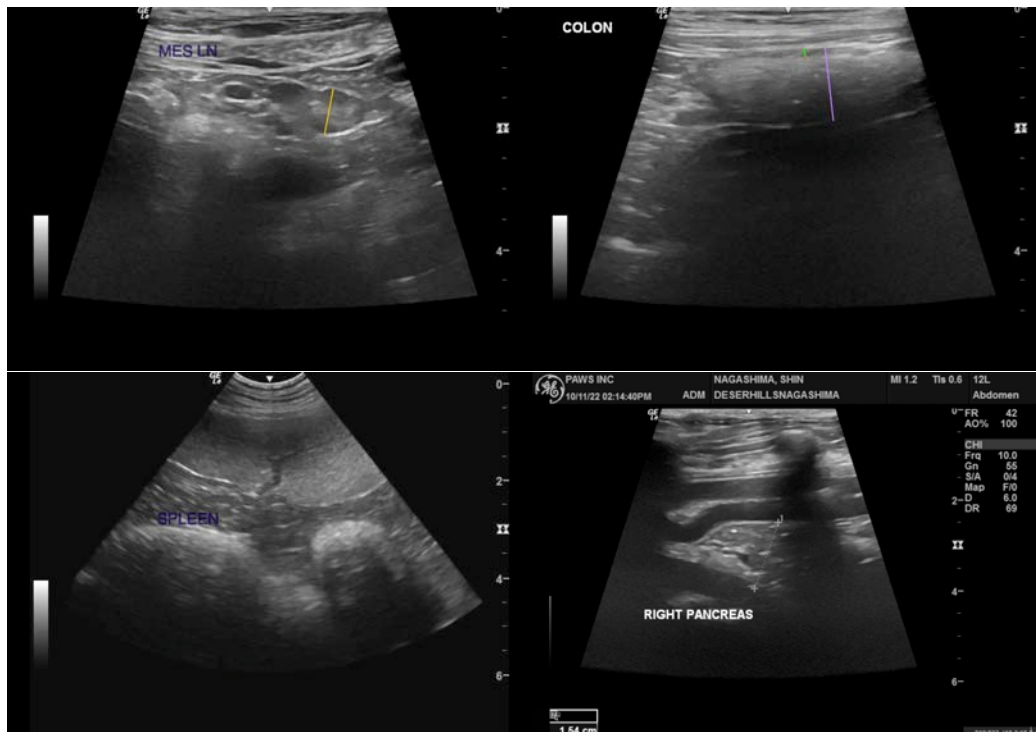
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**HOSPITAL NAME**

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**SPECIES**

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**BREED**

Australian Shepherd

**SEX**

Neutered Male

**AGE**

23 Months

**WEIGHT**

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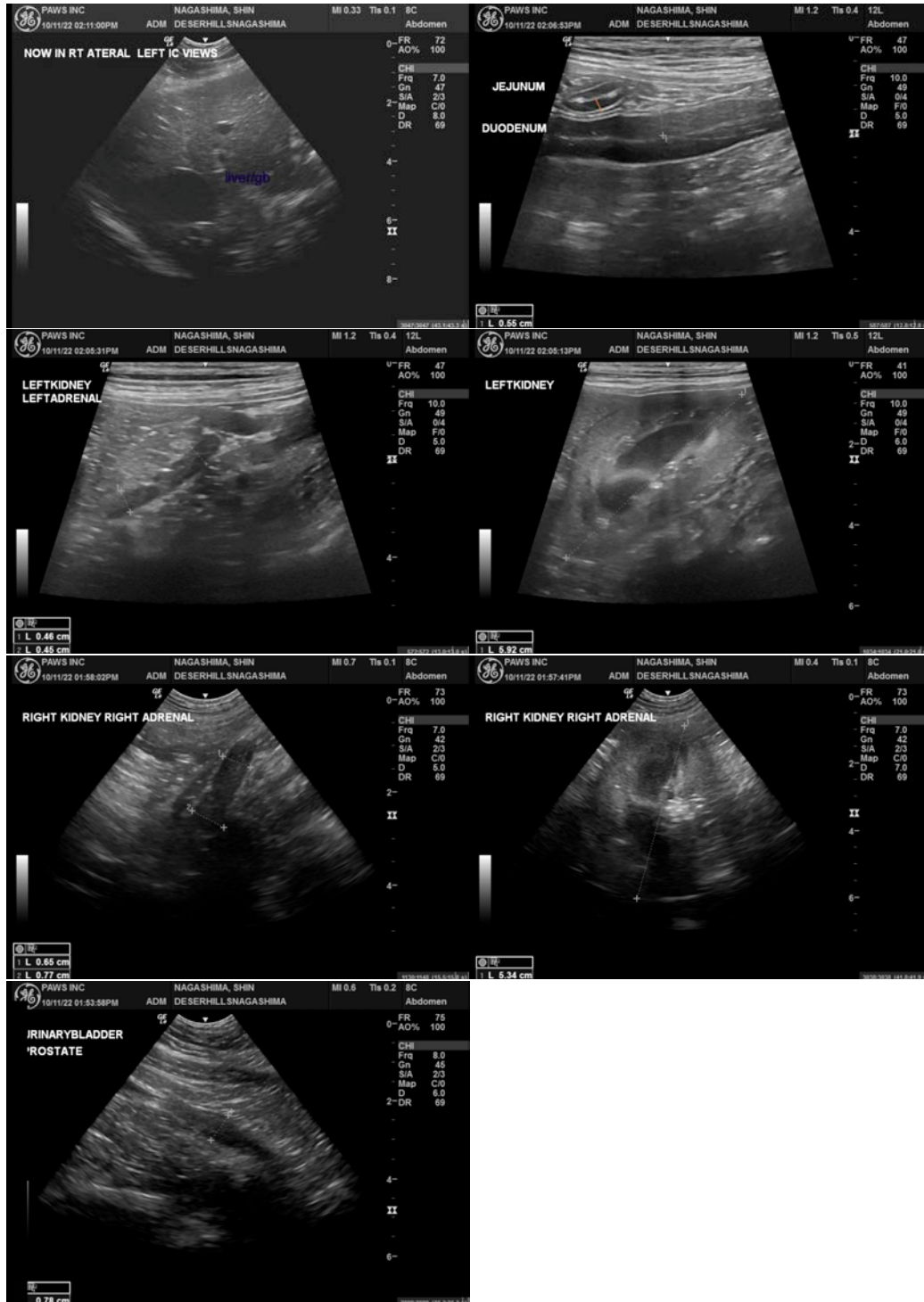
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Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY

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## PATIENT

Shin Nagashima

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

Australian Shepherd

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## SEX

Neutered Male

## AGE

23 Months

## WEIGHT

34.2 Pounds

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