



PATIENT

Peanut Spence

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

7 Years

WEIGHT

8.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Valley Vet Clinic

REFERRING VET

Dr. Lopez

INVOICE

26587

DATE

10/21/21

PRESENTING CLINICAL SIGNS

Gender (altered?): neutered male Age: 7 yrs Weight (in lbs): 8.6 lbs Breed: miniature Yorkshire terrier Chief Concern/Provisional Diagnosis: P originally presented on 10/5/21 for decreased appetite, decreased energy, intermittent vomiting and irregular defecation. O stated at the time she was still drinking normally. Originally CBC revealed elevated WBC and NEU, comprehensive chemistry was WNL. Sent home with metronidazole tabs 250mg, Albon 5% per oz, entyce 30mg and liqui-tinic 4x. P was seen again on 10/19 for the same issue. O states that he is not getting worse but also not improving much. Recheck CBC showed a consistent neutrophilia and elevated WBC. CPLI snap was positive. Diagnosis: ddx: pancreatitis and gastroenteritis History/Physical Findings: Mentation: QAR BCS:3/9. Hydration status: Hydrated. MM Pink, capillary refill time less than 2 seconds. Heart auscultates normally, P had a heart murmur 2/6 or arrhythmia noted. Lungs auscultate normally. Hair coat appears healthy. OU appear normal. AU are clean in visible ear canal. Nose appears normal. Mouth appears to have grade 3/4 periodontal disease. LN are WNL. Abdomen palpates normally with no palpable masses. No signs of lameness. Summary of Laboratory Abnormalities: CBC showed consistent neutrophilia and elevate WBC. CPLI test= positive. Chemistries have been WNL. Radiographic Abnormalities: Abdominal radiographs revealed gas in the stomach, no other significant findings. Current Therapy and Medications: Continue on entyce and RC Gastrointestinal Low Fat wet food, recommend to eliminate other diets. P finished course of metronidazole, albon, and liquitinic.

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 (0.72 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 (3.5 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 (4.0 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 left adrenal gland is normal in size measuring 0.44 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 0.55 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.



PATIENT

Peanut Spence **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.

SPECIES

Canine

Liver

BREED

Yorkshire Terrier

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.

SEX

Neutered Male

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.

Gastrointestinal

AGE

7 Years

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.

WEIGHT

8.6 Pounds

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased (measuring 0.41 cm in the jejunum). Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering, mucosal fogging and mucosal speckling. Visualized peristalsis appears appropriate, but there are many focal areas of bowel with severe corrugation/plication, reminiscent of a linear foreign body. No distinct foreign material is seen.

INTERPRETED BY

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

Correlate with clinical picture and radiographs, as some areas almost verge on an early intussusception. The bowel is very thickened and inflamed in these areas.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

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.

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.

HOSPITAL NAME

Valley Vet Clinic

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. Mild mesenteric lymphadenopathy is noted at 0.36, 0.32 cm. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of increased echogenicity around the plicated bowel loops.

REFERRING VET

Dr. Lopez

Other

INVOICE

26587

A brief view of the heart was submitted. No significant pericardial effusion was seen.

PRIMARY FINDINGS

- Severely thickened, plicated small bowel with mucosal fogging and speckling. In some areas, detail of wall layering is slightly diminished. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. A reduction in the detail of wall layering favors

DATE

10/21/21



PATIENT

Peanut Spence

either severe intestinal disease or neoplastic infiltration. Biopsy is recommended. Some of these areas are so plicated, that there could be concern for linear foreign body. Correlate with history and likelihood I this area. Some areas are also bordering on an early intussusception. Bright mucosal speckling has been proposed to represent dilated lacteals or focal accumulation of mucus, cellular debris etc.. in the mucosal crypts of the small intestine.

SPECIES

Canine

BREED

Yorkshire Terrier

- Heterogeneous 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

- Moderate gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

AGE

7 Years

- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

SECONDARY FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

8.6 Pounds

The small bowel looks very abnormal, is generally thickened with mucosal fogging and speckling, most consistent with inflammation and possibly dilated lacteals. Additionally, the bowel is bunched and plicated in areas. This can happen with severe enteritis, but these areas are severe and I cannot exclude the possibility of a linear foreign body or an early intussusception.

INTERPRETED BY

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

Options moving forward include medical management for gastroenteritis, consider a novel protein/hydrolyzed protein diet, probiotic therapy, antiemetics, etc., or ideally a more specific approach, which entails either endoscopic GI biopsies or laparotomy for GI biopsies, gastric biopsies, etc., and evaluation to ensure there is not a foreign body or intussusception present. If a conservative route is taken, monitor serial radiographs closely, and if patient is deteriorating, you may need to consider surgery. Primary differential is severe IBD/lymphangiectasia, but neoplasia cannot be excluded as a possibility. Recommend 3-view thoracic radiographs to look for evidence of concurrent intrathoracic disease.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Valley Vet Clinic

REFERRING VET

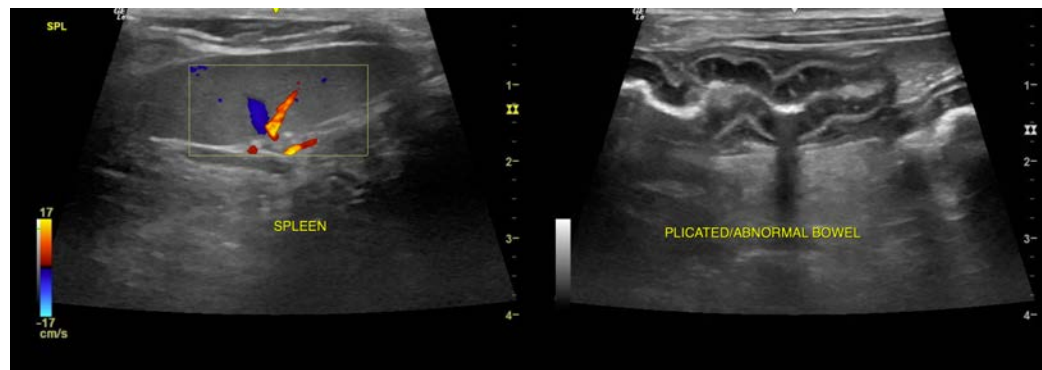
Dr. Lopez

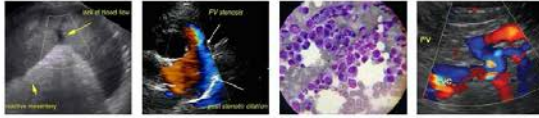
INVOICE

26587

DATE

10/21/21





PATIENT

Peanut Spence

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

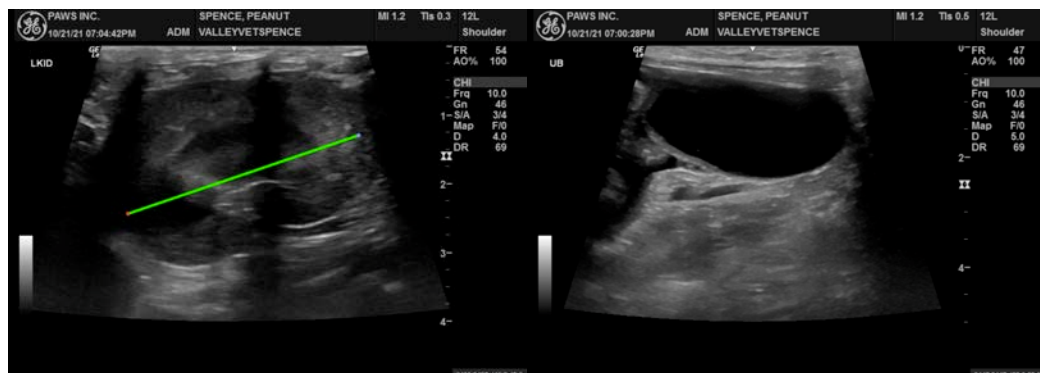
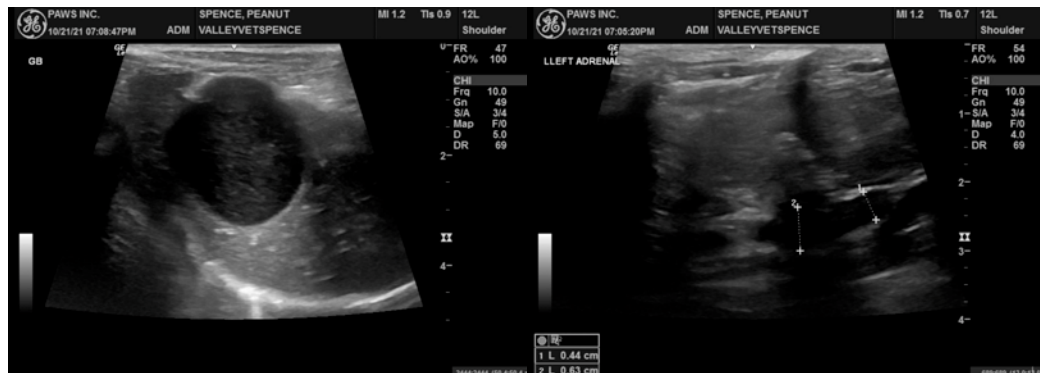
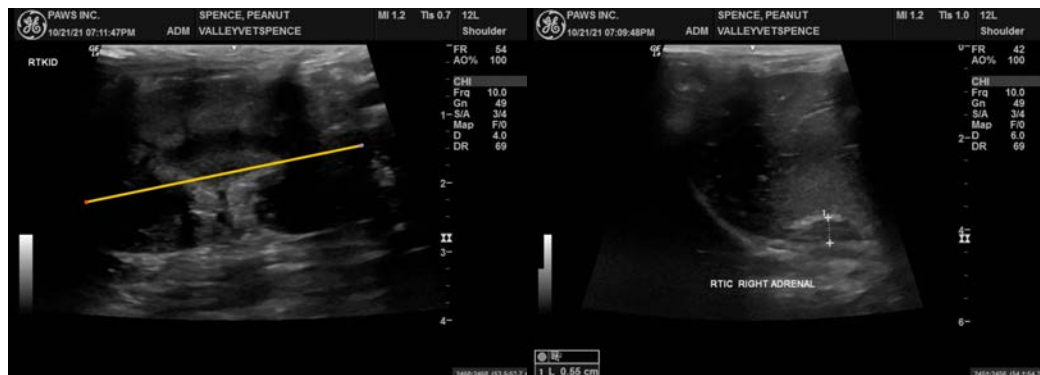
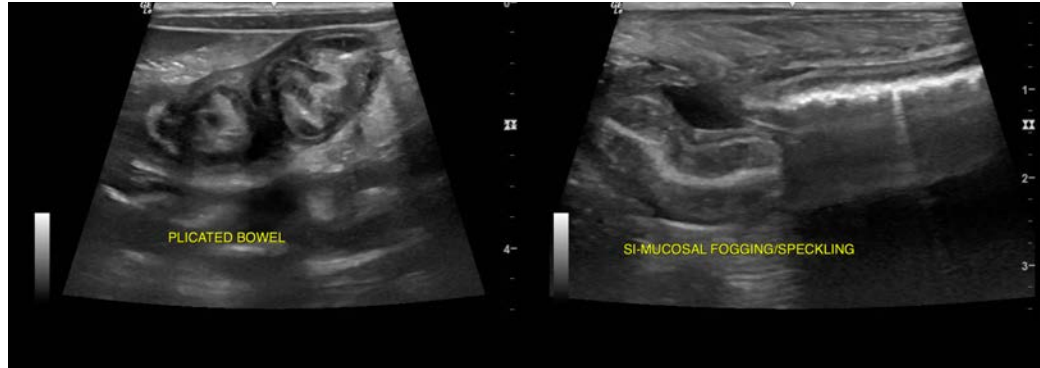
Neutered Male

AGE

7 Years

WEIGHT

8.6 Pounds



INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Valley Vet Clinic

REFERRING VET

Dr. Lopez

INVOICE

26587

DATE

10/21/21



PATIENT

Peanut Spence

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

7 Years

WEIGHT

8.6 Pounds

INTERPRETED BY

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

**IMAGING PERFORMED
BY**

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Valley Vet Clinic

REFERRING VET

Dr. Lopez

INVOICE

26587

DATE

10/21/21

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.

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

kathleen.sennello@sonopath.com