



PATIENT PRESENTING CLINICAL SIGNS

Bianca Pastrano

History: Presented on 10/23 for hematochezia - was treated with metronidazole, proviable, omeprazole but diarrhea returned 2 days later. Presented 10/25 for hematochezia and hematemesis. P still has a good appetite.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALP 545 U/L LYM 0.75 Radiographic

BREED

Schnauzer Mix

Conclusions/Recommendations: 1. The appearance of the gastrointestinal tract is consistent with gastroenterocolitis due to dietary indiscretion Pancreatitis cannot be fully excluded. The small amount of foreign material within the gastric or small intestinal lumen may represent normal ingesta versus foreign material. Conservative medical management along with repeat radiographs in 24 hours could be considered. An abdominal ultrasound will be suggested if vomiting occurs. 2. Bilateral severe hip dysplasia 3. The focal region of smooth nonaggressive periosteal reaction on the caudal aspect of the cranial most positioned femur on the lateral radiograph likely represents a region of previous trauma or a normal patient variant of the nutrient foramen. Additional radiographs could be considered if clinically indicated to further assess.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

10 years

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.

WEIGHT

24.7 lbs

The left kidney has a normal shape and size (4.91 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. A small cortical cyst was noted. 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)

The right kidney has a normal shape and size (5.09 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.

IMAGING PERFORMED BY

Dr. Moore

Adrenal Glands

HOSPITAL NAME

Lone Mountain AH

The left adrenal gland is normal in size measuring 0.52 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.

REFERRING VET

Dr. Moore

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

INVOICE

92653

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.

DATE

10/26/21



PATIENT

Liver

Bianca Pastrano

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. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. There is a moderate 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 <0.7cm 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.

SEX

Spayed Female

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 and the jejunum measured as normal (0.39 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

10 years

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

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Internal Medicine)

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.

IMAGING PERFORMED BY

Free Abdomen

Dr. Moore

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.

HOSPITAL NAME

Lone Mountain AH

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

REFERRING VET

Dr. Moore

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

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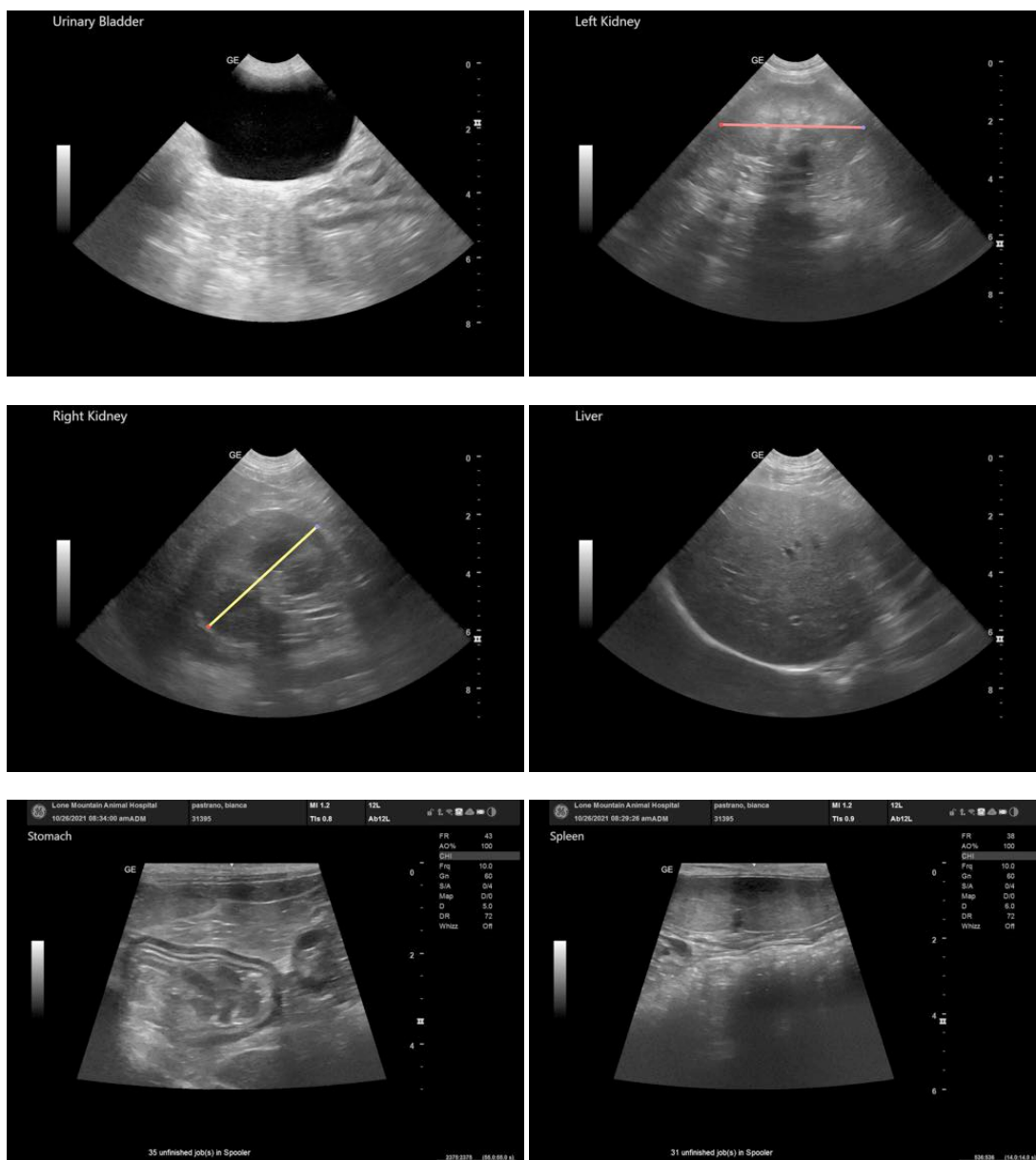
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large and small bowel appear relatively normal on this scan. The findings are most consistent with acute hemorrhagic gastroenteritis. I recommend supportive care with fluids if needed with anti-nausea medications, antibiotics, etc. If symptoms persist consider testing for Clostridium and/or a GI panel with a quantitative PLI, TLI, cobalamin and folate to look for evidence of pancreatitis, which is not evident on today's scan.

The liver was somewhat heterogenous and the gallbladder was mildly distended with debris. I recommend rechecking liver values once the GI signs have resolved for a couple of weeks. If the ALP remains elevated then you can consider liver function testing, adrenal function testing if signs of Cushing's are present and/or a FNA of the liver.





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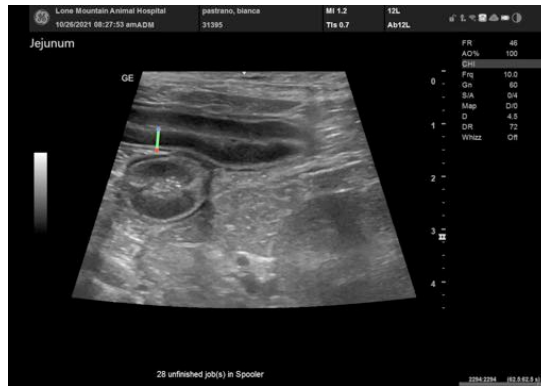
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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