**PATIENT**Big Joe Forlenza  
54235A**SPECIES**

Canine

**BREED**English Cream  
Retriever**SEX**

Neutered Male

**AGE**

10 Years 6 Months

**WEIGHT**

23.4 kg

**INTERPRETED BY**Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)**IMAGING  
PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**Madison Vet  
Specialists - Dr. Galvis**INVOICE**

42353

**DATE**

10/26/22

**PRESENTING CLINICAL SIGNS**

Over the last month, Big Joe has been losing weight (~10lbs) in the last month. This weekend (10/22-10/23), owner noticed Big Joe drinking more and urinating more. Sunday (10/23), Big Joe began having bouts of vomiting & diarrhea. Diarrhea was almost black and Big Joe was having to urinate every 2 hours and also was leaking urine in between going outside. Went to vet yesterday (10/25) where blood work was done. Vomiting stopped Monday morning and Big Joe has not eaten since. According to owners, Big Joe has only eaten 1/4 cup of chicken & white rice in the past 24 hours. Current medications: Gabapentin: PRN/ depending on activity level Carprofen: discontinued Monday/ typically given BID 1/2 tab

Abnormal PE/Chem/CBC/UA Results: WBC 9.8k Neu 8.4k Alb 2.6 Chol 389 No proteinuria found on urinalysis

**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 (1.17 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 (6.77 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.

The right kidney has a normal shape and size (6.65 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.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.65 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 0.66 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.

**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.

**Liver**

The liver is subjectively normal/borderline small, and is hypoechoic with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible

**PATIENT**Big Joe Forlenza  
54235A**SPECIES**

Canine

**BREED**English Cream  
Retriever**SEX**

Neutered Male

**AGE**

10 Years 6 Months

**WEIGHT**

23.4 kg

**INTERPRETED BY**Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)**IMAGING  
PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**Madison Vet  
Specialists – Dr. Galvis**INVOICE**

42353

**DATE**

10/26/22

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 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.

***Gastrointestinal***

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.40 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.

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. Duodenum wall measures 0.46 cm. Jejunum wall measures 0.39 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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. Some areas of the distal colon appear subjectively mildly thickened, measuring at 0.46 cm. These areas retain intact wall layering and could be consistent with mild colitis.

***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***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent mesenteric lymph nodes. The medial iliac lymph nodes are isoechoic and slightly prominent. The right measures 0.73 cm. The left measures 0.78 cm. Mesenteric lymph nodes measure 0.71 cm and 0.82 cm in width. The mesentery is of normal echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

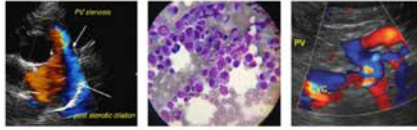
- Heterogeneous, hypoechoic liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Subjectively thickened colon wall – Findings are most consistent with empty colon or mild colitis.
- Mildly prominent, isoechoic mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A large focal lesion is not observed on today's scan. The liver subjectively seems slightly small. Correlate this with abdominal radiographs. It is somewhat heterogeneous. Recommend a liver function test and possibly a fine needle aspirate of the liver to further investigate. If liver function is significantly abnormal, a liver biopsy may need to be considered.

**IMAGING PERFORMED BY**

SVS Mobile Imaging CT 262 - 366 - 5970  
fredgromalak@gmail.com



**PATIENT**

Big Joe Forlenza  
54235A

**SPECIES**

Canine

**BREED**

English Cream  
Retriever

**SEX**

Neutered Male

**AGE**

10 Years 6 Months

**WEIGHT**

23.4 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Madison Vet  
Specialists - Dr. Galvis

**INVOICE**

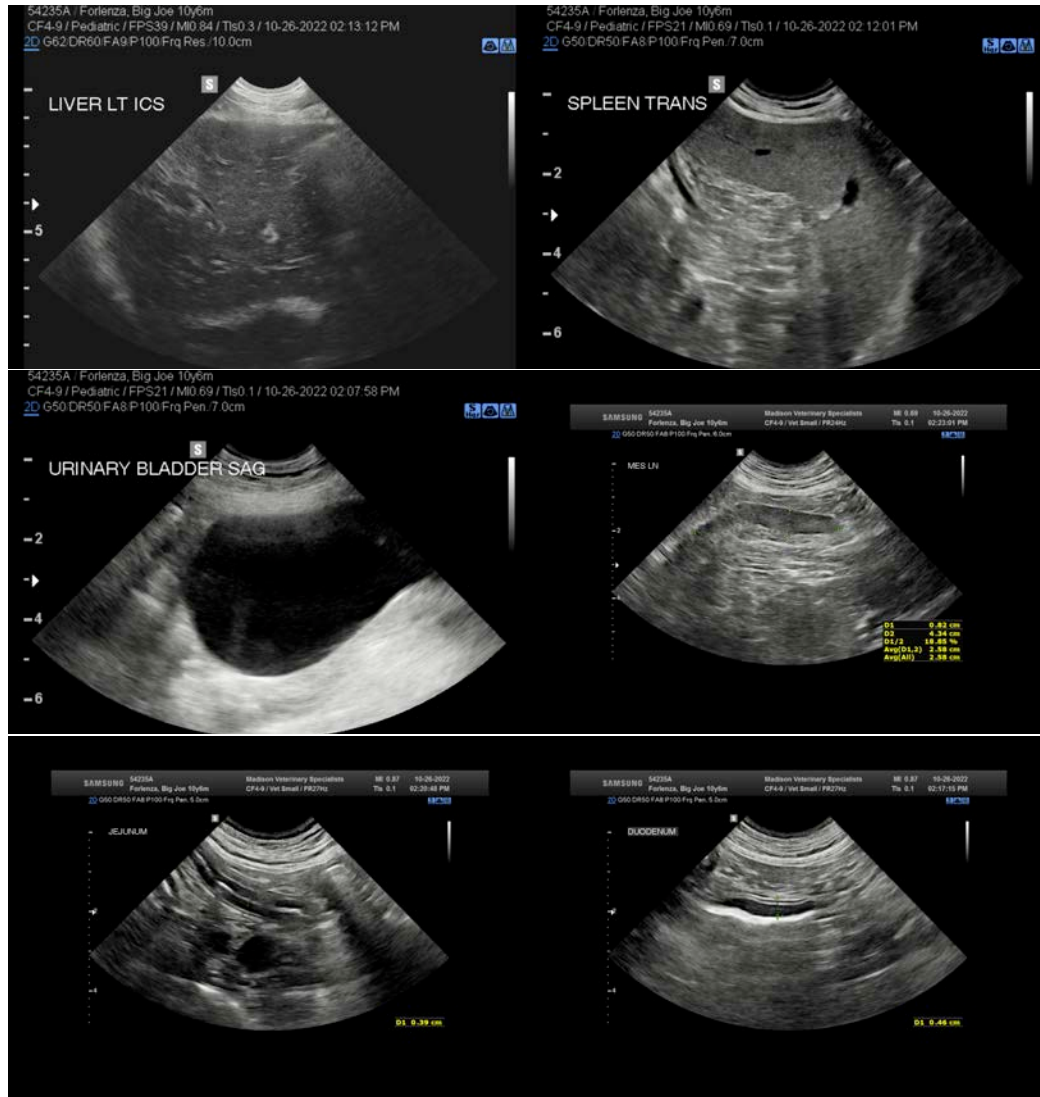
42353

**DATE**

10/26/22

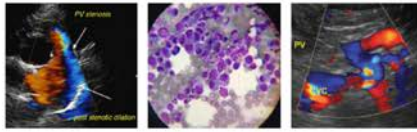
While no focal lesions are visualized associated with the gastrointestinal tract, there is concern for possible underlying gastrointestinal disease based on the possible melena reported. This could correlate with decreased albumin levels. If there has been no blood in the vomit, then this is likely a small intestinal lesion, and in a big dog, endoscopy will only evaluate the very cranial aspect of the small intestine. I would recommend a novel protein/hydrolyzed protein diet in case of dietary sensitivity, a GI panel to Texas A&M for a PLI, TLI, cobalamin and folate, and if liver function is normal, then consider upper GI endoscopy to look for any lesions with the knowledge that capsule endoscopy or exploratory surgery may be necessary to obtain more information regarding the GI tract.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



IMAGING PERFORMED BY

SVS Mobile Imaging CT 262-366-5970  
fredgromalak@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™  
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Big Joe Forlenza  
54235A

SPECIES

Canine

BREED

English Cream  
Retriever

SEX

Neutered Male

AGE

10 Years 6 Months

WEIGHT

23.4 kg

INTERPRETED BY

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

IMAGING  
PERFORMED BY

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

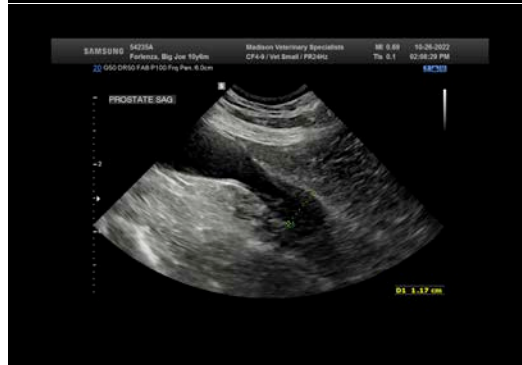
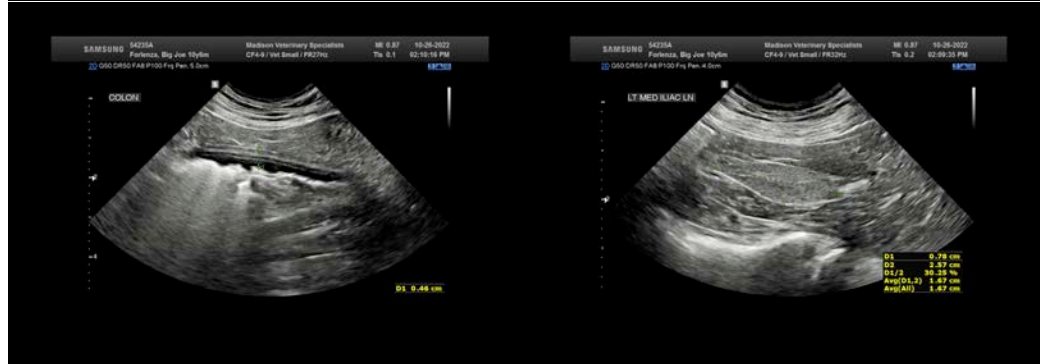
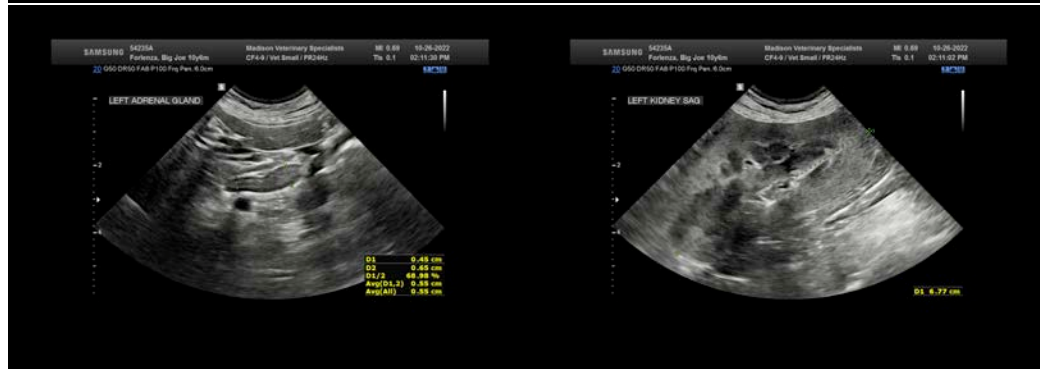
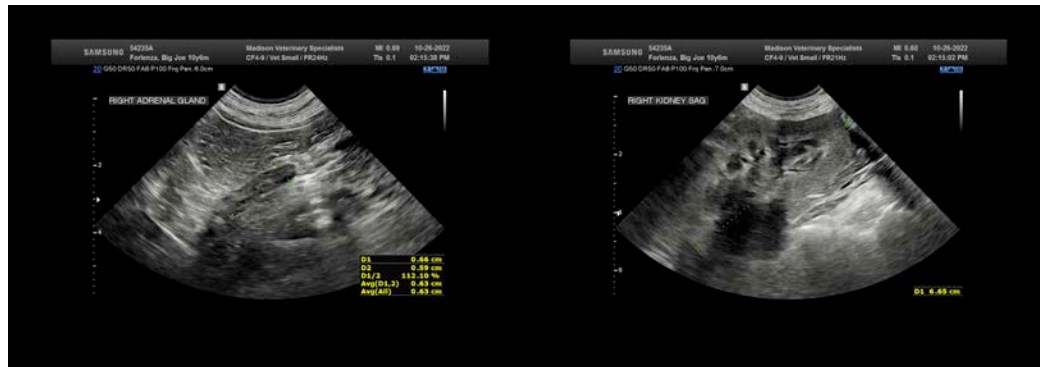
Madison Vet  
Specialists - Dr. Galvis

INVOICE

42353

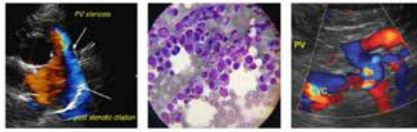
DATE

10/26/22



**IMAGING PERFORMED BY**

SVS Mobile Imaging CT 262 - 366 - 5970  
fredgromalak@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™  
1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Big Joe Forlenza  
54235A

**SPECIES**

Canine

**BREED**

English Cream  
Retriever

**SEX**

Neutered Male

**AGE**

10 Years 6 Months

**WEIGHT**

23.4 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Madison Vet  
Specialists - Dr. Galvis

**INVOICE**

42353

**DATE**

10/26/22

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.

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