



**PATIENT**

Gizmo Watkins

**PRESENTING CLINICAL SIGNS**

**SPECIES**

Canine

**BREED**

Border Collie X

**SEX**

Neutered Male

**AGE**

11 Months

**WEIGHT**

30 Pounds

Patient presents for Fever of unknown origin. P seen at rdvm for fever a few days post neuter. FUO panel neg bw WBC 30k. P responded to 1m doxy/clindamycin. 1week after completing course fever returned. Doing well since restarting doxy/clinda. Good appetite/energy now. No hx C/S/V/D. Objective Vitals: 2:37pm 10/24/22 Wt: 32 lb. 8 oz. T: 99.5 F. HR: 108 RR: 24 CRT: <2 By: VDI General Appearance: Bright, alert, responsive; pink MM; CRT <2 sec; body condition score=4/9; hydrated Eyes: No corneal lesions bilaterally; pupils normal in size and symmetrical; no conjunctivitis; no ocular discharge Ears: AU no exudate observed; no erythema present Integument: Skin and coat appear healthy; no apparent dermatitis or external parasites Oral Cavity: Teeth are free from excessive tartar; no gingivitis Lymphatics: Lymph nodes all normal size Cardiovascular: Regular rhythm; no murmur detected; strong femoral pulses Musculoskeletal: No lameness and strong gait Gastrointestinal: Benign abdomen on palpation Urogenital: External genitalia appears normal; bladder normal on palpation Respiratory: Lungs auscult clear; no tachypnea or dyspnea; no tracheal sensitivity Neurologic: Cranial nerves and spinal reflexes within normal limits Assessment FUO recurring Plan FUO panel repeat (prev neg may have been early and not detected by dna) 4dx negative in house Discussed AUS to r/io abscess/granuloma other

Abnormal PE/Chem/CBC/UA Results: FEVER UNK ORIGIN COMP K9 BABESIA SPP by ReNEGATIVE ANAPLASMA SPP b NEGATIVE EHRLICHIA SPP by NEGATIVE Rickettsia spp. Real NEGATIVE HEPATOZOON SPP NEGATIVE LEISHMANIA SPP NEGATIVE CANINE BARTONELNEGATIVE BRUCELLA CANIS NEGATIVE TRYPANOSOMA CRNEGATIVE BLASTOMYCES DE NEGATIVE COCCIDIOIDES SP NEGATIVE CRYPTOCOCCUS SNEGATIVE HISTOPLASMA CAPNEGATIVE NEOSPORA CANIN NEGATIVE LEPTOSPIRA SPP BNEGATIVE LEPTOSPIRA SPP NEGATIVE TOXOPLASMA GONNEGATIVE

**INTERPRETED BY**

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

**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.

**IMAGING BY**

Loetitia Saint-Jacques, LVT

The prostate is normal in size (0.95 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.

**HOSPITAL NAME**

Donner Truckee VH

The left kidney has a normal shape and size (4.9 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.

**REFERRING VET**

Dr. India Vannini

The right kidney has a normal shape and size (5.27 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.

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**Adrenal Glands**

**DATE**

10/26/22



## PATIENT

Gizmo Watkins The left adrenal gland is normal in size measuring 0.48 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.

## SPECIES

Canine 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.

## BREED

Border Collie X **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.

## SEX

Neutered Male **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.

## AGE

11 Months 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 hyperechoic debris. The cystic and common bile ducts are normal/not visible.

## WEIGHT

30 Pounds **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.

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MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

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.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

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.

## HOSPITAL NAME

Donner Truckee VH

### **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.

## REFERRING VET

Dr. India Vannini

### **Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent mesenteric lymph nodes at 0.53 cm and 0.57 cm. The left sublumbar lymph node is somewhat prominent at 0.87 cm. The right measures 0.58 cm. The omentum is of normal echogenicity.

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### **Other**

The scrotal area is evaluated and there is no associated inflammation or fluid in the region.

## DATE

10/26/22



Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY  
pawsonography@gmail.com 530-786-8340

**PATIENT**

Gizmo Watkins

**ULTRASONOGRAPHIC FINDINGS**

**SPECIES**

Canine

- Prominent mesenteric and sublumber lymph nodes – Differentials include inflammation, infection, and underlying neoplasia. These are likely normal for a young dog.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

Border Collie X

No sources observed to identify the cause of the reported fever. A good general assessment (which you have largely already done) including evaluation for skin lesions, draining tracts, looking for evidence of uveitis, lymphadenopathy, a new heart murmur, neck pain, lumbar pain, joint pain, etc. is recommended. Additionally, 3-view thoracic radiographs and abdominal imaging (already done) and vector born disease testing (already done) is recommended. I typically like to attempt to get some cultures (ideally off of antibiotics for approximately 5-7 days), primarily a urinalysis and culture +/- blood cultures. For some individuals I will recommend an echocardiogram, looking for endocarditis.

**SEX**

Neutered Male

**AGE**

11 Months

If no source of infection can be identified, then I would typically obtain joint taps, even without demonstrable effusion, to look for evidence of underlying inflammatory disease. At some point, immune mediated disease needs to be considered under close observation and with a discussion with the owner prior to considering immunosuppression.

**WEIGHT**

30 Pounds

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**IMAGING BY**

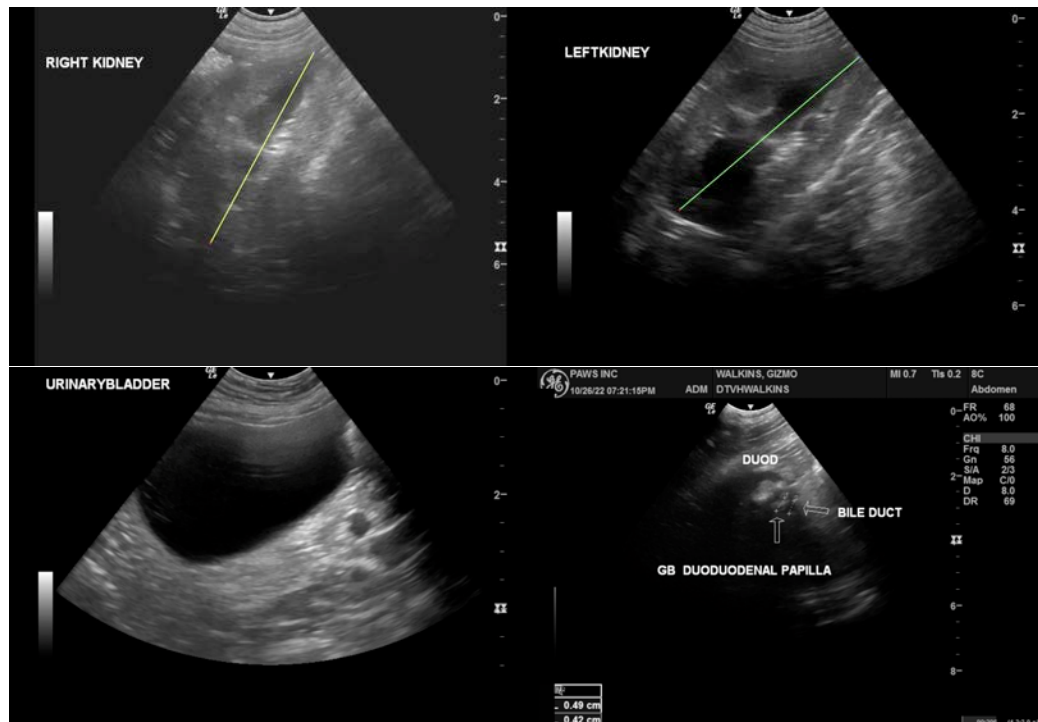
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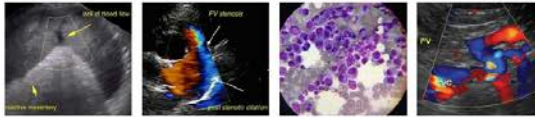


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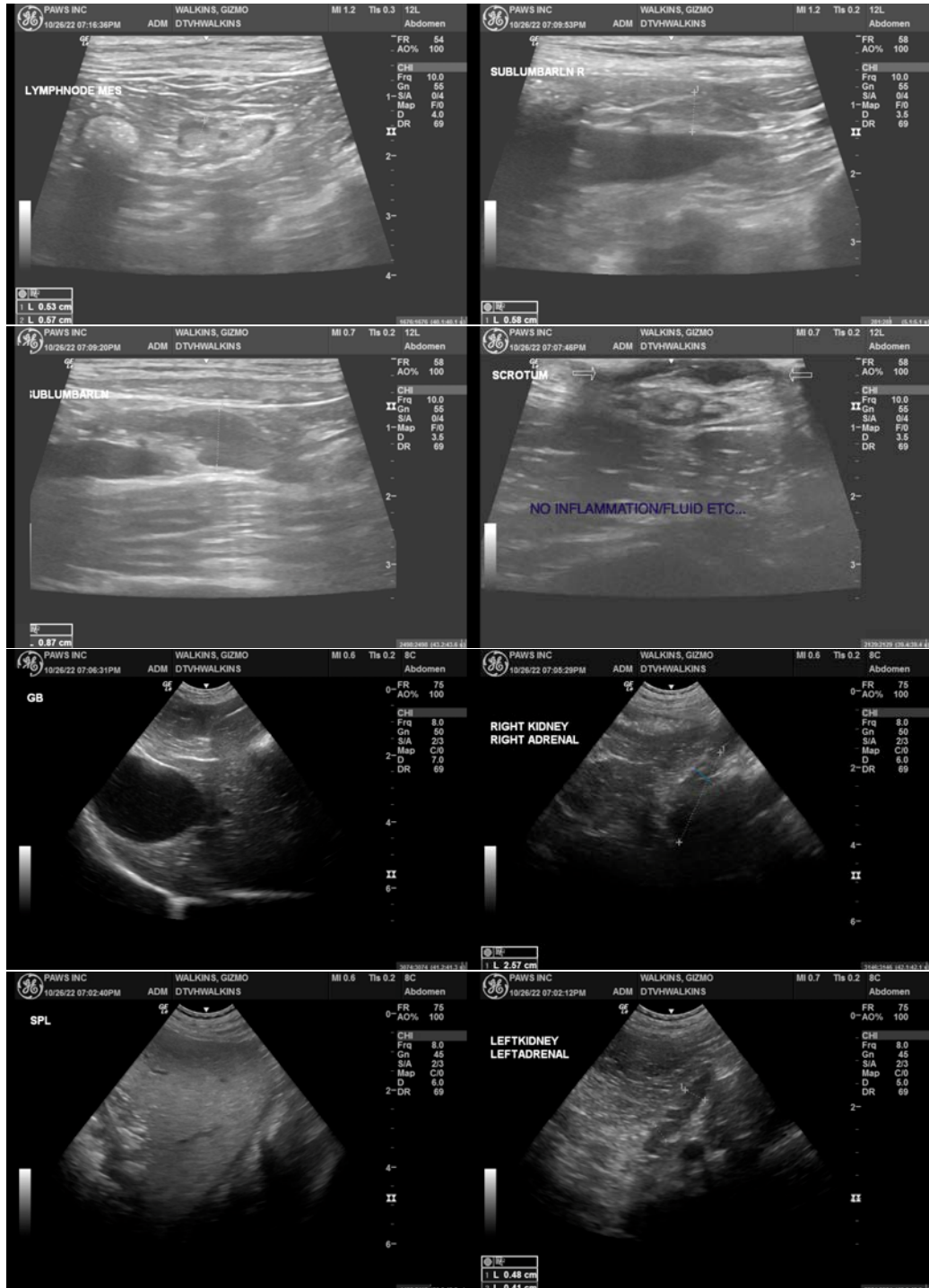
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## BREED

Border Collie X



## SEX

Neutered Male

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.

## AGE

11 Months

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

## WEIGHT

30 Pounds

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