



PATIENT PRESENTING CLINICAL SIGNS

RJ Sico Patient presents for chronic diarrhea, dietary indiscretion outside, poorly responsive to metronidazole. Current meds: Provable Forte.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Bernadoodle

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

Intact Male

The prostate is large in size (2.24 cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

AGE

8 Months

The left kidney has a normal shape and size (4.49 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.

WEIGHT

29.8 Pounds

The right kidney has a normal shape and size (5.16 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

INTERPRETED BY

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

The left adrenal gland is normal in size measuring 0.36 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 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.

IMAGING PERFORMED BY

Kelly Vazquez

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.

HOSPITAL NAME

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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.

REFERRING VET

Dr. Megan Moore

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.

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Gastrointestinal

DATE

10/6/21

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.



PATIENT

RJ Sico

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. Jejunum wall measured 0.35 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SPECIES

Canine

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized moderately dilated with what appears to be shadowing formed fecal material and gas. There is no observed focal or generalized colon wall thickening or loss of layering.

BREED

Bernadoodle

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.

SEX

Intact Male

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. Mild mesenteric lymphadenopathy is present. Mesenteric lymph nodes are mildly prominent, measuring 1.08 cm, 0.69 cm, and 0.67 cm. The omentum is of normal echogenicity.

AGE

8 Months

Other

WEIGHT

29.8 Pounds

The left and right testicle were visualized and appear normal.

ULTRASONOGRAPHIC FINDINGS

- Large, hyperechoic prostate – This is normal for an intact male dog.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. Mild lymph node enlargement is normal in young dogs.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The scan today is relatively normal, and no focal lesions were visualized to explain a cause for the chronic diarrhea reported. Unfortunately, many causes for diarrhea cannot be definitively diagnosed by ultrasound alone.

- Consider metabolic causes based on blood work, ACTH stim results, and liver function testing.
- If metabolic testing is relatively normal, then consider primary GI causes such as GI parasitism, dietary indiscretion, mild pancreatitis, bacterial dysbiosis, food allergy, IBD, and less likely intestinal neoplasia.

In young dogs with chronic symptoms, I would strongly consider GI parasites (both testing and empirical treatment), dysbiosis (especially if this pet has been on systemic antibiotics before), food allergy, and less likely IBD or neoplasia due to the young age.

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- Recommend diet trial with a novel protein hydrolyzed prescription diet in case of dietary sensitivities/food allergy.
- Recommend GI panel with TLI, PLI, cobalamin and folate to look for evidence of exocrine pancreatic insufficiency, pancreatitis not evident on today's scan, or evidence of dysbiosis. If dietary changes and probiotics in time do not cause improvement, you may need to consider obtaining endoscopic GI biopsies in the future.



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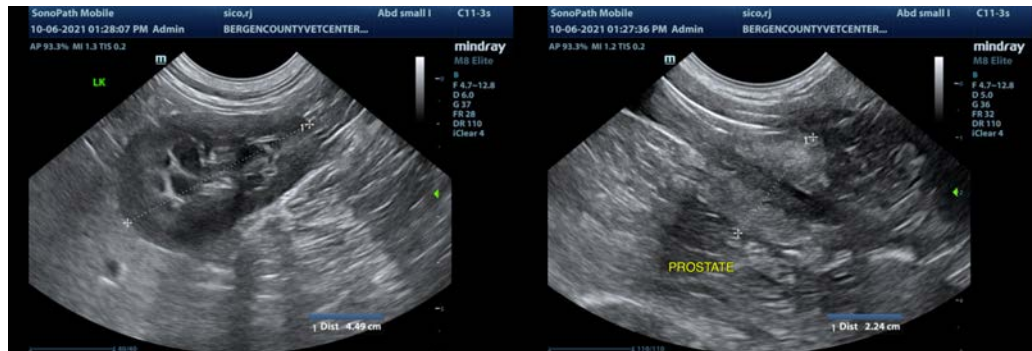
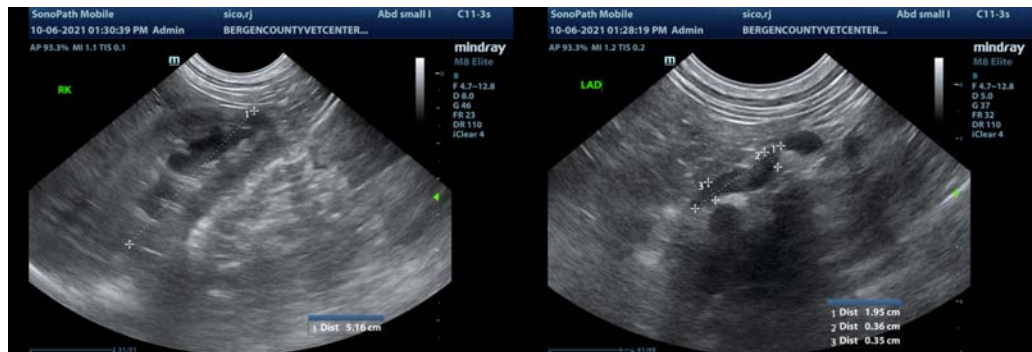
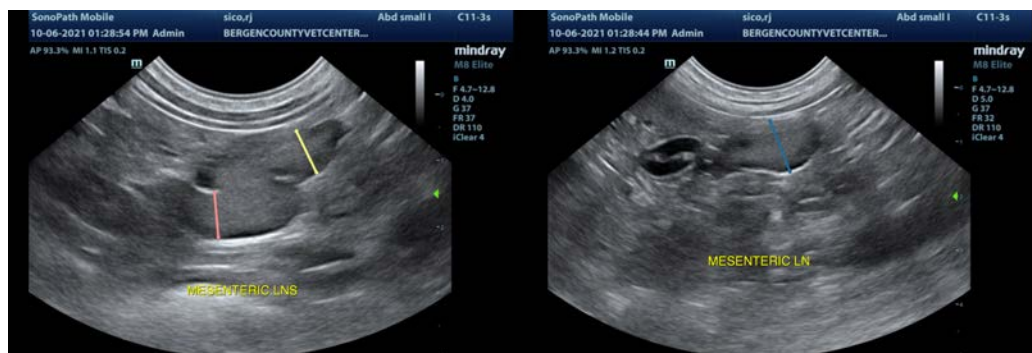
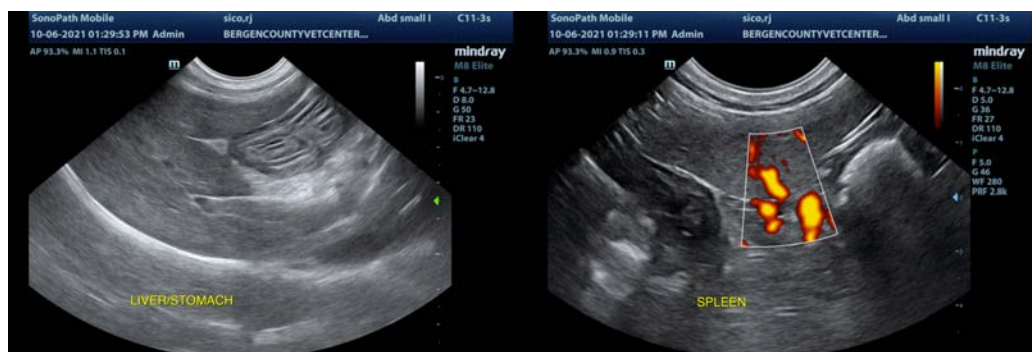
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
kathleen.sennello@sonopath.com