



PATIENT PRESENTING CLINICAL SIGNS

Meatball Morrison History: anxious- sedated- valium, then dex/torb Referring Veterinarian: Anna Lopez Hospital Name: Valley Veterinary Clinic Patients Name: Meatball Owners first and last name: Traci Morrison Species: K9 Gender (altered?): neutered Age: 5 yr Weight (in lbs) 69.2 lb Breed: Pit Bull Chief Concern/Provisional Diagnosis: P is re-presenting for vomiting today. P was seen in April and had labwork done.

Canine Unremarkable at the time. P has been eating Hills Sensitive stomach diet and table scraps have been eliminated. O reports that appetite has been decreased lately and p will still vomit. Diagnosis: Ddx: gastritis History/Physical Findings: Physical exam: Mentation: BAR BCS: 5/9 Hydration status: Euhydrated MM Pink, capillary refill time less than 2 seconds. Heart auscultates normally, no murmur 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 2/4 periodontal disease. LN are WNL.

Pitbull

Abdomen palpates normally with no palpable masses. No signs of lameness. Summary of Laboratory Abnormalities: Prep profile and CBC were WNL. Radiographic Abnormalities: No radiographs have been taken Current Therapy and Medications: FortiFlora X 5 1/2 packet BID

Neutered Male

Abnormal PE/Chem/CBC/UA Results:

AGE

5 Years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT

69 Pounds

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

INTERPRETED BY

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

The prostate is subjectively large in size, measuring 1.42 cm for this neutered male dog. The parenchyma appears homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi. If neutered later in life, this could be normal for this individual.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

The left kidney has a normal shape and size (6.73 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.

HOSPITAL NAME

Valley Veterinary

The right kidney has a normal shape and size (5.95 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

REFERRING VET

Dr. Megan Plateman

The left adrenal gland is normal in size measuring 0.58 cm. 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.

INVOICE

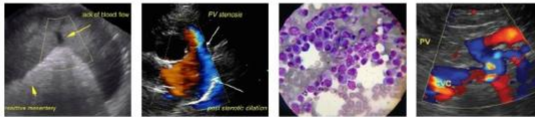
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The right adrenal gland is normal in size measuring 0.77 cm. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

DATE

10/8/21

Spleen



PATIENT Meatball Morrison
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. There is a very small hypoechoic nodule visualized at 0.54 cm.

SPECIES *Liver*

Canine
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 gall bladder 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.

BREED *Gastrointestinal*

Pitbull
SEX Neutered Male
The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

AGE 5 Years
The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering (+/- enter with mucosal speckling). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The duodenum measured 0.49 cm. The jejunum measured 0.45 cm, 0.31 cm, 0.36 cm.

WEIGHT 69 Pounds
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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Medicine)

Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic 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*

Loetitia Saint-Jacques, RVT

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild mesenteric lymphadenomegally present (Mesenteric lymph nodes are measured at 0.45 cm and 0.78 cm). There was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

REFERRING VET

Primary Findings

Dr. Megan Plateman

- Prominent mottled pancreas- The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Hypoechoic 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

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neoplasia (less likely) or other hepatopathy. If liver values are normal this is likely normal for this individual.

- Fluid and ingesta dilated stomach- Correlate with feeding history. If not recently fed this could represent delayed gastric emptying or partial gastric obstruction (not clearly visualized)
- Moderately thickened small intestine- The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. A reduction in the detail of wall layering favors either severe intestinal disease or neoplastic infiltration. Biopsy is recommended.
- Small hypoechoic lesion in the spleen- There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

Secondary Findings

- Prominent prostate- The prostate is normal in appearance, but measures as large. This could be normal for a pet that was neutered after puberty, if neutered before 6 months of age, consider a fine needle aspirate of the prostate.
- Mild mesenteric lymphadenopathy- 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

The changes observed on today's scan are relatively mild. No focal lesions associated with the gastrointestinal tract were visualized. The stomach does appear somewhat dilated, possibly with the lack of progressive motility. Correlate with abdominal radiographs as a chronic gastric foreign body cannot be excluded as a possibility. Additionally, the pancreas is somewhat prominent which could be consistent with current or previous inflammation. Unfortunately, many causes for vomiting cannot be definitively diagnosed by ultrasound alone.

- Consider metabolic causes based on bloodwork, ACTH stim results, Liver function testing, Gi panel (TLI/PLI, folate, cobalamin.)
- Consider primary GI causes: Gi parasitism, dietary indiscretion, mild pancreatitis, bacterial dysbiosis, food allergy, IBD and less likely intestinal neoplasia.

If gastric foreign material seems unlikely, I'd recommend generalized supportive care for gastroenteritis and pancreatitis and sending out a GI panel PLI/TLI/cobalamin/folate to further for pancreatic disease and small intestinal disease.

- I recommend a diet trial with novel protein/hydrolyzed prescription diet
- I recommend starting a probiotic
- I recommend ACTH stimulation
- I recommend empirical deworming
- If symptoms are progressing despite these measures, consider obtaining GI biopsies



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Neutered Male

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**IMAGING PERFORMED
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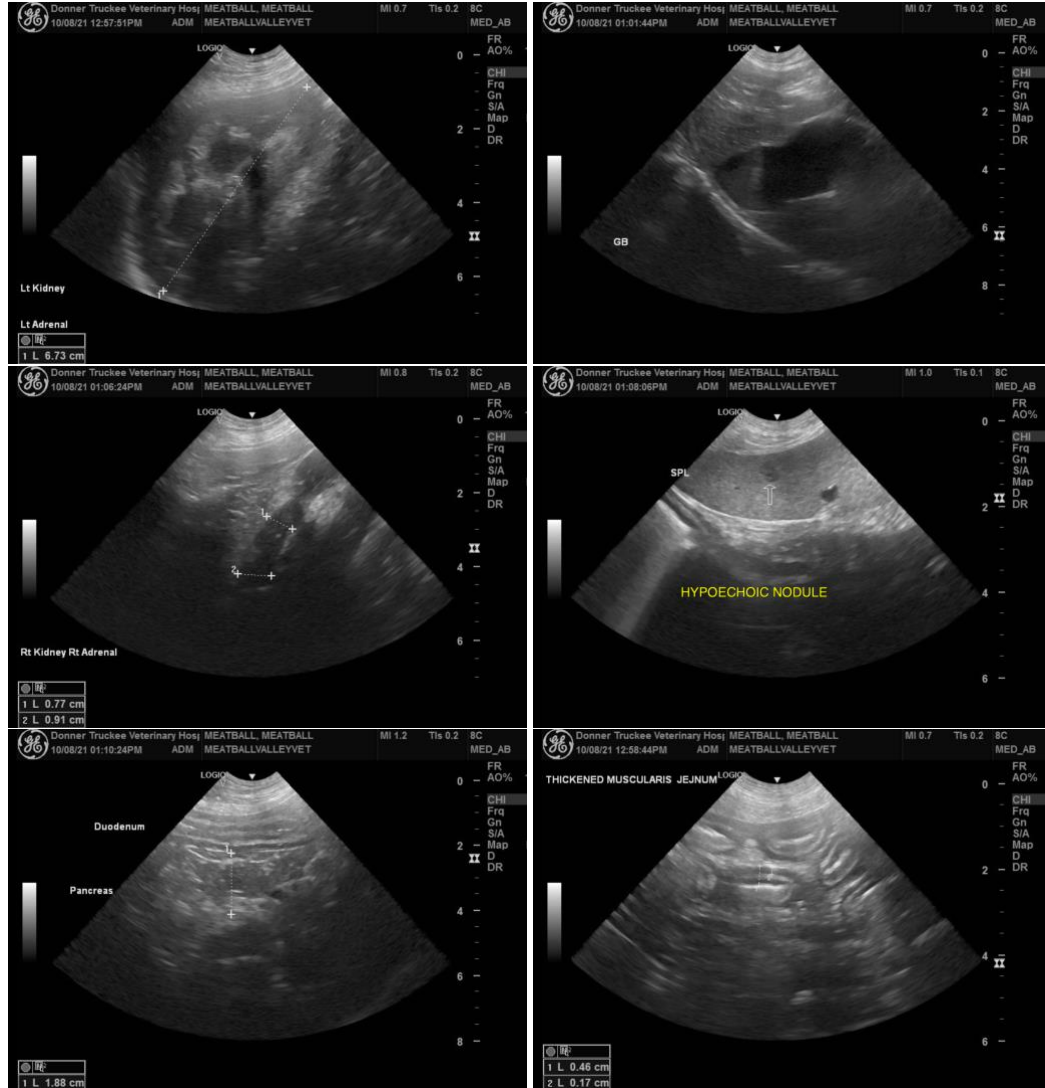
Dr. Megan Plateman

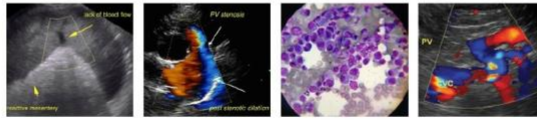
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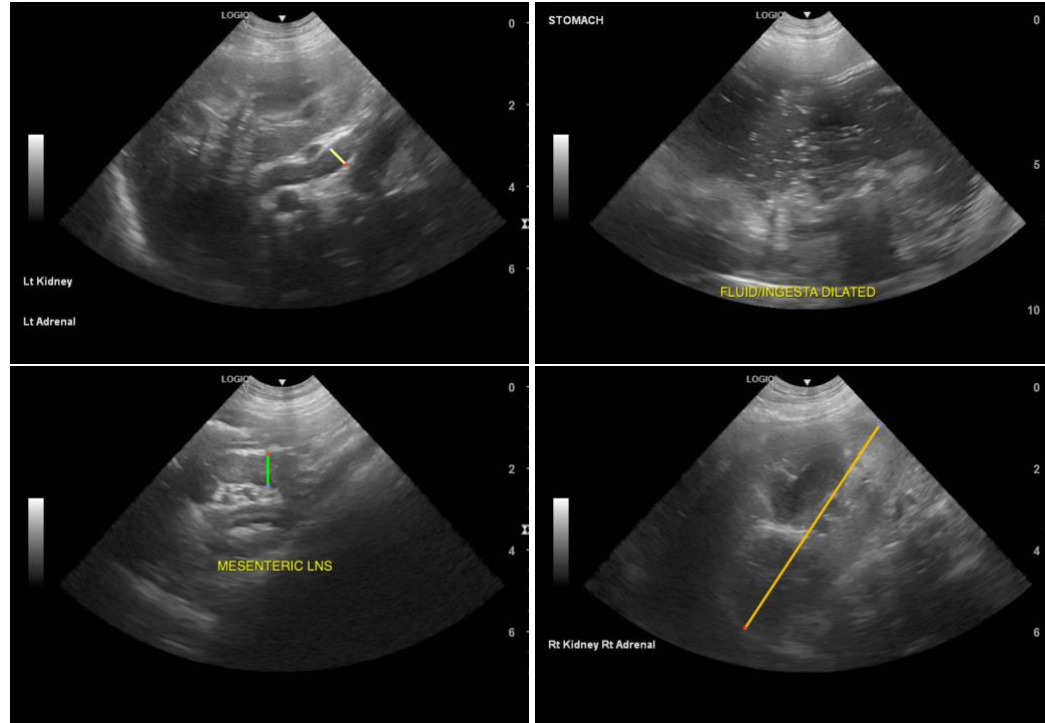
Neutered Male

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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.

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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

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