



PATIENT PRESENTING CLINICAL SIGNS

Dealer McAden

Initially presented to Texas A&M Internal Medicine Services October 23, 2021 for Hematochezia with vomiting and anorexia. Working diagnosis: Acute Hemorrhagic Diarrhea Syndrome. Testing there supposedly ruled out gastrointestinal parasitism, Addison's disease, and pancreatitis. Abdominal ultrasound was not performed. Treated with Provable and Cerenia. PRESENTED TODAY FOR:

SPECIES

Canine

Lethargy-started this week. VITALS: Temperature: 102.2 Heart Rate: 128 bpm Respiratory Rate: 120 (panting) bpm Mucous Membrane Color: Pink Capillary Refill Time: <2 seconds CURRENT

BREED

Pomeranian

MEDICATIONS: --Oxy Fresh water additive: 1/2 teaspoon every day --Cosequin: EXAM FINDINGS: Prostate is enlarged. Possible pain is apparent on abdominal palpation. Dental disease. Medial luxating patellas. LAB RESULTS: CBC and chemistry panel results are normal. Urinalysis results reveal glucose 100, protein 30, abundant rod bacteria, sperm, white blood cells, with a pH of 6 and Specific Gravity: >1.050. ASSMENT AND PLAN: UTI present. Administered Convenia injection pending culture results.

SEX

Intact male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

4 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

7.78 lbs

The prostate is large in size (2.0 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.

INTERPRETED BY

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

The left kidney has a normal shape and size (3.11 cm). Overall echogenicity is slightly hyperechoic with poor 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. Rupley

The right kidney has a normal shape and size (3.64 cm). Overall echogenicity is slightly hyperechoic with poor 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

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Adrenal Glands

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.

REFERRING VET

Dr. Rupley

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

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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

11/11/21



PATIENT

Liver

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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. Luminal contents are primarily anechoic. 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

Intact male

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 (0.31 cm) and the jejunum measured as normal (0.3 cm, 0.34 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

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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.

WEIGHT

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Pancreas

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Internal Medicine)

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. Rupley

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.

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

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Dr. Rupley

- Large, hyperechoic prostate. The findings could be consistent with BPH, prostatitis and less likely neoplasia.
- Mildly reduced corticomedullary distinction in both kidneys. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Low resolution makes this difficult to interpret.

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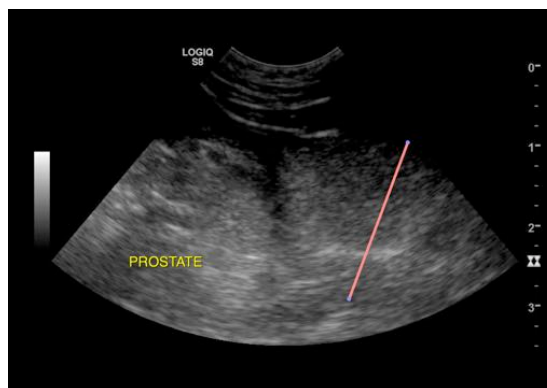
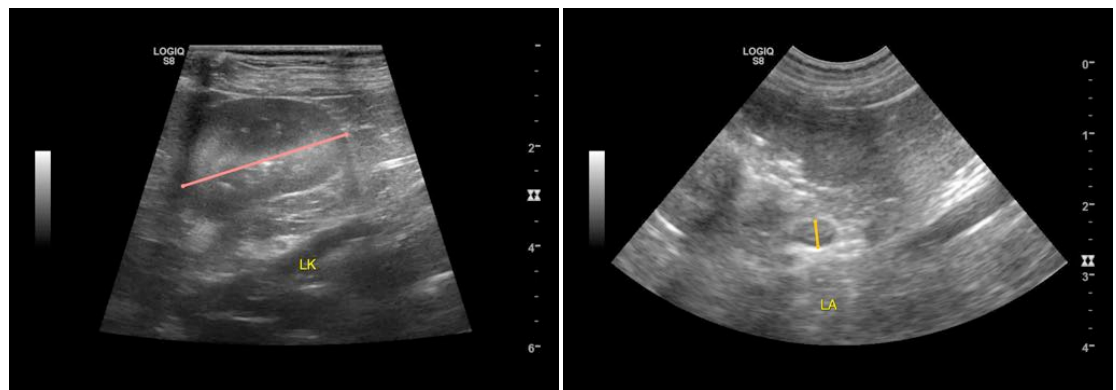
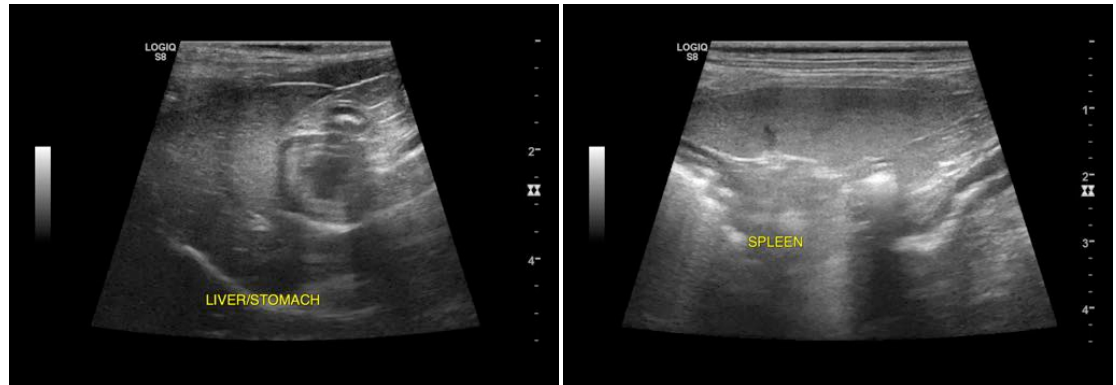
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large abdominal lesion is not visualized. The prostate is large and historical information indicates a possible UTI. The presence of protein and glucose could also indicate pyelonephritis. I recommend urine culture (I believe already done) and appropriate treatment for prostatitis. Additionally, I recommend neutering. A repeat culture is recommended a week after discontinuation of antibiotics to ensure that the infection has cleared.





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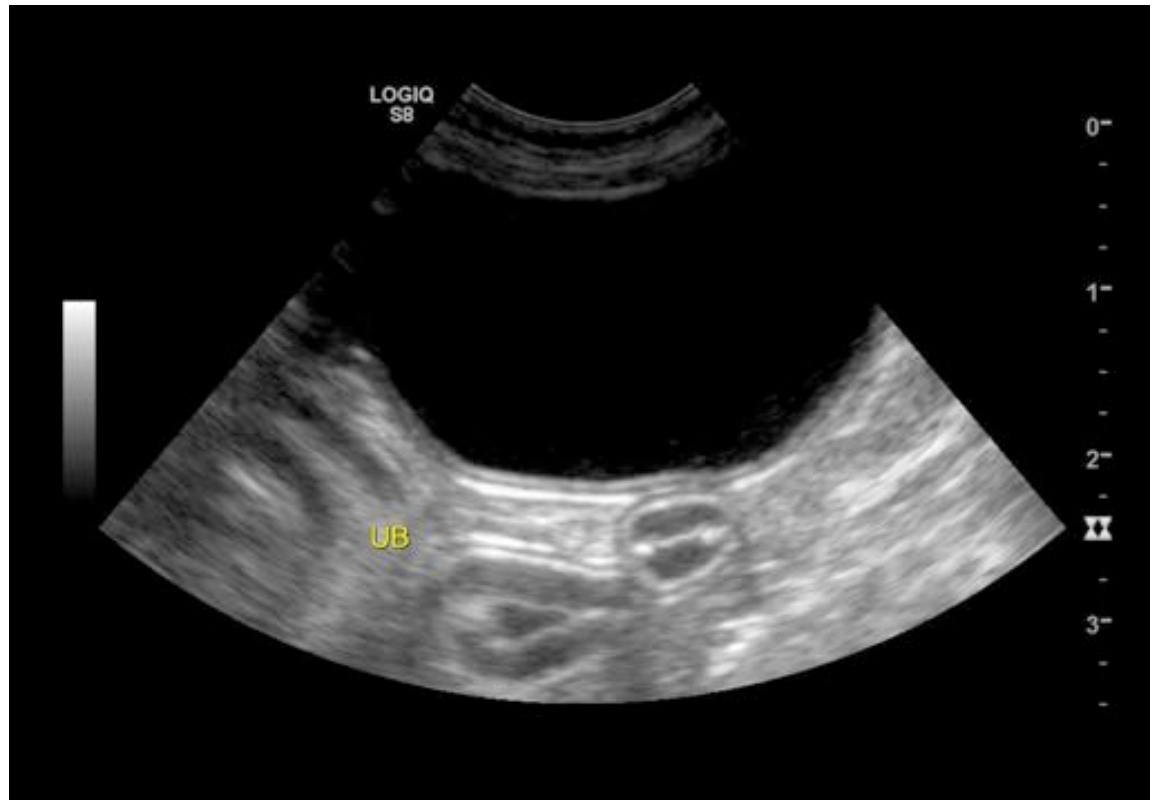
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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