

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Olive BleyBerg

SPECIES Canine

BREED GSH

SEX Spayed Female

PRESENTING CLINICAL SIGNS MEDS: Metoclopramide 10 mg 1.5 T PO q8h Cerenia 60 mg 1 T PO q24h PRN i/d LF diet- Current Problem List: Recurrent bouts of lethargy, hyporexia, vomiting. - DDx: Food allergy / Food sensitivity, pancreatitis, delayed gastric emptying O reports "bad breath that does not smell like it's coming from the oral cavity but deeper down" Presenting Complaint: Presenting for abdominal ultrasound after 2 recent bouts of lethargy, hyporexia and vomiting. O has also reported on several previous occasions "bad breath that does not smell like it's coming from the oral cavity but deeper down". Recommended abdominal ultrasound to look for indicators of pancreatitis, intestinal inflammation potentially consistent with IBD or other GI inflammatory process, gastric hypomotility, etc. Patient seems to be somewhat responsive to empiric treatment with Metoclopramide, Cerenia and LF diet.

Abnormal PE/Chem/CBC/UA Results: Comprehensive Chemistry + CBC performed 11/3/22 unremarkable AFAST performed 11/3/22 - unremarkable

AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

7.3 Years **Urinary System**

WEIGHT 59 Pounds

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.

INTERPRETED BY

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

The left kidney has a normal shape and size (6.0 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.

IMAGING BY

Loetitia Saint-Jacques, LVT

The right kidney has a normal shape and size (6.83 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.

HOSPITAL NAME

Truckee Meadows VH

Adrenal Glands

The left adrenal gland is normal in size measuring 0.57 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. Rachel Kuester

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

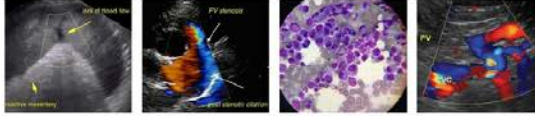
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Spleen

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

11/29/22



PATIENT *Liver*

Olive BleyBerg

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly 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.

SPECIES

Canine

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.

BREED

GSH

Gastrointestinal

SEX

Spayed Female

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.

AGE

7.3 Years

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

WEIGHT

59 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.

INTERPRETED BY

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(Small Animal Internal
Medicine)

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.

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LVT

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. A mesenteric lymph node is visualized at 0.48 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

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Truckee Meadows VH

- Mildly 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 neoplasia (less likely) or other hepatopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Today's scan appears relatively normal. The liver is mildly heterogeneous, but with no history of liver enzyme elevations, the significance of this is unclear. Unfortunately, there are many differentials for anorexia and vomiting that cannot be diagnosed by ultrasound alone.

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PATIENT

Consider such differentials as food allergy/dietary intolerance, GI parasitism, pancreatitis, dysbiosis, recurrent dietary indiscretion, IBD and less likely neoplasia, etc....

Olive BleyBerg

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)

SPECIES

- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.

Canine

BREED

- Recommend chronic probiotic therapy.

GSH

- Recommend screening for Addison's disease.

SEX

- If symptoms are persistent and primary gastrointestinal disease is suspected, consider obtaining GI biopsies (endoscopic or surgical).

Spayed Female

AGE

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

7.3 Years

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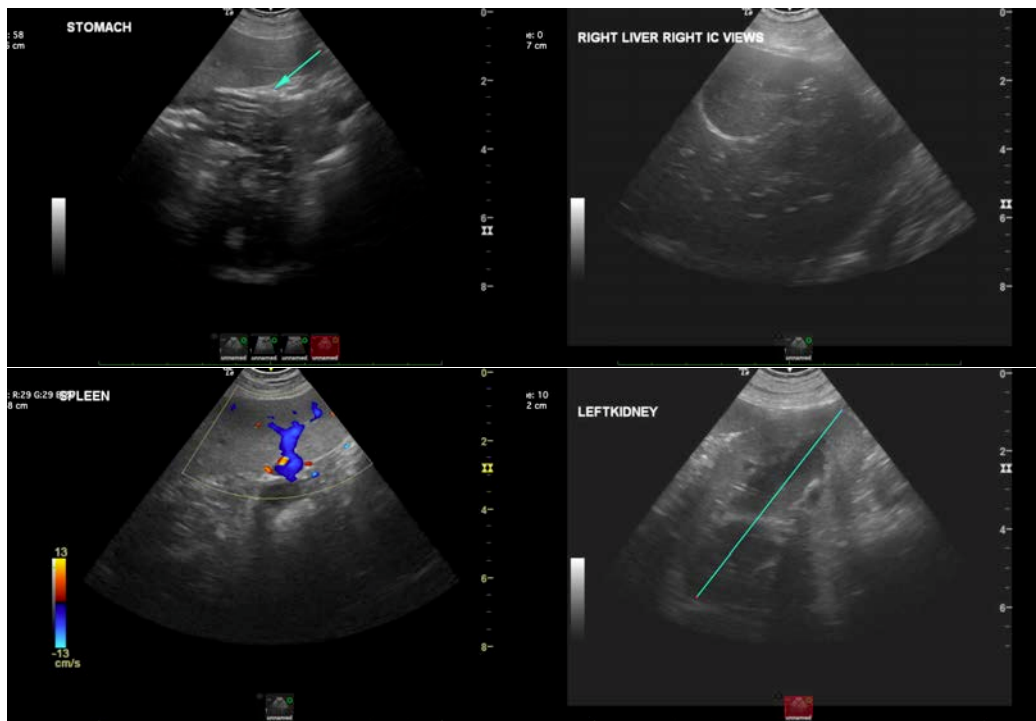
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HOSPITAL NAME

Truckee Meadows VH

REFERRING VET

Dr. Rachel Kuester

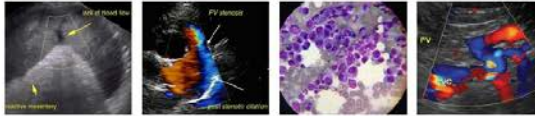


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Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY

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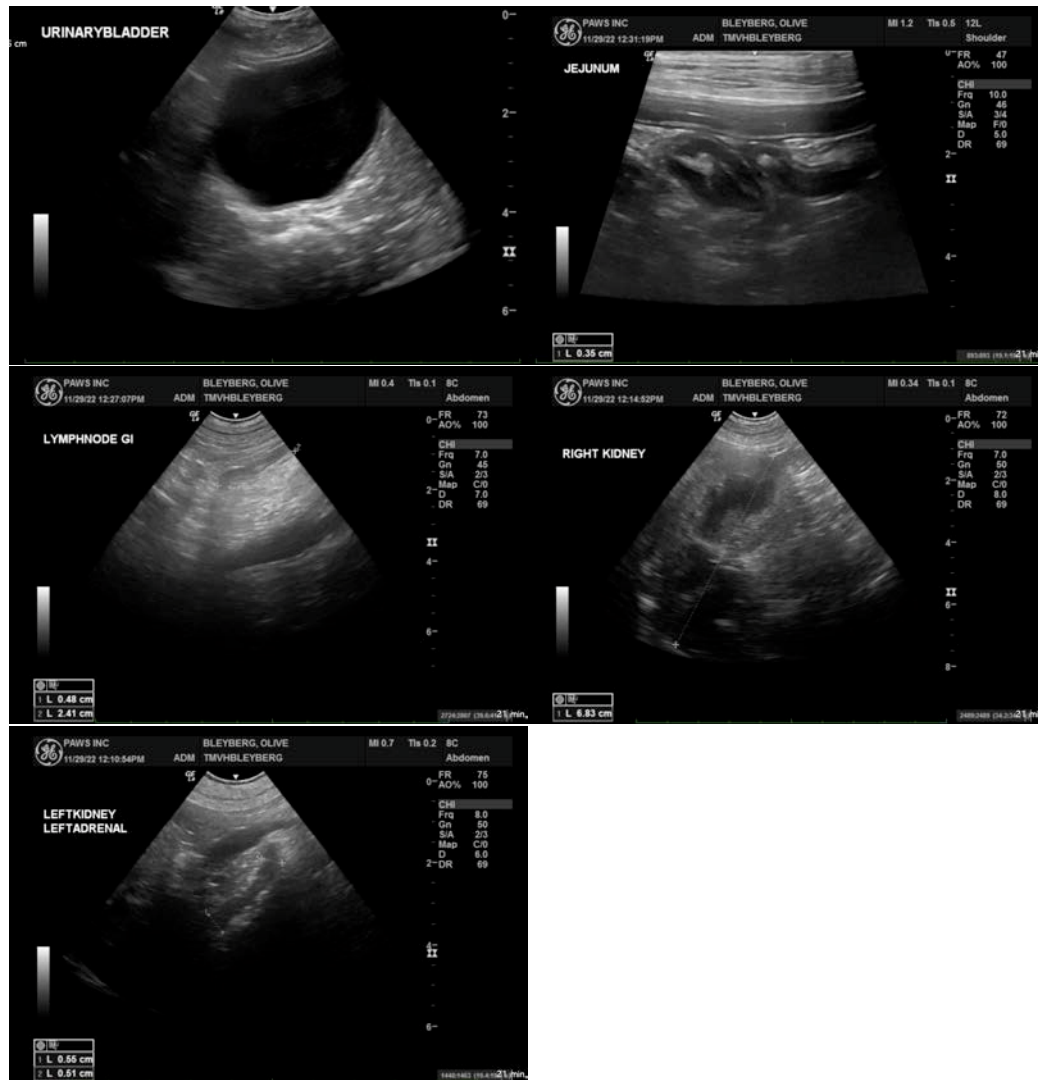
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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