



PATIENT

Bentley Trent

SPECIES

Canine

BREED

Standard Poodle

SEX

Neutered Male

AGE

7 Months

WEIGHT

37 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

VCA Lakeside AH

REFERRING VET

Dr. Park

INVOICE

33644

DATE

12/22/21

PRESENTING CLINICAL SIGNS

SWO. Discussed only minimal improvement on panacur. Discussed next step to test Texas GI panel & AUS. Discussed how we might test for a grain allergy. In theory could go onto grain free food for 1-2 weeks, then if CX resolve, challenge with specific grains to see what the issue is. While not ideal, may at least satisfy curiosity, and potential that we will not improve on grain free diet as well. For now, we will plan on imaging and texas GI before trialing grain free. 13-Dec-2021 09:23 Phone Trent, Tava CC Amanda Welch amanda.welch/13-Dec-2021 O took photos everyday of stools, after panacur, stools somewhat firmer but still having soft stools in general. Spoke with dr about food (was eating chicken, rice, cottage cheese), discontinued rice and stools resolved, stools hardened but still smelly stools and can hear grumbling. Had running stools thursday until saturday, solid sat, sun, mon since eliminating rice (1/4 cup) and cottage cheese. Has behavioral issues (hyperactive, no focus) but last couple days has been better. Still on fortiflora daily in am, strictly on GI puppy dry BID. Goes in litterbox when can't go out to walks. Wants to schedule sent out PCR to Kansas state and abdominal ultrasound.
Abnormal PE/Chem/CBC/UA Results: • Soft stool (19-Oct-2021) • Tapeworm infection (22-Jul-2021) • Hookworm infection (22-Jul-2021) • Wellness/Preventive care (01-Jul-2021) AUS to look at GI tract

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.

The prostate is normal in size 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.

The left kidney has a normal shape and size (6.3 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.

The right kidney has a normal shape and size (4.7 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

The left adrenal gland is normal/borderline flat in size measuring 0.35 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 right adrenal gland is normal/borderline flat in size measuring 0.54 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.



PATIENT

Bentley Trent **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.

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Liver

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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.

SEX

Neutered Male

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.

Gastrointestinal

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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.

WEIGHT

37 Pounds

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. Duodenum wall measured 0.50 cm. Jejunum wall measured 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

Pancreas

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

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.

Free Abdomen

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild mesenteric lymphadenopathy visualized with mesenteric lymph nodes measuring 0.84 cm, 0.35 cm, and sublumbar lymph nodes measuring 0.61 cm and 0.62 cm. The omentum is of normal echogenicity.

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Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

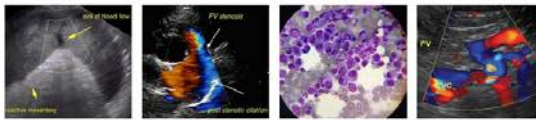
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- Normal/borderline flat adrenal glands – Consider screening for Addison’s disease given the age and symptoms described.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. This is a very common finding in young dogs and is likely within normal limits.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Today's scan is largely normal. The adrenal glands appear normal/slightly flattened. Given the age and symptoms described, either an ACTH stimulation test or baseline cortisol would be reasonable to rule out atypical Addison's. The mesenteric lymph nodes are prominent, but this is likely normal given the patient's age and described symptoms. Your plan described in the history sounds like a good one.

BREED

Standard Poodle

- Recommend a GI panel to Texas A&M to evaluate a PLI, TLI, cobalamin and folate, looking for evidence of small intestinal disease, pancreatic insufficiency, etc.
- Recommend continued probiotic therapy.
- I typically go with a novel protein or hydrolyzed protein prescription diet (I've had the most success with Royal Canin HP). Some dogs also do well on a low-fat diet or high fiber diet.
- At this age, dietary intolerance, GI parasites, or other infectious organisms are the most likely differentials. However, if symptoms persist as this dog gets older, GI biopsies could be considered.

SEX

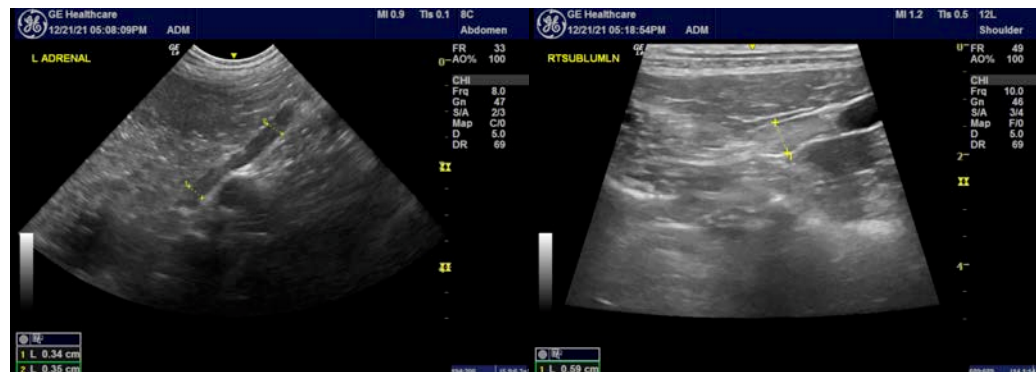
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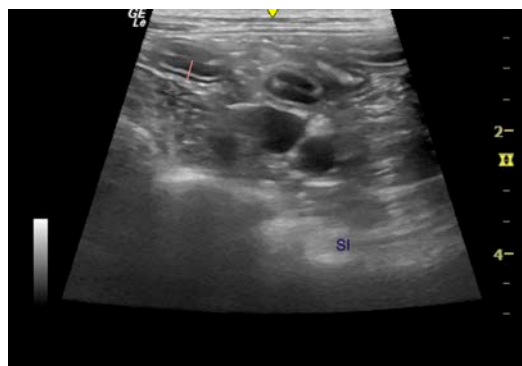
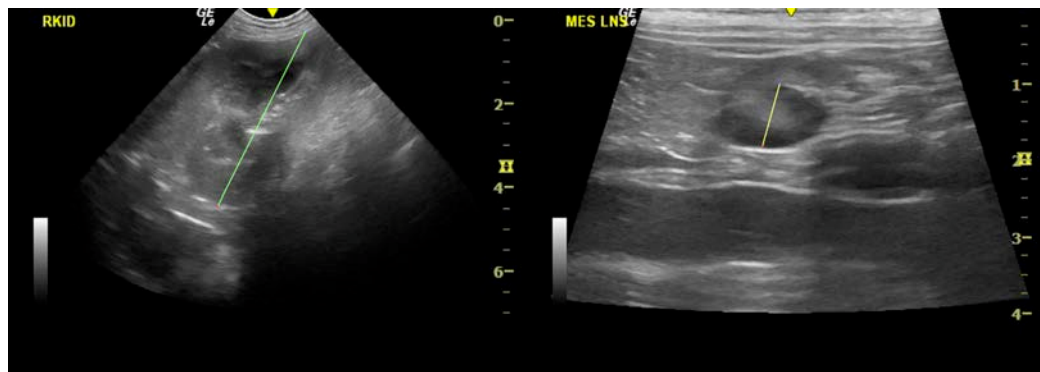
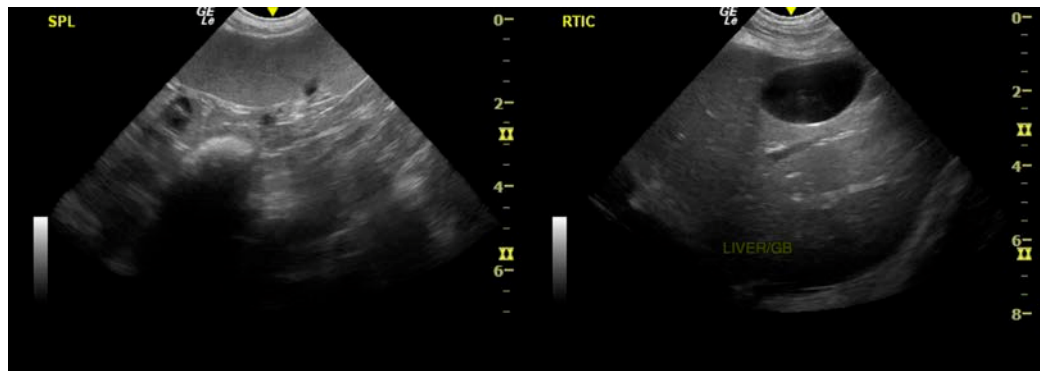
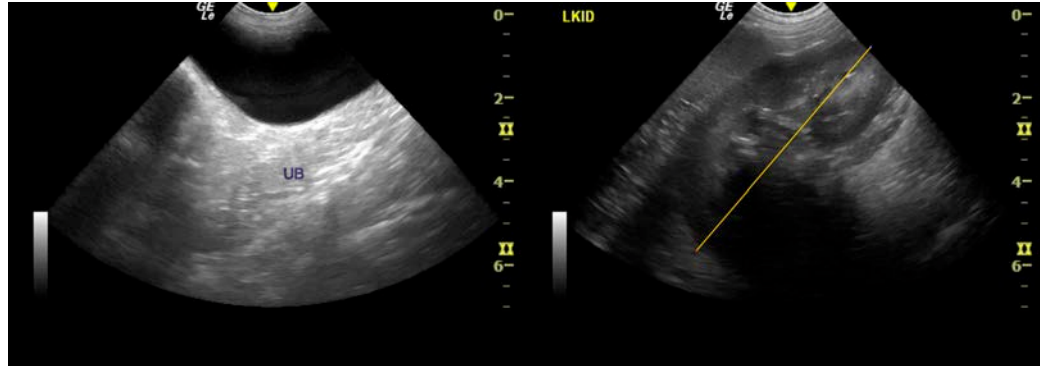
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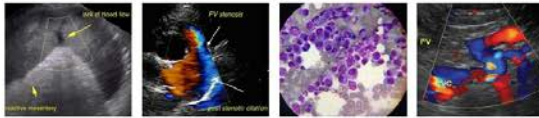
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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