

PATIENT

Enzo Ryckebosch

PRESENTING CLINICAL SIGNS

Chief Concern / Provisional Diagnosis: ~Pet started eating sand on 11/28/21 for first time ever. Still having issues with bowel, and concerns as to why started eating sand in first place. (See HX of Hepatopathy and w/up)~ Relevant Medical History and Physical Exam findings: ~Prior HX of hepatopathy/pancreas visually present on rads, and subtle thickened bowel on PE of 12/04/21.~ Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~8/21: Platlets 633 SDMA =21 (BUN=19, Cr=0.7) TP=8.0 Alb=4.0 Alk Phos= 637 Chol=405 Lipase =373 CK= 308 (4+ hemolysis and liemia index) U/A 1:048 rare cocci, 2-5 WBC/RBC T4 =2.2 12/5/21:~ Neutrophils = 13.798, platlets=513, SDMA=10, ALk Phos=508,spec PLi 335 T4=2.4 Current medications (include full name, dosage and frequency): ~Denamarin Advanced 1/2 tab SID (started 12/06/21) Metronidazole 250mg 1/2 BID for 7 days started on 12/04/21. ~ Relevant Radiograph Findings(email radiographs if available): ~See prior rads from 11/29/21 and 12/4/21. Cardiomegally, L>>R renal, Small liver, Pancreas visible on V/D, sand in bowel noted on 11/29 rads, has cleared on 12/4/21 rads. Suspect thickened bowel walls noted on 12/4/21 rads.~

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

11 Years 5 Months

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

13.4 Pounds

The prostate is normal in size (0.58 cm) 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.

INTERPRETED BY

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

The left kidney has a normal shape and size (4.31 cm) with a 0.46 cm cortical cyst and numerous small cysts in the cortex. 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

Loetitia Saint-Jacques, RVT

The right kidney has a normal shape and size (4.7 cm) with a 0.51 cm cortical cyst. 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

Moutainview AH

Adrenal Glands

The left adrenal gland is normal in size measuring 0.61 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. Sarah Kalivoda

The right adrenal gland is normal in size measuring 0.47 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.

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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

12/22/21



PATIENT

Enzo Ryckebosch **Liver**

SPECIES

Canine

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.

BREED

Chihuahua

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

SEX

Neutered Male

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

11 Years 5 Months

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measured 0.48 cm. Jejunum wall measured 0.23 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

WEIGHT

13.4 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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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.

Free Abdomen

IMAGING PERFORMED BY

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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.

HOSPITAL NAME

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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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Dr. Sarah Kalivoda

- Subjectively mildly thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

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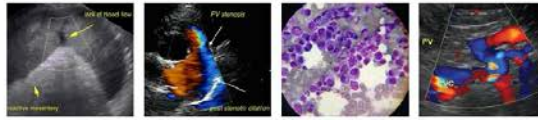
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- Decreased corticomedullary distinction in both kidneys with small cortical cysts – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.

DATE

12/22/21

- 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



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Enzo Ryckebosch neoplasia (less likely) or other hepatopathy.

SPECIES

Canine

- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Chihuahua

The ultrasonographic lesions observed on today’s scan were relatively mild, and no focal lesions were observed involving the liver or GI tract. There was the impression of diffuse mild small intestinal wall thickening, and a mildly mottled pancreas and liver. The adrenal glands were not overtly enlarged, but appeared somewhat plump.

SEX

Neutered Male

- Consider GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to further evaluate the pancreatic and small bowel changes observed.
- Consider pre- and post-prandial bile acids to evaluate liver function.
- If signs of Cushing’s are present, consider adrenal function testing.
- If the GI panel is abnormal and/or there is abnormal liver function testing, you could consider obtaining GI biopsies and either fine needle aspirate or biopsy of the liver.

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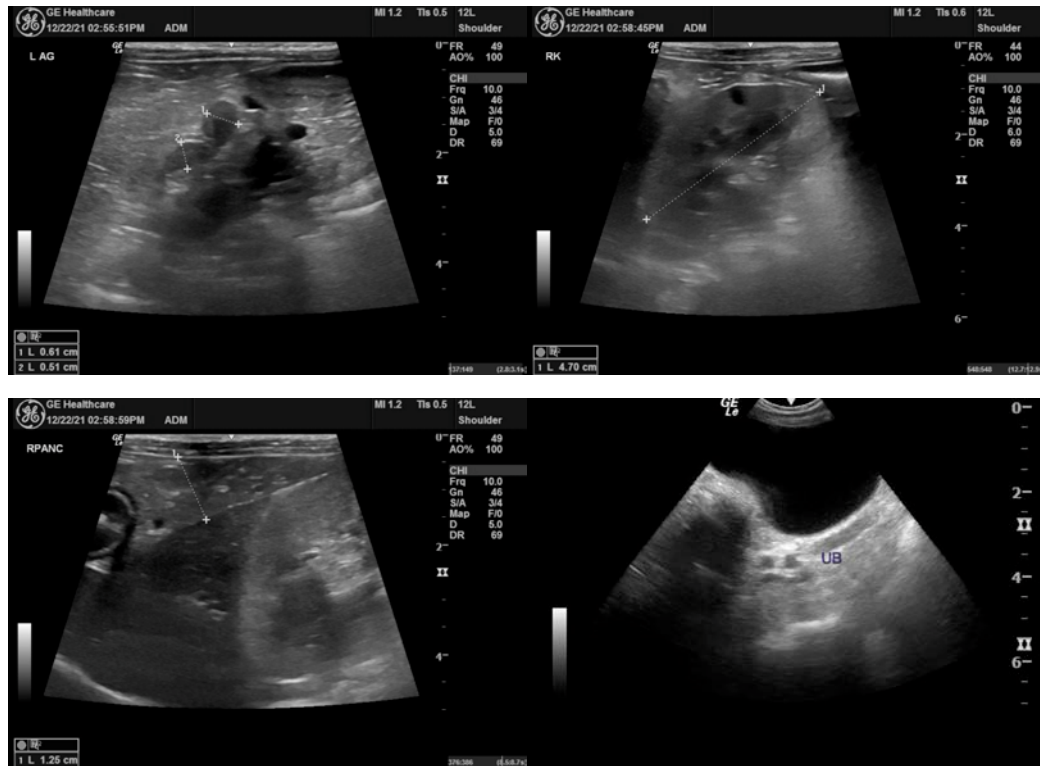
Dr. Sarah Kalivoda

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12/22/21





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SPECIES

Canine

BREED

Chihuahua

SEX

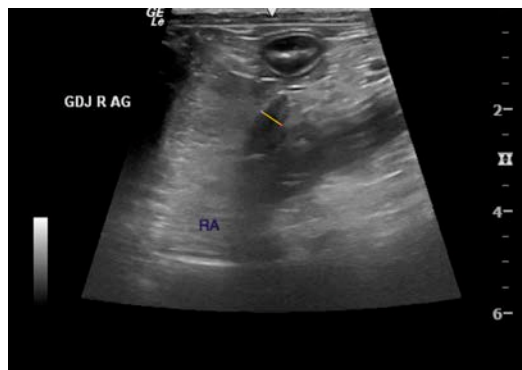
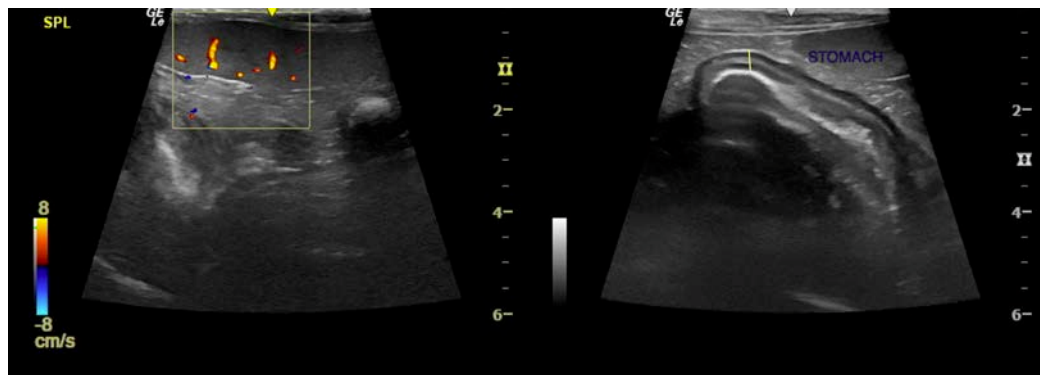
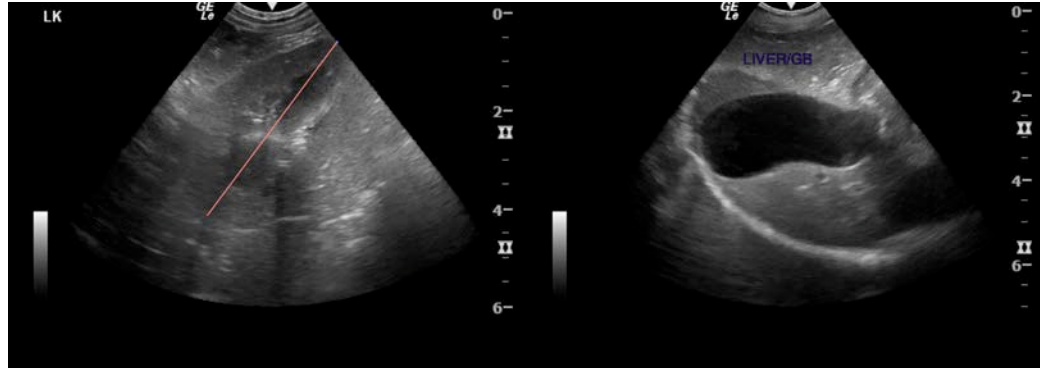
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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