



PATIENT PRESENTING CLINICAL SIGNS

Maui Berg
SPECIES Abnormal PE/Chem/CBC/UA Results: Mildly overweight, otherwise NSF on PE Did have large volume cow patty diarrhea after imaging today. No blood or mucous. BW done 8/21: NSF
Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Whippet Cross

Urinary System

SEX

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.

Neutered male

AGE

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

15 years

The left kidney has a normal shape and size (6.04 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.

WEIGHT

58 lbs

The right kidney has a normal shape and size (7.67 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.

INTERPRETED BY

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

Adrenal Glands

IMAGING PERFORMED BY

Dr. Bailes

The left adrenal gland is normal in size measuring 0.54 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.

HOSPITAL NAME

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and Small VC

The right adrenal gland is normal in size measuring 0.45 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.

REFERRING VET

Dr. Bailes

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

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

DATE

12/23/21



PATIENT

Maui Berg

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.

SPECIES

Canine

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.

BREED

Whippet Cross

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

SEX

Neutered male

AGE

15 years

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

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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Free Abdomen

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.

IMAGING PERFORMED BY

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

No significant lesions are visualized.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal, which is not unusual for a young dog with chronic diarrhea. Based on the history this sounds like a mix of large bowel and small bowel diarrhea? Recommend screening for systemic causes of diarrhea:

REFERRING VET

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- Recommend ACTH stimulation test or baseline cortisol to rule out Addison's.
- Recommend baseline blood work and GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to look for evidence of exocrine pancreatic insufficiency, dysbiosis, B12 deficiency, etc.

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If metabolic disease is thought unlikely based on these results then consider further testing for primary GI disease. In a young dog the primary differentials would be dietary intolerance (food allergy), dysbiosis (particularly if there is a temporary response to antibiotics), parasites or dietary indiscretion, sometimes stress.

SPECIES

Canine

- Consider a novel protein/hydrolyzed protein prescription diet.
- Consider chronic probiotic therapy. I prefer proviable, Forta flora or Visbiome.
- You can consider the addition of fiber (I often try Metamucil) as this can help or make the diarrhea worse.
- If not already done consider fecal testing and a Pancur trial.
- If symptoms persist particularly if this is a large bowel diarrhea then you can consider endoscopy with colonic cultures and FISH analysis. You can also consider a fecal transplant, which can be particularly helpful in cases of dysbiosis.

BREED

Whippet Cross

SEX

Neutered male

AGE

15 years

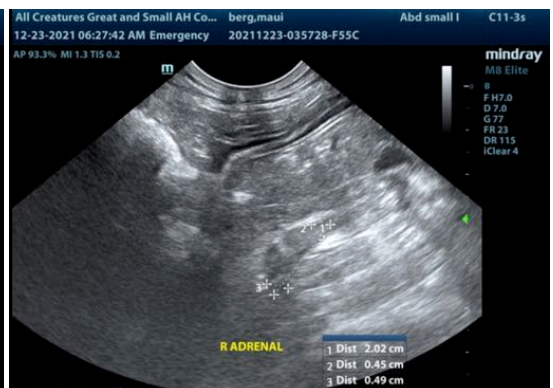
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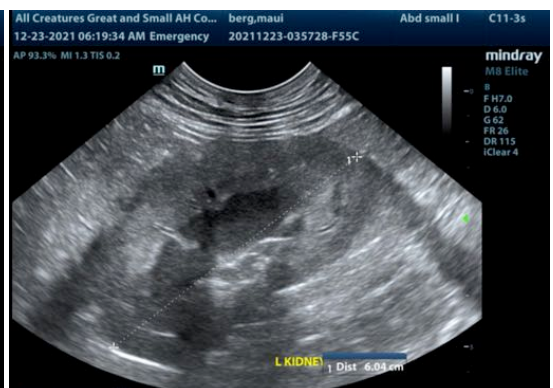
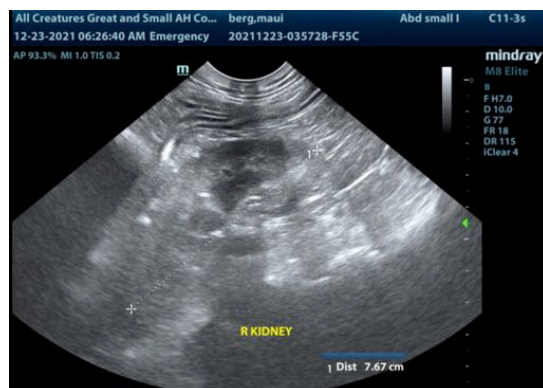


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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