



PATIENT

Levi Jones

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

GSD/Brittany X

SEX

Neutered Male

SPLENECTOMY 6 years ago and benign Chief Concern/Provisional Diagnosis: P has intermittent bloody diarrhea. He has been tx in the past with metronidazole/ albon. The symptoms tend to resolve with this protocol but O would like a firm diagnosis. P is dx with hypothyroidism, currently taking 0.6 mg levothyroxine BID. Diagnosis: hypothyroidism History/Physical Findings Mentation: BAR BCS: 5/10m Hydration status: WNL, MM Pink, capillary refill time less than 2 seconds. Heart auscultates normally, no murmur or arrhythmia noted. Lungs auscultate demonstrating some pulmonary congestion and/or edema . Hair coat appears healthy. OU appear normal. AU are clean in visible ear canal. Nose appears normal. Mouth appears to have grade 1/4 periodontal disease. LN are WNL. Abdomen palpates normally with no palpable masses. No signs of lameness. Summary of Laboratory Abnormalities: No labwork done at this time. Radiographic Abnormalities: No radiographs have been taken yet. Current Therapy and Medications: levothyroxine 0.6 mg BID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

12 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

57.4 Pounds

The prostate is normal in size (0.98 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 (6.3 cm) with cortical cysts evident. 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

The right kidney has a normal shape and size (6.7 cm) with small cortical cysts. 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.

HOSPITAL NAME

Valley Vet Clinic

Adrenal Glands

The left adrenal gland is normal in size measuring 0.63 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. Megan Plateman

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.

Spleen

Splenectomy performed 6 years ago. No spleen visualized.

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Liver

The liver is large in size and irregular in shape. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is an ill-defined, isoechoic, slightly mottled appearing area of liver measuring approximately 4.0 cm. This could be consistent with an indistinct mass effect, or could just be an area of mottled tissue. Additionally, there is a bulging hypoechoic nodule visualized at the periphery, measuring 2.5 cm.

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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.

SEX

Gastrointestinal

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

12 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

WEIGHT

57.4 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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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.

IMAGING BY

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LVT

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.

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ULTRASONOGRAPHIC FINDINGS

REFERRING VET

Dr. Megan Plateman

- Large, heterogeneous liver with ill-defined mass effect and hypoechoic nodule – 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.
- Splenectomy performed 6 years ago, no spleen visualized.

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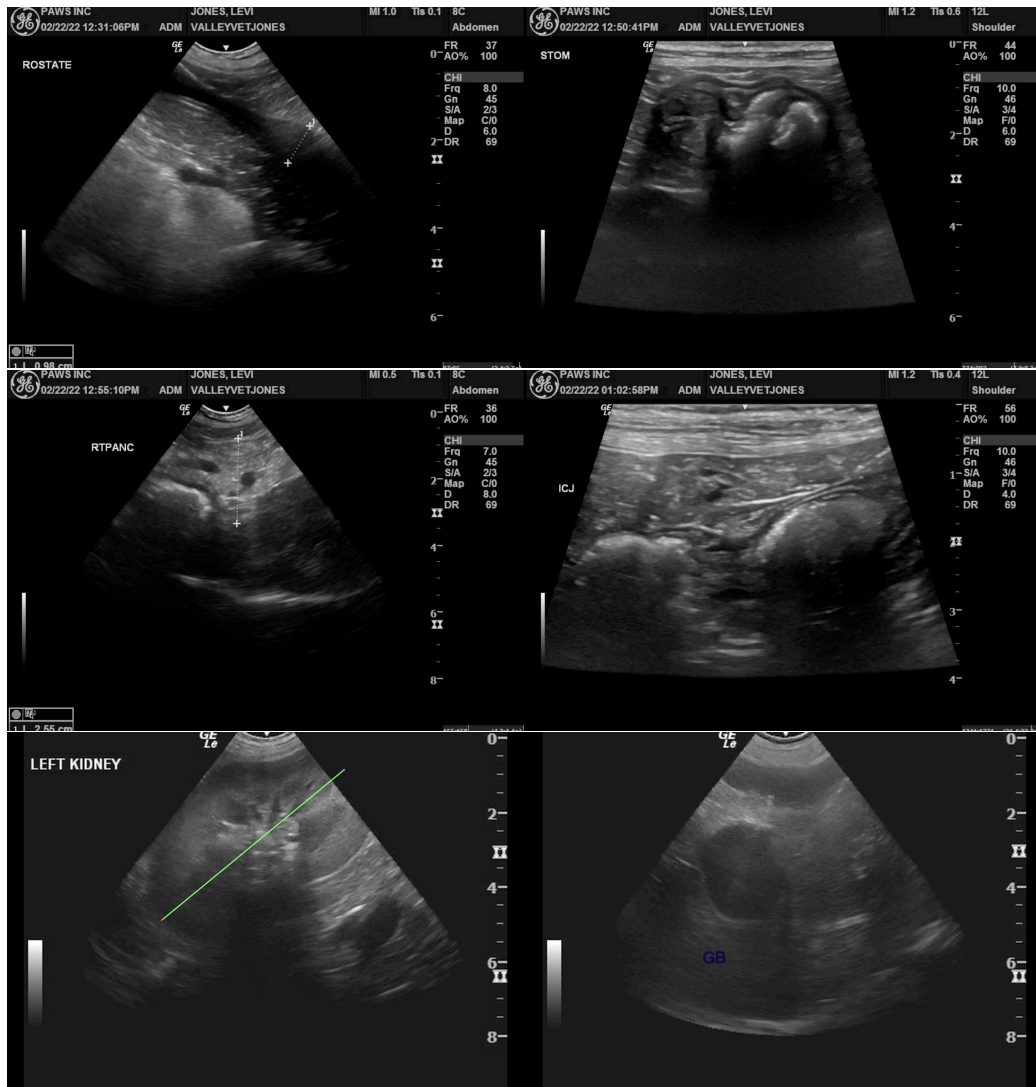
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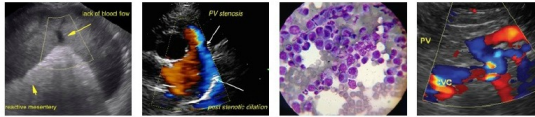
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No lesions were visualized associated with the gastrointestinal tract. Many causes for bloody diarrhea cannot be diagnosed by ultrasound alone. Consider colonoscopy, screening for GI parasites (if not already done), and possible GI pathogen testing. It is unclear if this is large or small bowel diarrhea. If a small bowel component is present, then consider both upper and lower GI endoscopy.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

The liver is irregular and mottled. The significance of this is unclear, as there may be some indistinct mass effects present. Consider a fine needle aspirate of the liver. Additionally, you could consider advanced imaging (contrast CT scan) to achieve greater resolution and determine if a distinct mass lesion could be identified for possible surgical removal.





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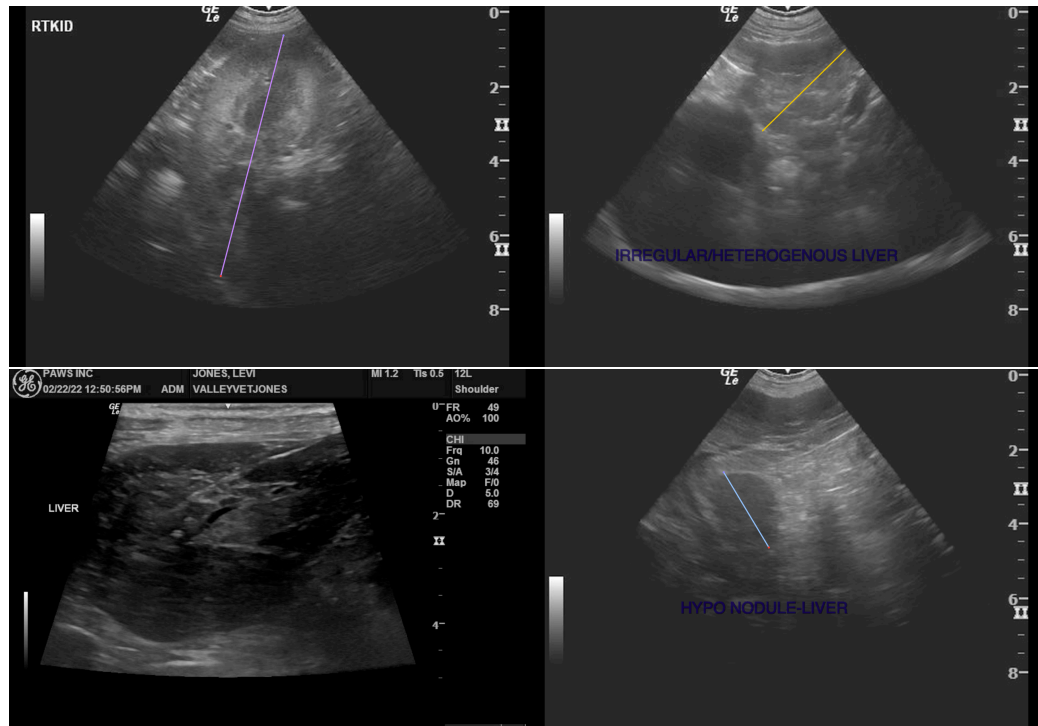
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com

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