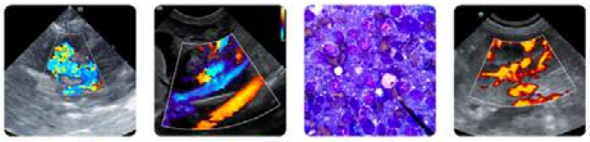


PATIENT

Eva Metty

SPECIES

Canine

BREED

Dogo Argentino

SEX

Spayed Female

AGE

11 Years

WEIGHT

71 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shannon Matthies, DVM

HOSPITAL NAME

Saugerties Animal Hospital

REFERRING VET

Crystal Winkler, DVM

INVOICE

72688

DATE

2/4/26

PRESENTING CLINICAL SIGNS

Vomiting for over a week despite getting Cerenia for the past 2 days. Lethargic. Anaplasma positive. Grade II heart murmur

Abnormal PE/Chem/CBC/UA Results: PE - mild dehydration, grade II murmur, decreased muscle mass in hind end Chem - mild hypochloremia 107 (n 109-122), mild hyperproteinemia (TS 8.4, n 5.2-8.2) CBC - very mild monocytosis, rest WNL

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 left kidney has a normal shape and size (7.85 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.

The right kidney has a normal shape and size (7.97 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.60 cm at the cranial pole and 0.67 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 was not clearly visualized.

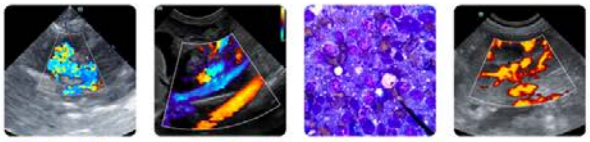
Spleen

The spleen is normal in size and shape, measuring 2.83 cm. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous poorly defined hypoechoic nodules visualized in the spleen. Examples measure 040 cm and 0.30 cm.

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 normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach is somewhat poorly visualized, likely due to deep chested location and possibly due to lack of distention(?). The pylorus is visualized with some intraluminal shadowing material. No evidence of an obstruction is visualized.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid with gassy bowel in the caudal abdomen. 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 0.36 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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

The area of 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

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.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic nodules in the spleen – There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Shadowing ingesta visualized in the pylorus – Findings could represent ingesta, ingested foreign material, etc. An obvious obstruction is not clearly visualized.
- Gassy bowel in the caudal abdomen – This limits visualization. A definitive obstructive pattern is not visualized.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A focal lesion is not visualized to explain the vomiting reported. There are numerous poorly defined, hypoechoic nodules in the spleen. These could represent a benign or neoplastic process. Consider a fine needle aspirate to further evaluate.

No definitive evidence of an obstructive pattern is visualized, and a severely inflamed pancreas is not identified. The stomach is difficult to visualize (likely due to its cranial abdominal location in a large, deep chested dog), but the pylorus is visualized with some intraluminal shadowing material, which could represent normal ingesta, etc., although ingested foreign material cannot be ruled out.

Similarly, no significant lesions are visualized associated with the small bowel, but there is significant gas, limiting evaluation in the mid caudal abdomen.

Correlate findings with abdominal radiographs and clinical assessment. If acute gastroenteritis is

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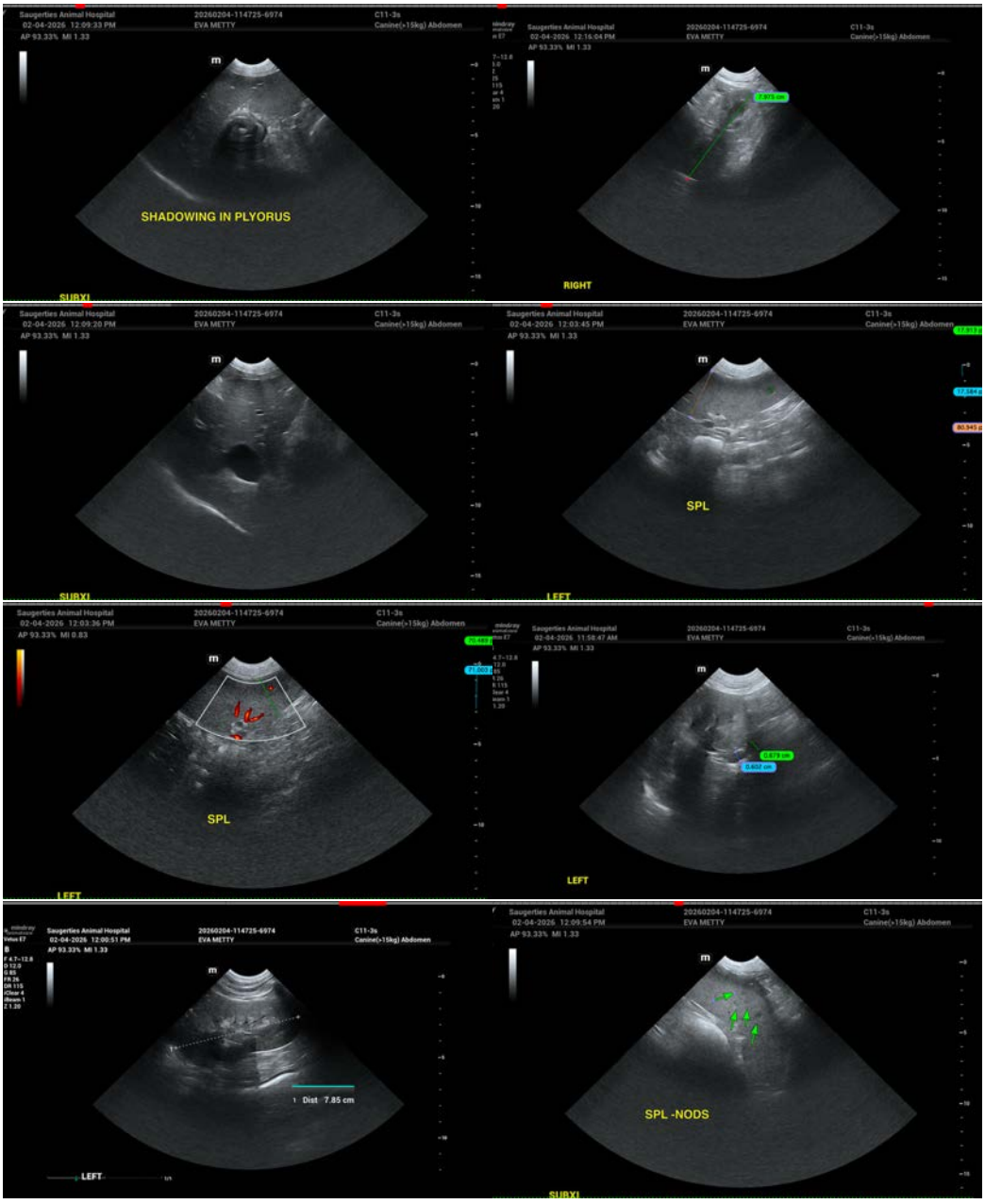
suspected, recommend empirical treatment. If symptoms are persistent, consider repeat imaging (with sedation) or even a contrast CT scan if vomiting is more chronic in nature and an obstructive pattern is thought very likely. You could consider empirical treatment for inflammatory type change/IBD such as a novel protein or hydrolyzed protein prescription diet, etc.



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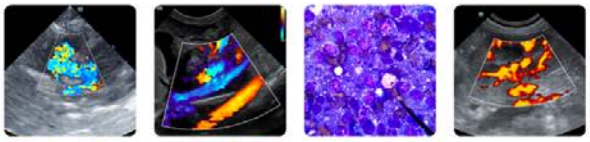

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com