



PATIENT PRESENTING CLINICAL SIGNS

Karma Vercaigne

3-4 month history intermittent vomiting and reduced appetite. Changes in behaviour (intermittent lethargy, less engaged, hides sometimes) No cough, sneeze, diarrhea. No change in weight. PE normal. Gabapentin 300mg q12-24hrs

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: December 2021 - mild elevation ALT (218 [10-125]), moderate hematuria (free catch) and Ca Ox crystals. Urine culture negative. February 2022 - abdominal rads. WNL (idexx report) March 8 2022 - lateral thorax, appears normal (idexx report pending)

BREED

Lab X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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.

AGE

10 Years

The left kidney has a normal shape and size (4.89 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

22 kg

The right kidney has a normal shape and size (5.79 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

INTERPRETED BY

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

The left adrenal gland is normal in size measuring 0.69 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.

IMAGING PERFORMED BY

Crystal Hill

The right adrenal gland is normal in size measuring 0.60 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.

HOSPITAL NAME

Hamilton Regional
Emergency Clinic

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.

REFERRING VET

Dr. Vercaigne

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.

INVOICE

36073

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.

DATE

3/10/22



PATIENT

Gastrointestinal

Karma Vercaigne

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.

SPECIES

Canine

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. Jejunum wall measured 0.29 cm.

BREED

Lab X

Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Spayed Female

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.

AGE

10 Years

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.

WEIGHT

22 kg

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.

Other

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

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- No significant ultrasonographic abnormalities visualized

IMAGING PERFORMED BY

Crystal Hill

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal for a 10 year old dog. An obvious cause for the vomiting and anorexia reported is not visualized. Unfortunately, there are many causes for vomiting, which cannot be diagnosed by ultrasound alone.

HOSPITAL NAME

Hamilton Regional
Emergency Clinic

- Consider metabolic causes. Recommend current blood work, liver function testing, and a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.

REFERRING VET

Dr. Vercaigne

If based on metabolic testing a primary GI disorder is suspected, consider such differentials as dietary intolerance/food allergy, GI parasitism, ingestion of foreign material, IBD, and less likely intestinal neoplasia.

INVOICE

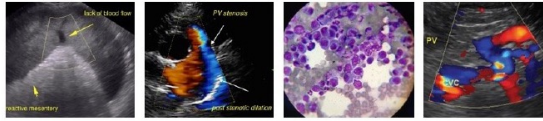
36073

- Correlate findings with abdominal radiographs (I believe you have already done this).
- Recommend the aforementioned GI panel.
- Consider a novel protein/hydrolyzed protein prescription diet.
- If these measures do not provide any improvement or direction for further treatment, then consider obtaining gastric and intestinal biopsies.

DATE

3/10/22

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



PATIENT

Karma Vercaigne

SPECIES

Canine

BREED

Lab X

SEX

Spayed Female

AGE

10 Years

WEIGHT

22 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Hamilton Regional
Emergency Clinic

REFERRING VET

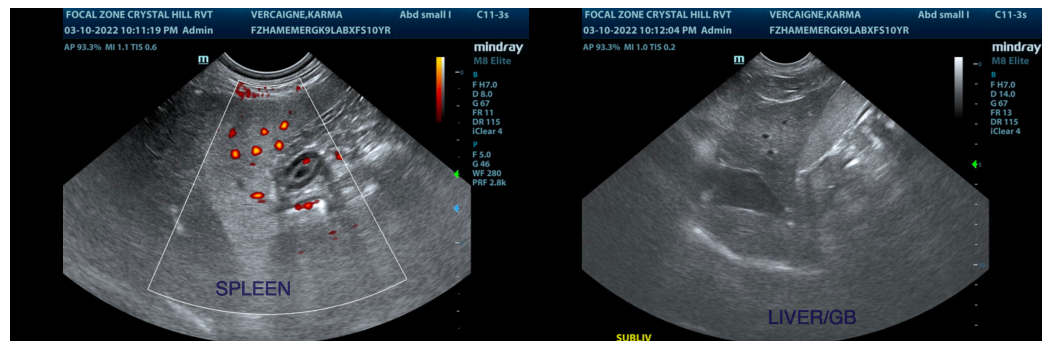
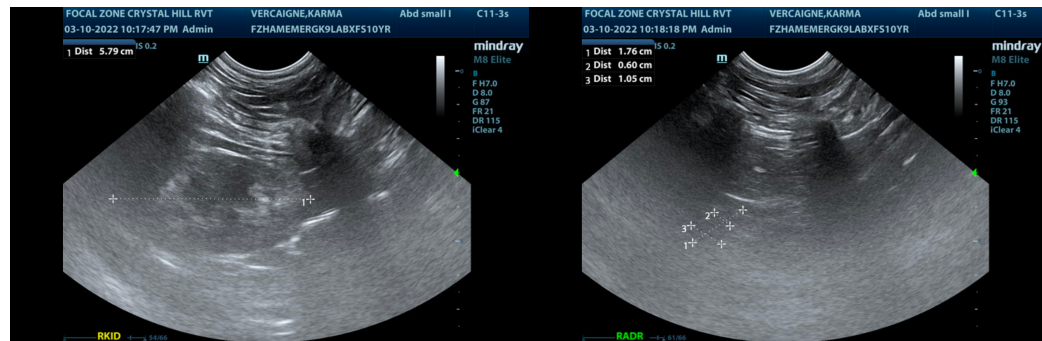
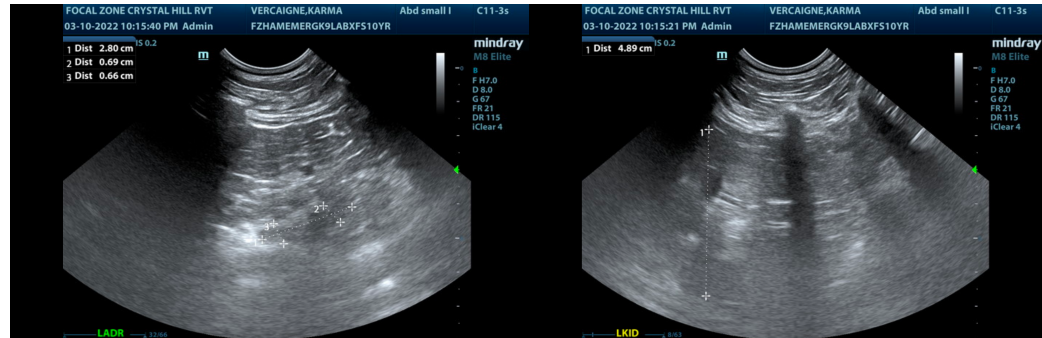
Dr. Vercaigne

INVOICE

36073

DATE

3/10/22



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)

kathleen.sennello@sonopath.com