

PATIENT

Nikos Rosner

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Shepherd X

SEX

Neutered Male

AGE

5/27/21

WEIGHT

40 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Pine Creek VC

REFERRING VET

Dr. Denny Nolet

INVOICE

36067

DATE

3/9/22

rescued as a stray during visit to Greece, roaming on the beach. Painful when trying to eat, painful in general. not sedated and difficult to scan- 4 view rads - No fractures seen. Stomach is moderately distended given how little patient has eaten today. Discussed possible GI disease. On March 3rd 2022 entry- Owner had acquired dog from Greece last week. Patient is ADR. Bloodwork from yesterday HW positive, Lyme/ehrlichia/anaplasma (Neg x 3), Leishmaniasis PENDING, no c/s/v/d/pu/pd/rx, Owner gave heartworm prevention (heartgard) on Saturday- and believes dog experienced symptoms from the ivermectin. Owner states dog eyes were mydriatic after given the heartworm prevention. Owner has not noticed any ticks on patient. No toxin ingestion per owner. Recent trauma: Owner did trip over and fall onto dog on Saturday night. Appetite significantly decreased over the week. Patient is lethargic and seems painful. Owner cannot identify where patient is painful. Owner states she has not noticed dog coughing or experiencing exercise intolerance, but does state that dog went to Pawsitive Pals for daycare and was extremely lethargic while there. Temp was 104.2
Abnormal PE/Chem/CBC/UA Results: thrombocytopenia and heartworm positive- on prednisone 20mg

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 prostate is normal in size (0.97 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.

The left kidney has a normal shape and size (6.55 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 hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (5.0 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.44 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 is normal in size measuring 0.51 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.



PATIENT

Nikos Rosner

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, 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.

SPECIES

Canine

Liver

The liver is subjectively normal in size, and hypoechoic with smooth peripheral margins. The parenchyma is 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

Shepherd X

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

Neutered Male

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.

AGE

5/27/21

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

40 Pounds

INTERPRETED BY

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

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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

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.

HOSPITAL NAME

Pine Creek VC

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent mesenteric lymph nodes visualized measuring 0.96 cm and 1.12 cm. The omentum is of normal echogenicity.

REFERRING VET

Dr. Denny Nolet

Other

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

ULTRASONOGRAPHIC FINDINGS

- Mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive

INVOICE

36067

DATE

3/9/22



PATIENT

Nikos Rosner diagnosis.

SPECIES

Canine

- Heterogeneous, hypoechoic 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 neoplasia (less likely) or other hepatopathy.

BREED

Shepherd X

- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

There are no focal lesions observed to explain the fever and generalized pain reported. Given the origins and age of this dog, consider infectious disease and autoimmune diseases most likely. Recommend careful evaluation for infection.

AGE

5/27/21

- Recommend canine comprehensive panel through vector borne disease lab at NC State University.
- Recommend testing for Leishmania (I think this is pending).

WEIGHT

40 Pounds

- Recommend 3-view thoracic radiographs
- Recommend urine protein/creatinine ratio and urinalysis and culture.

INTERPRETED BY

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

- Consider joint taps and cultures for generalized pain.
- Closely evaluate for a heart murmur and consider cardiac ultrasound +/- blood cultures.
- Consider a fine needle aspirate of the spleen and liver based on the ultrasonographic findings.

IMAGING BY

Loetitia Saint-Jacques,
LVT

- If there are any prominent peripheral lymph nodes, or you are able to aspirate a mesenteric lymph node, that would also be a good option.

HOSPITAL NAME

Pine Creek VC

Ideally, consider minimal to no corticosteroid use until diagnostics are completed, so as to not interfere with test results and/or cause immunosuppression. Once all cultures and diagnostics are submitted, you could consider an anti-inflammatory dose of Prednisone and Doxycycline therapy while awaiting test results. Depending on the clinical picture, a platelet inhibitor may be considered.

REFERRING VET

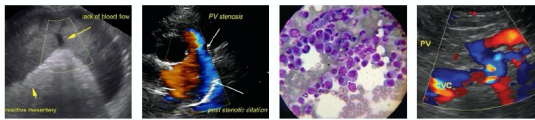
Dr. Denny Nolet

INVOICE

36067

DATE

3/9/22



PATIENT

Nikos Rosner

SPECIES

Canine

BREED

Shepherd X

SEX

Neutered Male

AGE

5/27/21

WEIGHT

40 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Pine Creek VC

REFERRING VET

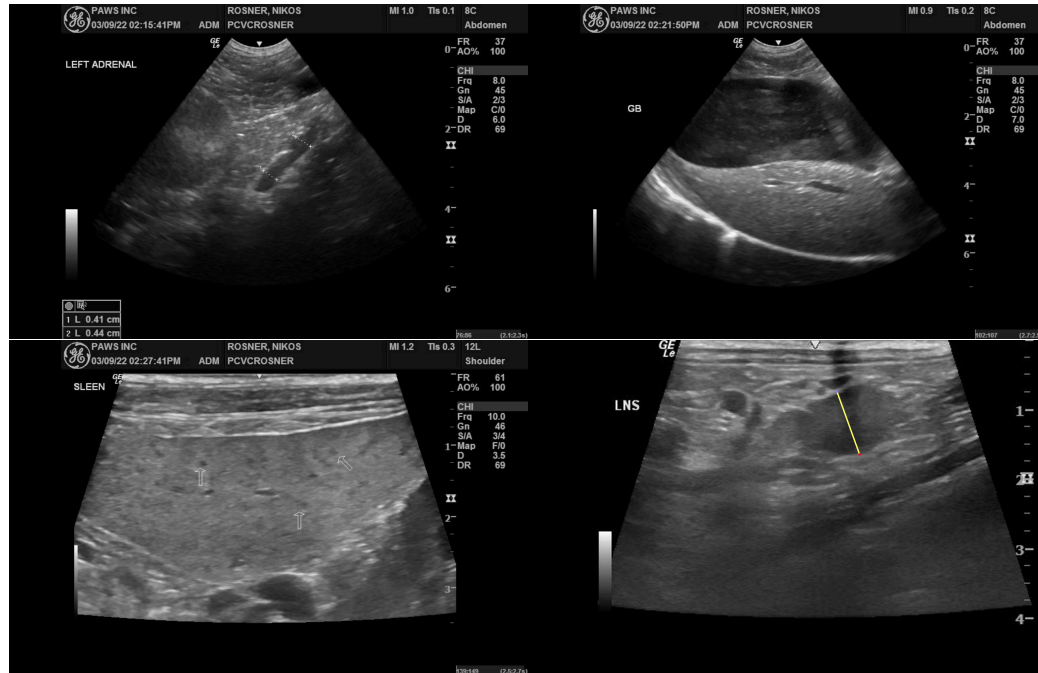
Dr. Denny Nolet

INVOICE

36067

DATE

3/9/22



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