

PATIENT PRESENTING CLINICAL SIGNS

Ellie O'Brien

Diarrhea off and on, appetite waxes and wanes, weight loss. Previous UTI in June was positive for E. Coli. Has been on a Hypo diet (but gets other things occasionally from grandkids). Diarrhea and lack of energy seem worse in the morning. Has been on Tylan 1/4 tsp BID, Thyro Tabs 0.5mg BID, Gabapentin 100mg BID. Muscle wasting.

SPECIES

Canine

BREED

Labrador Retriever

Abnormal PE/Chem/CBC/UA Results: Bloodwork and fecal pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Spayed Female

The urinary bladder is moderately distended with mildly echogenic urine. The apical wall appears irregular and somewhat thickened, measuring at 0.64 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions, mucosal irregularities, or calculi. Findings are most consistent with cystitis.

AGE

13 Years

The left kidney has a normal shape and size (5.9 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.

WEIGHT

50.7 Pounds

The right kidney has a normal shape and size (4.41 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.

INTERPRETED BY

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

Adrenal Glands

IMAGING PERFORMED BY

Crystal Hill

The left adrenal gland is normal in size measuring 0.64 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

Halton Peel AH

The right adrenal gland is normal in size measuring 0.64 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. Walters

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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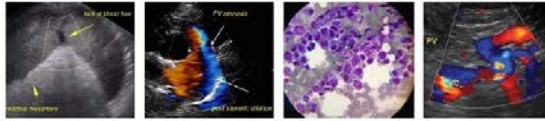
Liver

DATE

3/22/23

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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.



PATIENT

Gastrointestinal

Ellie O'Brien

The stomach contains mild to moderate fluid. 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 measures 0.37 cm. Visualized peristalsis appears appropriate. There are occasional areas of small intestine with very mild fluid dilation and a very small non-obstructive shadowing object is visualized.

BREED

Labrador Retriever

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

13 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

50.7 Pounds

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

IMAGING

PERFORMED BY

Crystal Hill

- Thickened, irregular apical wall of the urinary bladder – Findings are most concerning for cystitis. Recommend urinalysis and culture. An underlying neoplastic process is much less likely.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Mild to moderate fluid visualized within the gastric lumen – Correlate with feeding history. If the patient is adequately fasted, consider such differentials as delayed gastric emptying or a partial outflow tract obstruction (none observed).
- Occasional mildly fluid distended small intestine with shadowing intraluminal material – Findings are most consistent with passing ingesta, although ingested foreign material cannot be definitively ruled out.

HOSPITAL NAME

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REFERRING VET

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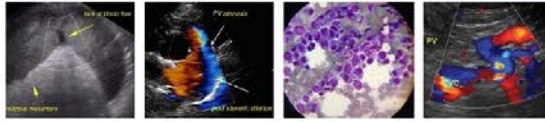
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the urinary bladder are most consistent with cystitis. Correlate these findings with a urinalysis and culture. If an infection is identified, then consider treatment and reevaluation of the urinary bladder for normalization of the urinary bladder wall. If recurrent infections are present, consider starting a cranberry supplement and strict adherence to treatment based on culture results, so as not to encourage the development of resistance. Additionally, recommend probiotic therapy spaced at least an hour from antibiotic administration.

No significant focal lesions are visualized associated with the bowel to explain the history of intermittent diarrhea and weight loss. If bloodwork evaluation does not identify a systemic cause, then consider the possibility of underlying gastrointestinal disease, as there are many causes for diarrhea and



PATIENT

weight loss that cannot be diagnosed by ultrasound alone.

Ellie O'Brien

Consider such differentials as food allergy/dietary intolerance, GI parasitism, dysbiosis, chronic pancreatitis, IBD, and less likely intestinal neoplasia.

SPECIES

Canine

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.

BREED

Labrador Retriever

- Recommend chronic probiotic therapy.

SEX

Spayed Female

There is a small amount of fluid visualized within the stomach and the small bowel. Ingested foreign material seems unlikely but cannot be definitively ruled out by this ultrasound.

AGE

13 Years

WEIGHT

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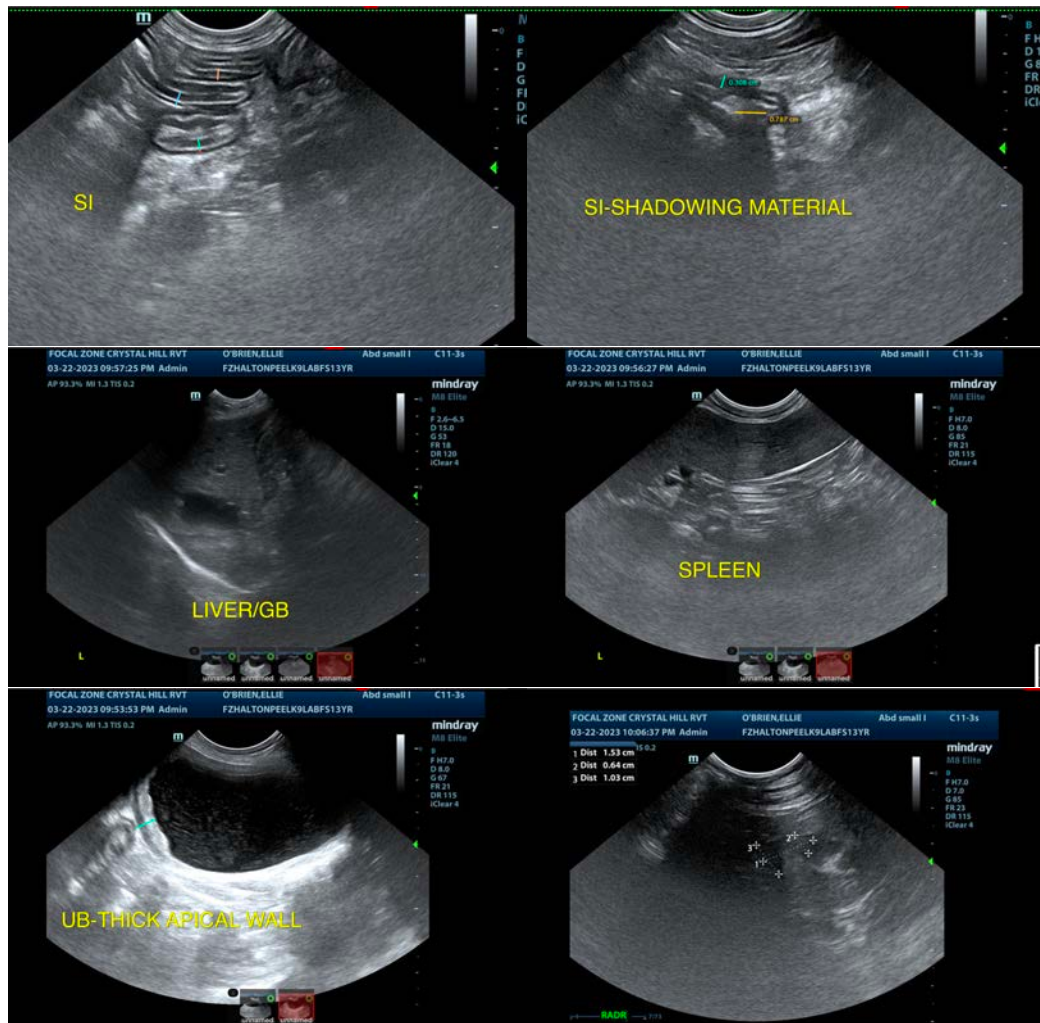
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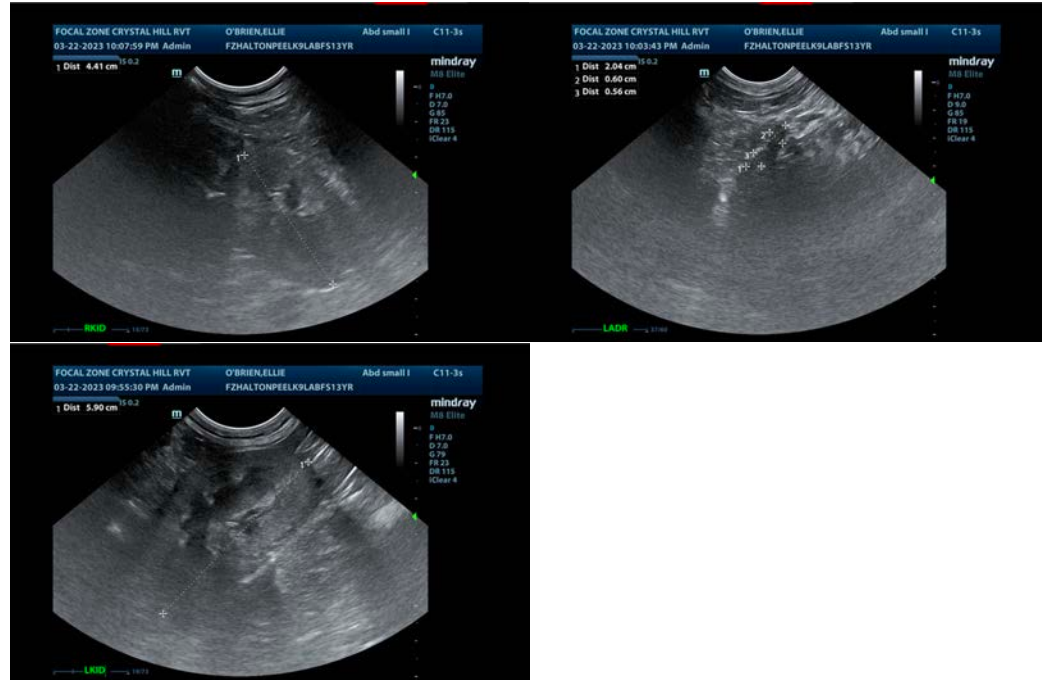
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AGE

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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.

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