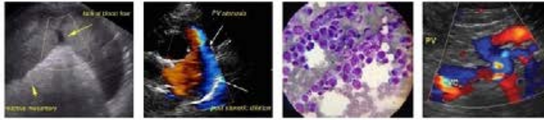


PATIENT

Lenny Blaney

SPECIES

Canine

BREED

Weimaraner

SEX

Intact Male

AGE

4 Years

WEIGHT

29.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hillview VC

REFERRING VET

Dr. Stevenson

INVOICE

46097

DATE

3/22/23

PRESENTING CLINICAL SIGNS

Vom yesterday morning some soft food this am woke up 4:40 am vomiting up blood since photos show foamy blood 4x today more lethargic not on any meds ate last night not wanting breakfasts last few mornings last week in with other dog- blood in poop mid last week and eny had some blood stool then too diet change - pooping too much? o says stools better since change - new food - nutro? lamb and rice 3 days ago 1 corn kernel in vom this am. o not sure where got BAR HR 142 RR 28 - clear bcs 5/9 temp 100.9F nothing felt abd lymph normal MM pink CRT < 2sec DDX GI ulcer, irritation, dysbiosis , gastritis, IMHA , IMTP caustic/toxic ingestion etc rads later did not show obvious FB or gdv etc Current Medications 20mg omeprazole once daily, 1g liquid sucralfate 3x daily, 375mg metronidazole every 12 hours.

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.

A shadow of the prostate is visualized measuring 1.7 cm but is not clearly visible for further interpretation.

The left kidney has a normal shape and size (7.38 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 (7.37 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

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 is visualized.

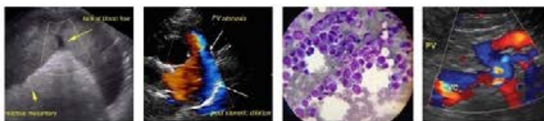
Spleen

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.

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 gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.



PATIENT

Lenny Blaney

SPECIES

Canine

BREED

Weimaraner

SEX

Intact Male

AGE

4 Years

WEIGHT

29.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hillview VC

REFERRING VET

Dr. Stevenson

INVOICE

46097

DATE

3/22/23

Gastrointestinal

The stomach contains moderate fluid and some shadowing ingesta. 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.

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

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.

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.

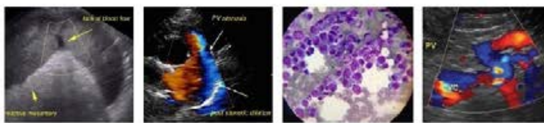
ULTRASONOGRAPHIC FINDINGS

- Suspect large prostate – The prostate cannot be fully visualized due to its intrapelvic location but is suspected to be large. Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.
- Moderate fluid and shadowing ingesta visualized within the gastric lumen – Correlate with feeding history and abdominal radiographs. If the patient was adequately fasted, then consider such differentials as delayed gastric emptying, ingested foreign material, or a partial outflow tract obstruction (none observed).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Visualization of the deeper structures was challenging in this deepchested dog. There appears to be some fluid and shadowing material visualized within the stomach. This could be consistent with shadowing ingesta, etc., but given the history, foreign material could be a concern. There is no evidence of an obstructive pattern in the lower GI tract, so if there is a concern, it is likely more proximal in the GI tract (stomach, proximal bowel, etc.). Unfortunately, ultrasound is insensitive in picking up mucosal erosions/ulcerations, etc.

Provided you have ruled out coagulopathies and metabolic causes for hematemesis and vomiting (I would also consider a baseline cortisol to rule out Addison's), then primary gastrointestinal disease would be most likely, and the differentials that you've listed are appropriate. If there is no response to anti-ulcer therapy and diet change (a true diet trial would probably necessitate a prescription hydrolyzed protein diet or novel protein diet), I would consider upper GI endoscopy to evaluate the esophagus and stomach. If there has been frank blood in the stool, you could also consider a colonoscopy at the same time. Endoscopy would be the optimal way to evaluate for gastric erosions, ulcerations, etc., but will not be able to evaluate the more mid/distal GI tract.



PATIENT

Lenny Blaney

SPECIES

Canine

BREED

Weimaraner

SEX

Intact Male

AGE

4 Years

WEIGHT

29.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hillview VC

REFERRING VET

Dr. Stevenson

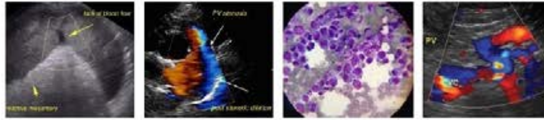
INVOICE

46097

DATE

3/22/23

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



PATIENT

Lenny Blaney

SPECIES

Canine

BREED

Weimaraner

SEX

Intact Male

AGE

4 Years

WEIGHT

29.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hillview VC

REFERRING VET

Dr. Stevenson

INVOICE

46097

DATE

3/22/23

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