

PATIENT PRESENTING CLINICAL SIGNS

Rio Cobbs Empty stomach, vomited 2x morning of 3-27, watery raspberry jelly, large amount...was lip smacking last pm, does this w/ some regularity, good appetite, normal BMs. History of GI upset is on Omeprazole 20mg once daily for over a year.

SPECIES

Canine

BREED

Australian Shepherd
Mix

SEX

Neutered Male

AGE

11 yrs

WEIGHT

45lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie Animal
Clinic

REFERRING VET

Dr. Poquette

INVOICE

10147

DATE

3/28/2023

Abnormal PE/Chem/CBC/UA Results: Lab work results not received as of this submission but are pending. Current Medications Omeprazole 20 mg, once daily Radiographic Findings not done.

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/borderline large in size with normal shape and echogenicity for this neutered male dog. The prostate measures 1.43 cm in height in the sagittal view. 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 (6.37 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.

The right kidney has a normal shape and size (6.10 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

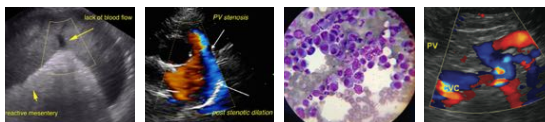
The left adrenal gland is normal in size measuring 0.70 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.75 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.

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



PATIENT 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.

Rio Cobbs

SPECIES 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.

Canine

BREED *Gastrointestinal*

Australian Shepherd
Mix

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.

SEX

Neutered Male

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 jejunum measured as normal (0.36 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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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.

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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.

PRIMARY FINDINGS

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Willakenzie Animal
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- Borderline large prostate. The prostate appears normal shape and normal echogenicity. This is most consistent with a dog that was neutered after 6 months of age. If this pet was neutered early consider a fine needle aspirate.

REFERRING VET

Dr. Poquette

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

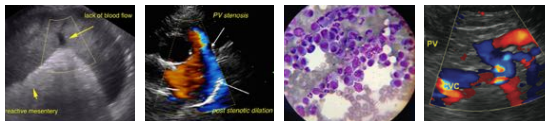
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There are no primary gastrointestinal lesions visualized to explain the nausea and hematemesis described. Unfortunately, ultrasound can have poor sensitivity in picking up mucosal erosions, ulcerations, etc. If bloodwork is fairly normal and primary gastrointestinal disease is strongly suspected consider the following differentials: food allergies/dietary intolerance/dietary indiscretion, ulcerative IBD, GI neoplasia, etc.

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- 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.



PATIENT

- Recommend chronic probiotic therapy.

Rio Cobbs

- If symptoms persist and there is no evidence of systemic disease and primary GI disease is thought very likely, consider obtaining GI biopsies.

SPECIES

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

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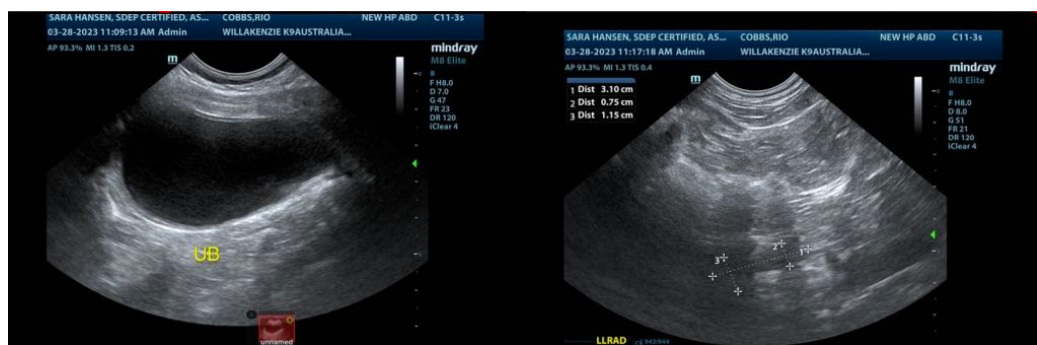
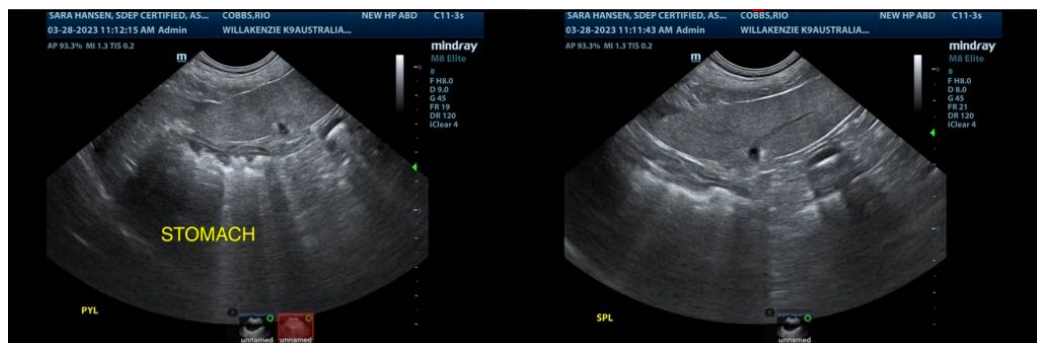
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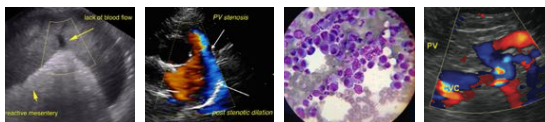
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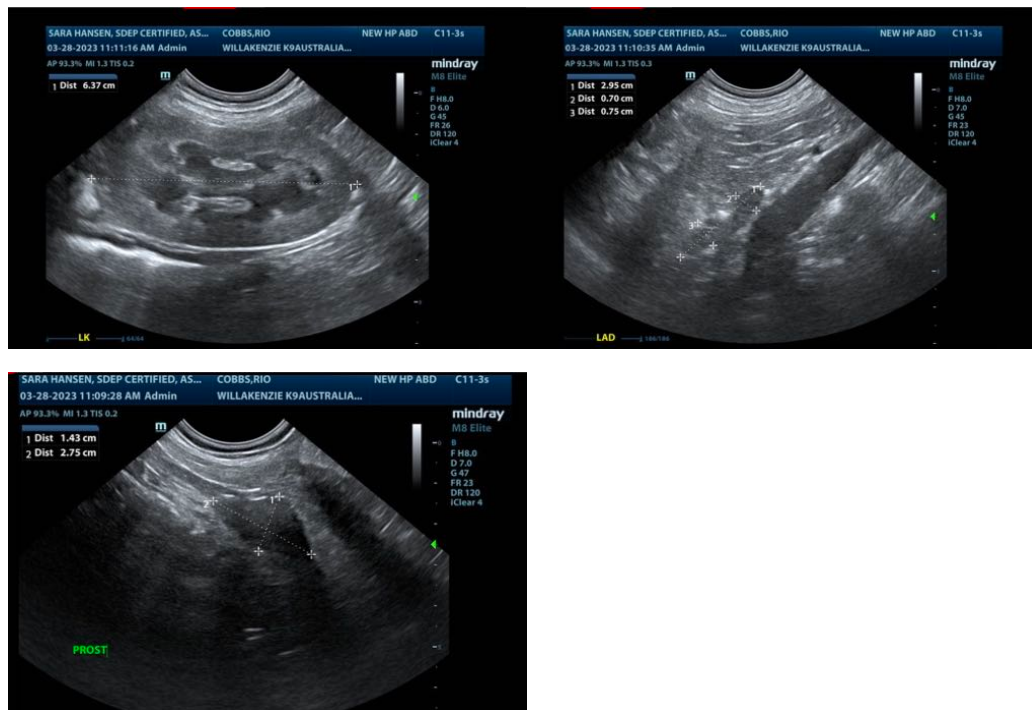
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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