

**PATIENT PRESENTING CLINICAL SIGNS**

Brody Pashley

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Neutered Male

**AGE**

8/31/20

**WEIGHT**

40 Pounds

Hx: always had a sensitive stomach and symptoms include vomiting and diarrhea, otherwise healthy. seizures started in Feb 2022. 10 days prior to first seizure, he was seen for hair on the tips of his ears falling out. There was lethargy and moodiness. And GI upset, he was put on antibiotics as other dogs in the household was also experiencing some hair loss. After a 2 week course, hair started to grow back. 10 days after being seen for lethargy and hair loss, P had a seizure lasting around 1.5 mins. And then was back to normal self afterwards. 3 days later he has another seizure. He was then put on ER Keppra 500 mg BID. This exact pattern repeated itself 2 weeks later. Keppra was doubled. And another round of antibiotics was given right after hair on the tips of the ears was falling out. Coat is dull and thinning/patchy. Blood work was taken after the first seizure. Levels were normal. Tested for Addison's-negative. After the 3rd seizure, more blood work was taken, a urinalysis, And X-rays we're done. BW was "boring" according to Dr Mills. Urinalysis came back with some bacteria- it was then sent off for a culture. X-rays we're normal. 2 other dogs in the house hold started having seizures as well. Life style: p lives on a ranch with horses, chickens, cows, goats, cats and dogs. P is primarily indoor with 2 other dogs in the same house. There are 6 other dogs on the priority- a total of 9. Diet: access to fresh filtered water at all times. Gets fed purina pro plan sensitive skin and stomach salmon and rice. (Tho it was recently (last 2 days) changed since food is suspected to be the reason for the seizures) Fresh eggs, salmon, plain yogurt, green beans, broccoli, strawberries, blue berries, salmon oil and flax seed are added to Ps food daily. Treats given are home made beef jerky, venison jerky, home grown ground beef, salmon skins, green beans, berries mixed in frozen plain yogurt and pumpkin (then put in kongs). All meat given is cooked thoroughly. All 3 dogs in the same household have now had seizures.

**INTERPRETED BY**

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

Abnormal PE/Chem/CBC/UA Results: MEDS: Last vaccinated: Feb 2023, with rabies, DHPPL, Bord. Heartworm: pro heart 12, given March 2023 Flea/tick: bravecto, last done was March 2023 Medication: 2 Keppra ER 500 mg BID, started Feb 2022.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**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.

**HOSPITAL NAME**

Pine Creek VC

The prostate is normal in size (1.3 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.

**REFERRING VET**

Dr. Dayna Mills

The left kidney has a normal shape and size (6.26 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.

**INVOICE**

46343

The right kidney has a normal shape and size (5.97 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.

**DATE**

3/30/23



**PATIENT**

Brody Pashley

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Neutered Male

**AGE**

8/31/20

**WEIGHT**

40 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

Pine Creek VC

**REFERRING VET**

Dr. Dayna Mills

**INVOICE**

46343

**DATE**

3/30/23

***Adrenal Glands***

The left adrenal gland is normal in size measuring 0.65 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 0.58 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***

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.

***Gastrointestinal***

The stomach contains a moderate amount of 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. Duodenum wall measures 0.43 cm. Jejunum wall measures 0.30 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.



**PATIENT**      **ULTRASONOGRAPHIC FINDINGS**

Brody Pashley

- Moderate ingesta despite fasting – If this patient was adequately fasted, this could be consistent with delayed gastric emptying or a partial outflow tract obstruction (none observed).

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Neutered Male

**AGE**

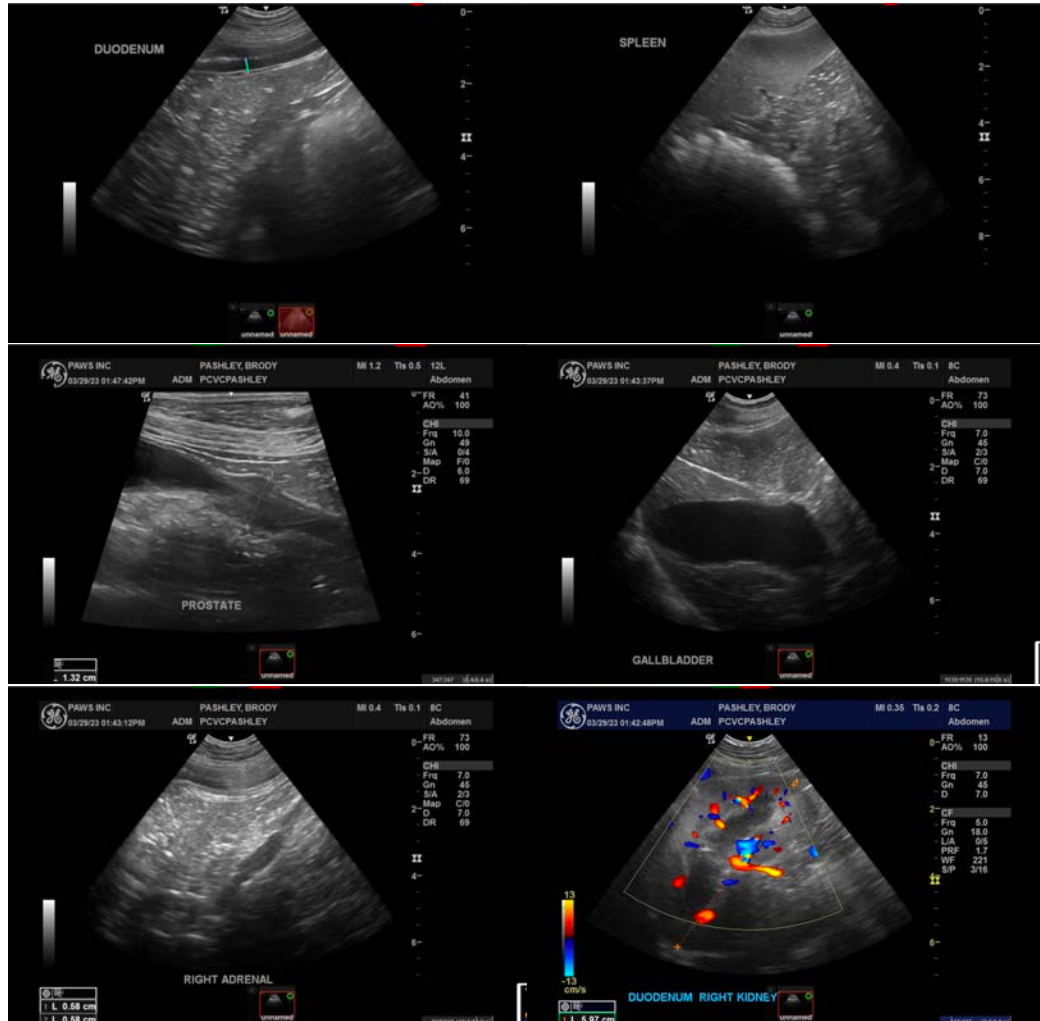
8/31/20

**WEIGHT**

40 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Today's scan is relatively normal. No focal lesions were visualized to explain the seizure activity reported. Consider inflammatory, infectious, neoplastic, toxic, and nutritional causes. Consider consultation with a veterinary neurologist. Typically, idiopathic epilepsy would be the most common diagnosis in this situation, but having multiple seizing dogs in the same household could be concerning for an environmental issue (provided the dogs are not related).



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

Pine Creek VC

**REFERRING VET**

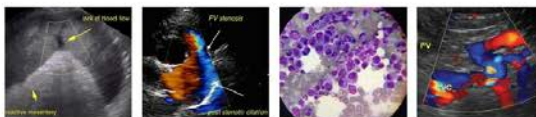
Dr. Dayna Mills

**INVOICE**

46343

**DATE**

3/30/23



**PATIENT**

Brody Pashley

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

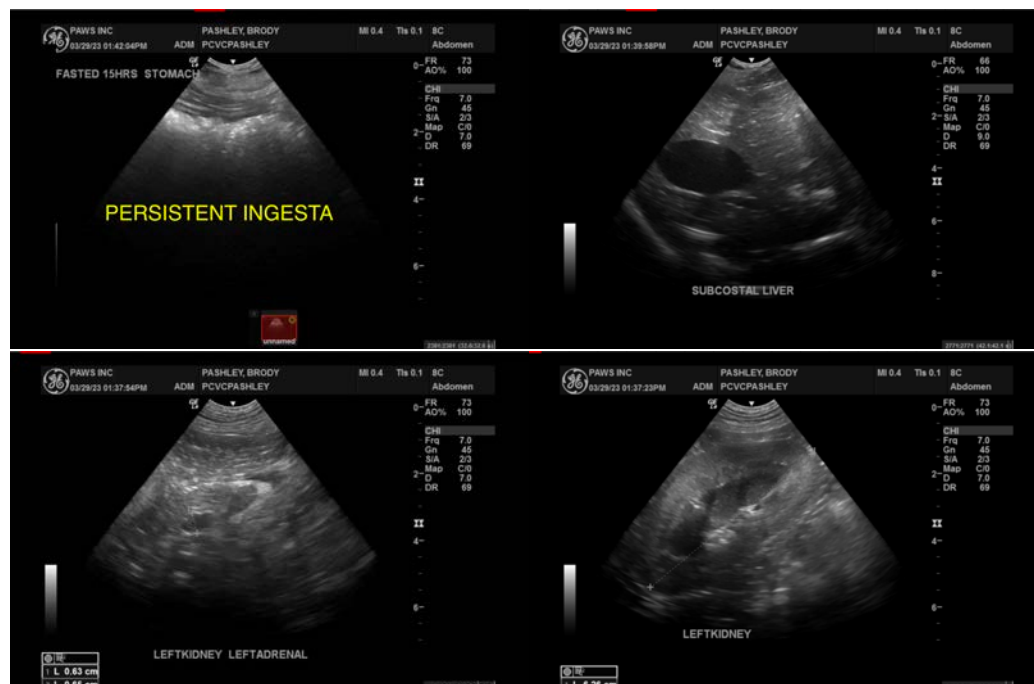
Neutered Male

**AGE**

8/31/20

**WEIGHT**

40 Pounds



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

Pine Creek VC

**REFERRING VET**

Dr. Dayna Mills

**INVOICE**

46343

**DATE**

3/30/23

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