



PATIENT

Brentwood Sabloff

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Chihuahua Long Hair

Client comment - Presenting for blood in stool sometimes, sometimes D, sometimes gas. Suspect losing weight. Weaned off KBR and started different seizure meds. Had him on Royal Canine low-fat GI and changed to ceasars and trying boiled chicken and rice. e/d - okay, not great, will get stomach rumbles and then not want to eat. Weight loss Periodic inappetence and diarrhea. Previously suspected to be secondary to KBr, but has continued since weaning off. Previous AUS WNL. DDX: Medication side effect vs other underlying disease
Abnormal PE/Chem/CBC/UA Results: labwork largely WNL. +1 proteinuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Intact Male

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.

AGE

8 Years

The prostate is large in size (2.87 cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous. There is a very small parenchymal cyst noted at 0.24 cm in diameter. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

WEIGHT

10.94 Pounds

The left kidney has a normal shape and size (4.48 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.

INTERPRETED BY

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

The right kidney has a normal shape and size (4.17 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Adrenal Glands

The left adrenal gland is normal in size measuring 0.49 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

VCA Lakeside AH

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.

REFERRING VET

Dr.

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.

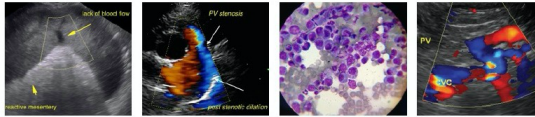
Liver

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PATIENT

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The liver is subjectively normal in size, and echogenicity 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.

SPECIES

Canine

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.

BREED

Chihuahua Long Hair

Gastrointestinal

The stomach is mildly dilated with 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.

SEX

Intact Male

Most of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Jejunum wall measured 0.27 cm. Visualized peristalsis appears appropriate. While no focal lesions are observed, there are some sections of bowel with mild fluid dilation and a somewhat corrugated appearance, most consistent with enteritis.

AGE

8 Years

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.

WEIGHT

10.94 Pounds

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.

INTERPRETED BY

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Medicine)

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.

IMAGING BY

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Other

Both the left and right testicles are visualized and appear within normal limits.

ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

VCA Lakeside AH

- Large, heterogeneous liver with a small parenchymal cyst – findings are most consistent with benign prostatic hypertrophy +/- prostatitis.

REFERRING VET

Dr.

- Mildly heterogeneous 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.

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- Mild fluid dilation of the stomach – correlate with feeding history. If the patient was adequately fasted, this could be consistent with delayed gastric emptying or partial outflow

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tract obstruction (none observed).

SPECIES

Canine

- Mildly fluid filled, corrugated sections of bowel – findings are most consistent with enteritis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal bowel lesions are observed, although some sections of the small intestine do appear fluid dilated and somewhat corrugated and inflamed. This is most consistent with gastroenteritis. The stomach is somewhat fluid filled, which could be an indicator of delayed gastric emptying/gastritis as well. Recommend treatment for gastroenteritis/pancreatitis and consider a quantitative PLI level, as there is no evidence of pancreatic inflammation on this scan, but sometimes the ultrasonographic findings don't correlate with the clinical symptoms.

SEX

Intact Male

The prostate is large and has a small cyst. These findings are normal for an older intact male dog, but are likely indicators of benign prostatic hypertrophy +/- prostatitis. Recommend urinalysis and culture, and neutering to resolve the BPH.

AGE

8 Years

If primary GI disease is thought to be the culprit, then consider such differentials as dietary indiscretion/food allergy, GI parasites, dysbiosis, pancreatitis, IBD, and less likely intestinal neoplasia.

WEIGHT

10.94 Pounds

- Consider novel protein/hydrolyzed protein prescription diet, consider chronic probiotic therapy
- Consider screening for GI parasitism and empirical treatment (if not already done)
- If there is no response to diet change and symptomatic treatment, then consider obtaining GI biopsies.

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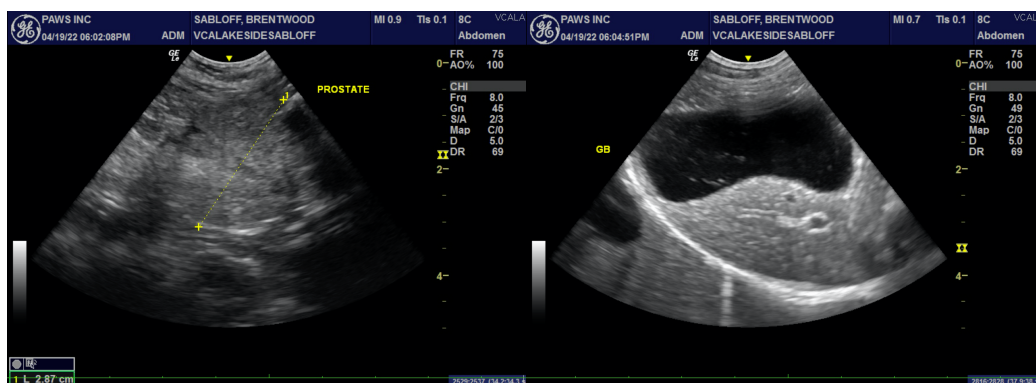
Dr.

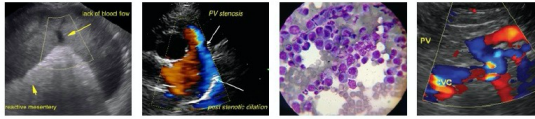
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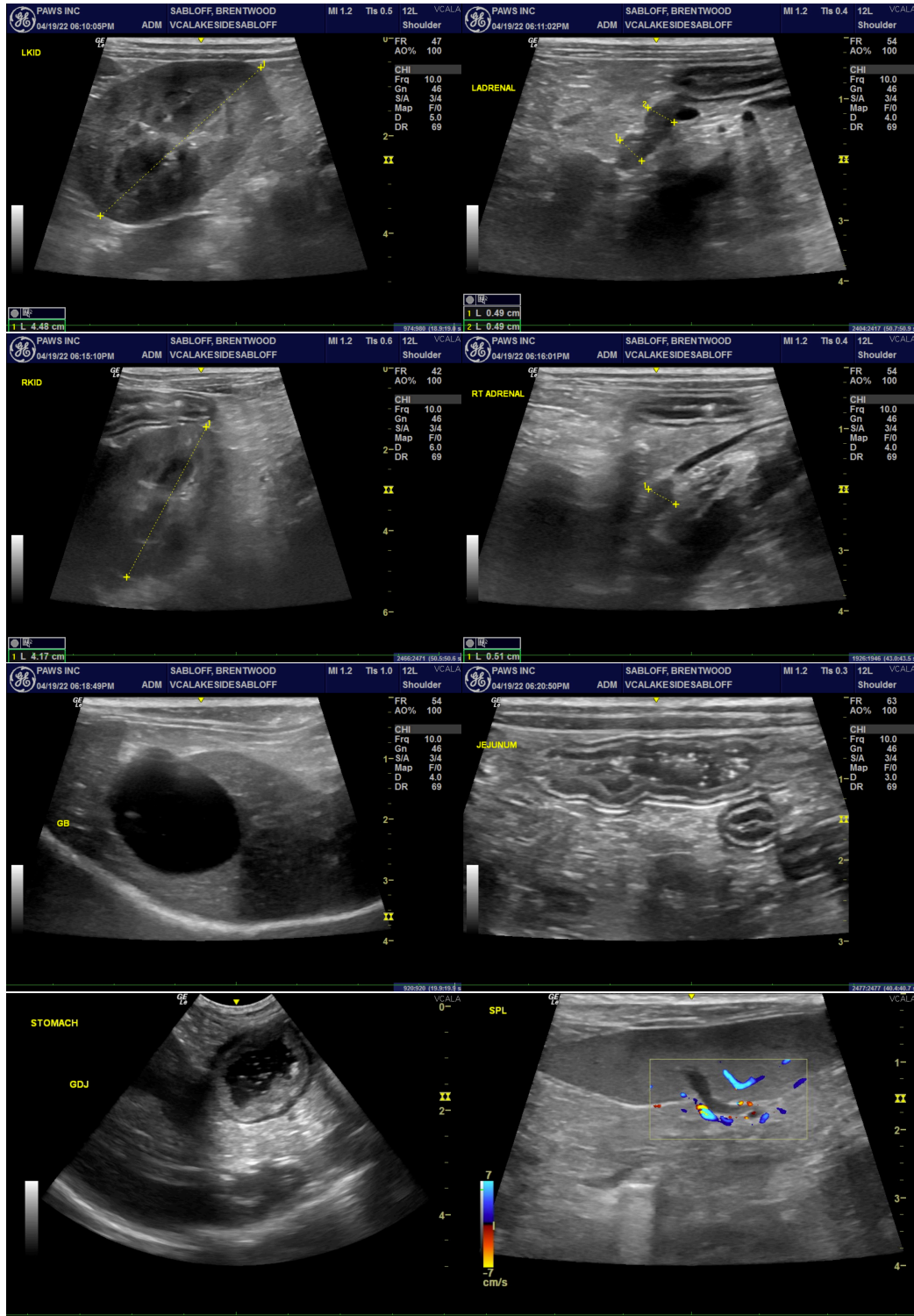
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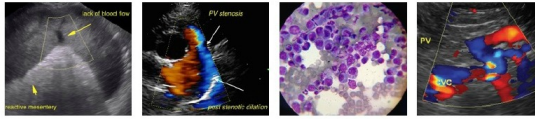
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Chihuahua Long Hair

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com

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AGE

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