



PATIENT

Rosie Machado

SPECIES

Canine

BREED

Shar Pei X

SEX

Spayed Female

AGE

11 Years

WEIGHT

18.7 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Grand River VH

REFERRING VET

Dr. Robinson

INVOICE

46745

DATE

4/18/23

PRESENTING CLINICAL SIGNS

Presented 5d ago with fever (40.3C), lethargy, increased resp rate but no changes in lung sounds, leukocytosis with neutrophilia, quiet u/a -did not respond well over the weekend to Meloxicam- did not eat well, still lethargic, owner could not administer oral antibiotics -2d ago, fever 41.3C, WBC's increase more- treated with IV fluids and antibiotics- temperature continued to decrease through the day, started eating -1d ago returned for more IVF and antibiotics, temperature on presentation was 39.1C- was eating at home and had been given Meloxicam- went home last night eating and temperature normal -this am, temperature 41.3C, very lethargic, not eating -no GI signs at any time Current Medications Cerenia, Meloxicam, Cefazolin, Hydromorphone

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 left kidney has a normal shape and size (6.01 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 (6.23 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 0.87 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 0.50 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.



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Gastrointestinal

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The stomach contains a moderate to large 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.

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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 duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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

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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

INTERPRETED BY

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.

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

ULTRASONOGRAPHIC FINDINGS

- Moderate to large amount of ingesta visualized within the gastric lumen – Findings are most consistent with a non-fasted patient.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Kelly Reschny

No focal lesions are visualized on today's exam to explain the fever reported. Given the breed and the predisposition to fever episodes, ideally consider imaging the thorax, the abdomen (already done), evaluate the skin for infection, a urinalysis and culture in combination with a urine protein to creatinine ratio, vector borne disease testing if this patient is at high risk, listen for a new heart murmur, etc., looking for signs of occult infection. If none is identified, then consider a Shar Pei fever episode, particularly if this is accompanied by hock swelling, etc. The Gonto protocol can be a good aid in managing these individuals.

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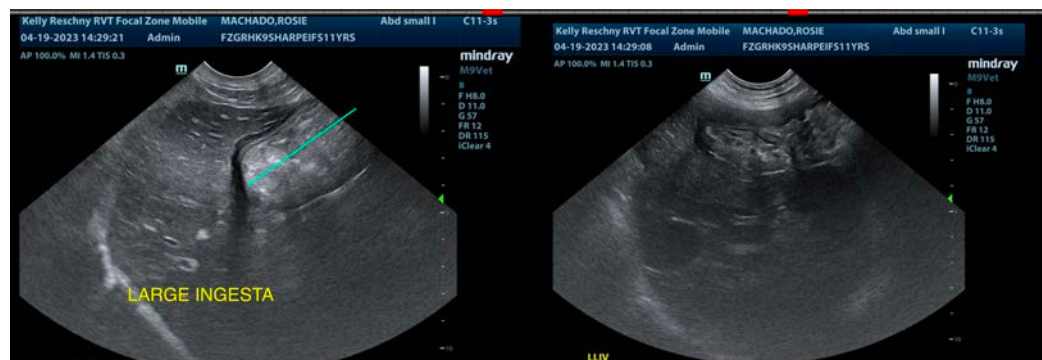
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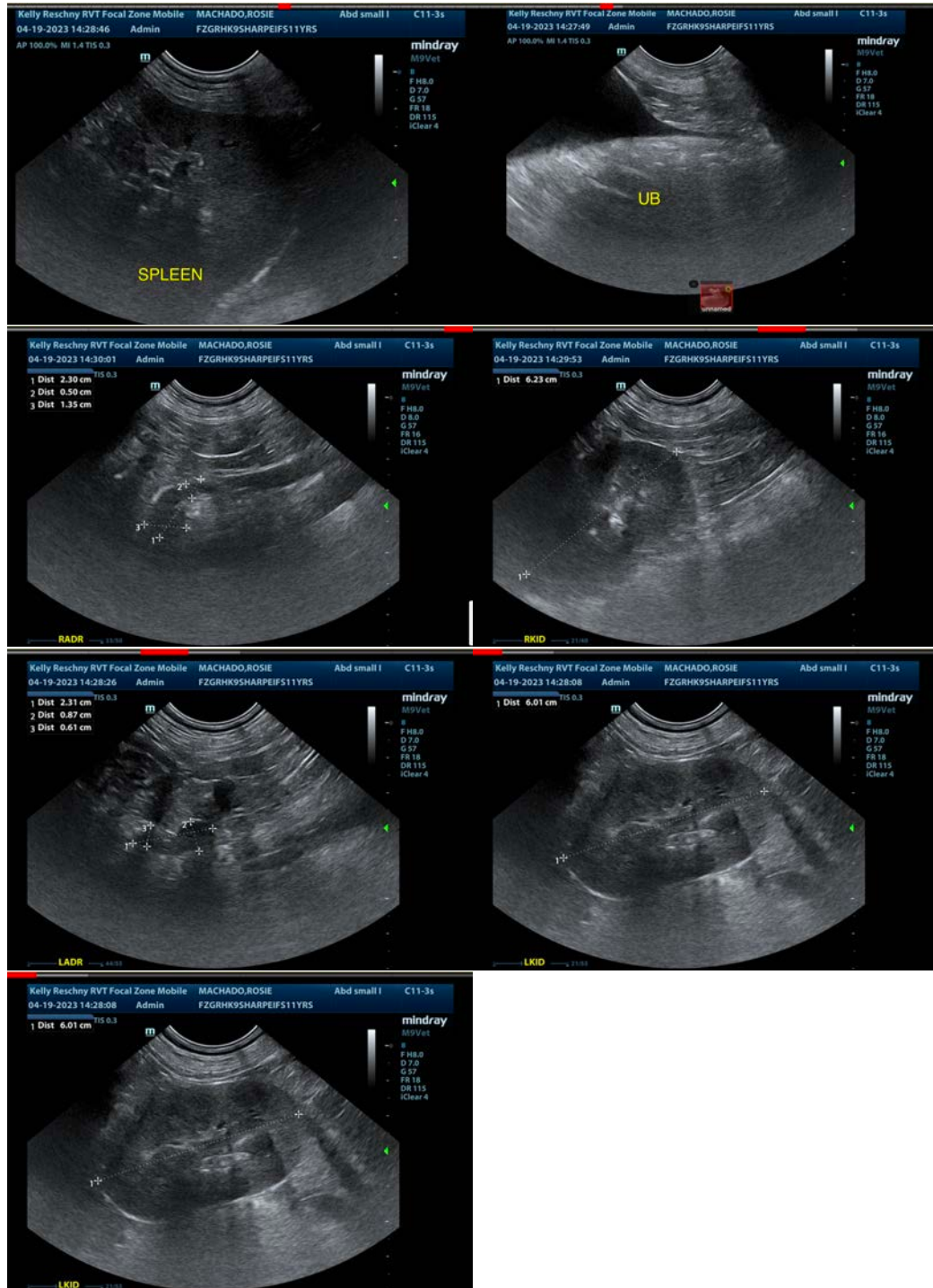
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

kathleen.sennello@sonopath.com

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