



**PATIENT**

Riley Rae Marshall

**SPECIES**

Canine

**BREED**

Jack Russell x

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

54.6 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Logas

**HOSPITAL NAME**

Bradentown VH

**REFERRING VET**

Dr. Logas

**INVOICE**

46928

**DATE**

4/25/23

**PRESENTING CLINICAL SIGNS**

Pet has been hyper sensitive since a 4 month old puppy. She does not get vaccinated after 2 moderately severe vaccine reactions. She was diagnosed with atopy before she was 1 year and a half old. She has been treated with Apoquel, Cytopoint and treatment for secondary skin infections since then. Her season is mainly summer and early fall. She had IgE allergy testing with Heska and started Allergy Lingual drops when 2 and a half years old. Sometimes she requires prednisone at low anti-inflammatory dosage for several weeks to control her scratching in September and October. 6/1/22 She was treated for colitis and possible stomach ulcers dt recurrent bouts of stomach noises, inappetence, morning vomiting and on and off small amounts of mucousy stool with a little blood. She would not eat and be depressed for half a day and then eat and be active that afternoon and the next several days. Her diet was changed from Royal Canin GI to Royal Canin hydrolyzed protein at the June 1 visit. She had a 4 week course of Prednisone 10 mg. SID for 5d then EOD for 3 weeks in September for allergic dermatitis. Her GI symptoms went away until about a month ago when the same symptoms of morning vomiting, lethargy, rumbling stomach, not eating for half a day returned. She would eat in the afternoon and perk up and be normal for a couple of days then recur. The owners have been strictly keeping her on the RC Hydrolyzed protein diet.

Abnormal PE/Chem/CBC/UA Results: Normal PE. Chem. Alb 2.8, Glob 2.6, TP 5.4, Alk phos 189 4/24/23. normal CBC. PCR GI parasite screen is neg. Pet is on Heartgard for heartworm prevention.

**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 (4.29 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 (5.32 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 0.50 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 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.



**PATIENT**

*Liver*

Riley Rae Marshall

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.

**SPECIES**

Canine

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

**BREED**

Jack Russell x

***Gastrointestinal***

**SEX**

Spayed Female

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.

**AGE**

8 Years

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 0.48 cm. Jejunum wall measures 0.33 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**WEIGHT**

54.6 Pounds

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.

**INTERPRETED BY**

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

***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.

***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 PERFORMED BY**

Dr. Logas

**HOSPITAL NAME**

Bradentown VH

**ULTRASONOGRAPHIC FINDINGS**

- Moderate debris in the gallbladder – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

**REFERRING VET**

Dr. Logas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

46928

Today's scan is relatively normal. No focal lesions were visualized associated with the GI tract to explain the intermittent GI signs noted. Unfortunately, there are many causes for GI signs that cannot be definitively diagnosed by ultrasound alone. Based on the history, metabolic disease seems unlikely (provided Addison's has been ruled out with a normal baseline cortisol or ACTH stim test), making primary gastrointestinal disease most likely. The borderline low protein levels are concerning for an early protein losing enteropathy. Recommend a liver function test and urine protein to creatinine ratio to rule out renal or hepatic disease as concurrent issues. The episodic nature of these symptoms make this challenging, as you don't know if your treatments are working or if the episode is resolving on its own.

**DATE**

4/25/23



**PATIENT**

Riley Rae Marshall

Consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate, looking for additional evidence of underlying small intestinal disease. You are already on a good hydrolyzed protein diet, making food allergy or dietary hypersensitivity less likely (unless the dog is getting into something). Additionally, consider chronic probiotic therapy.

**SPECIES**

Canine

If symptoms are persisting and the blood proteins continue to drop, then GI biopsies may be necessary to further evaluate.

**BREED**

Jack Russell x

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

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

54.6 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Logas

**HOSPITAL NAME**

Bradentown VH

**REFERRING VET**

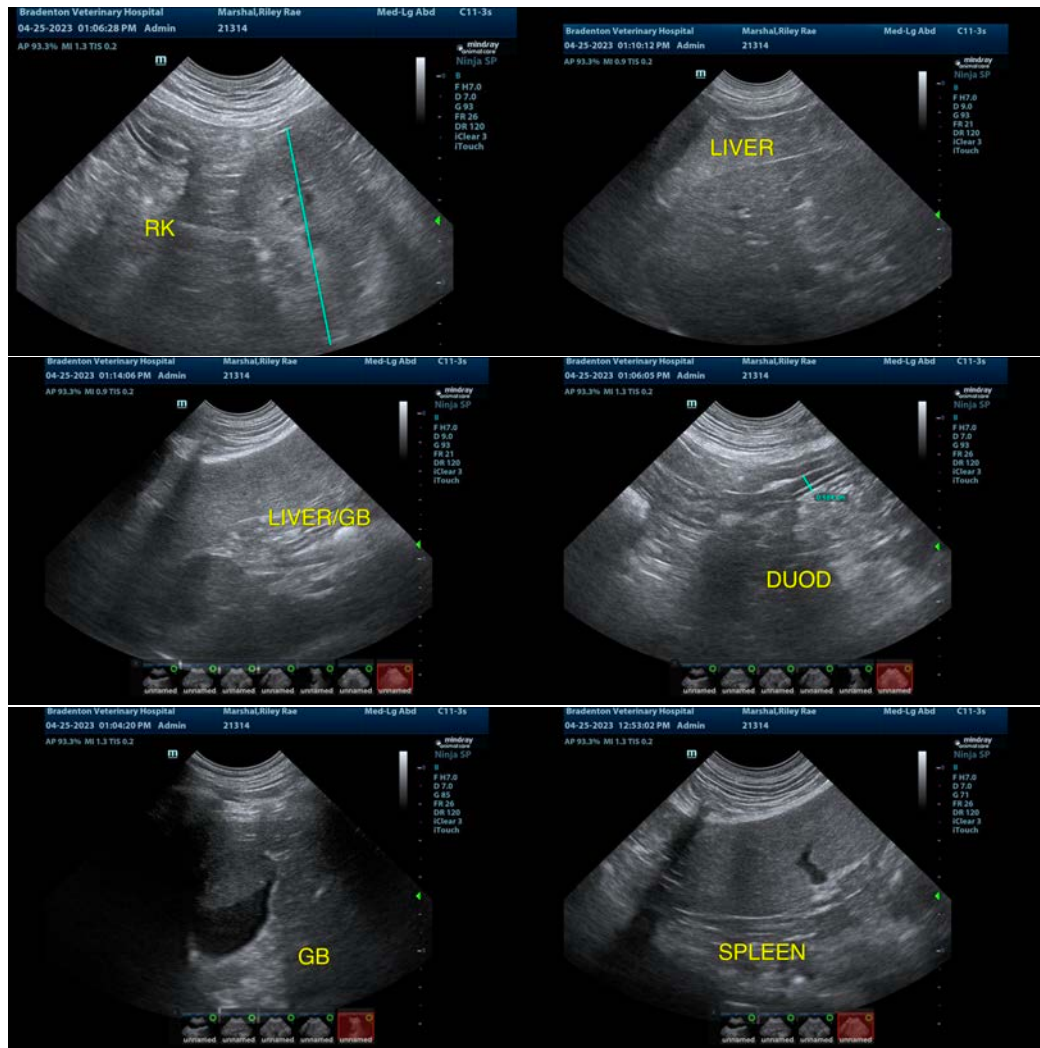
Dr. Logas

**INVOICE**

46928

**DATE**

4/25/23





**PATIENT**

Riley Rae Marshall

**SPECIES**

Canine

**BREED**

Jack Russell x

**SEX**

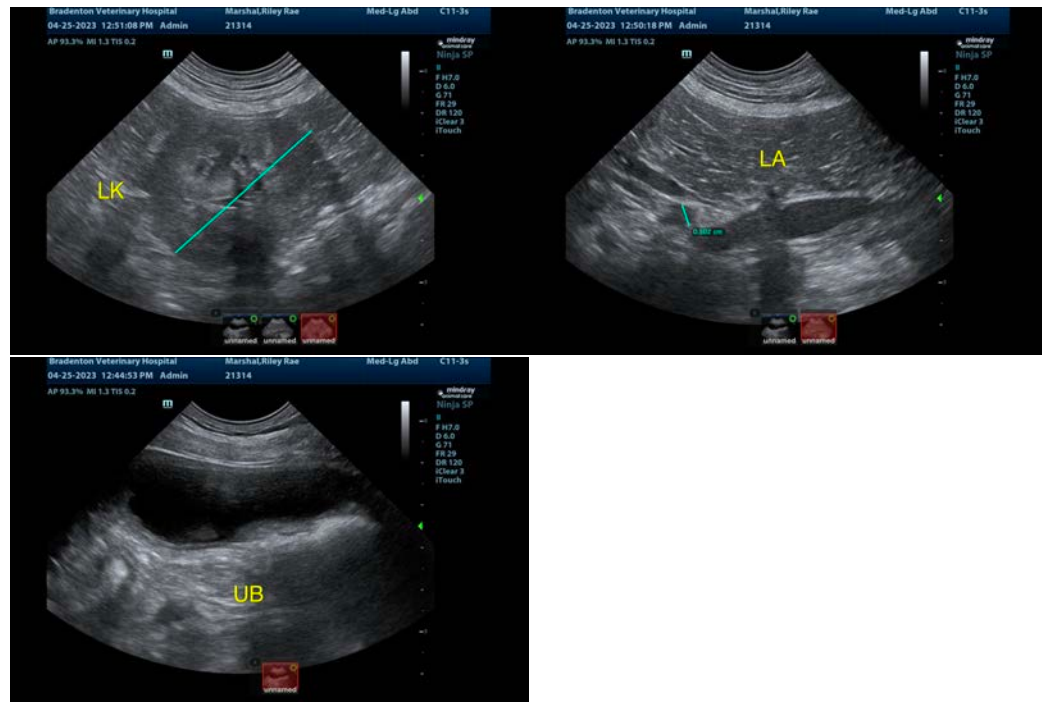
Spayed Female

**AGE**

8 Years

**WEIGHT**

54.6 Pounds



**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Dr. Logas

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

kathleen.sennello@sonopath.com

**HOSPITAL NAME**

Bradentown VH

**REFERRING VET**

Dr. Logas

**INVOICE**

46928

**DATE**

4/25/23