

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Strega Sanchez Presentation and clinical exam findings: GI symptoms. Decreased energy appetite. Large bowel symptoms

SPECIES Abnormal PE/Chem/CBC/UA Results: Previous bloodwork 9/21 was WNL. Owner is a field biologist recently surveying vole population with several testing positive for leptospirosis. Patient was in the field with owner during study. Current on Lepto vaccine. Lepto urine/serum PCR pending. Current Medications Current Medications: Clavamox. Cerenia. Bland diet. Patient was fed this AM.

Canine

BREED

Nova Scotia Duck
Tolling Retriever

SEX

Spayed Female

AGE

13 Years

WEIGHT

60 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Eric Glaze

INVOICE

36735

DATE

4/5/22

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 (6.66 cm). Overall echogenicity is slightly hyperechoic with poor 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 hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.17 cm). Overall echogenicity is slightly hyperechoic with poor 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.40 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 0.72 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. There is a small, hypoechoic nodule visualized within the splenic parenchyma, measuring 0.54 cm. This nodule does not deform the splenic capsule.

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 primarily anechoic. The cystic and common bile ducts are normal/not visible.



PATIENT *Gastrointestinal*

Strega Sanchez
SPECIES Canine
The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

BREED

Nova Scotia Duck Tolling Retriever
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. Jejunum wall measured 0.35 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Spayed Female
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.

AGE

13 Years
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.

WEIGHT

60 Pounds
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.

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Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

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Sara Hansen

ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Small, hypoechoic splenic nodule – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Mild ingesta within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, then consider such differentials as delayed gastric emptying or partial outflow tract obstruction (none observed).

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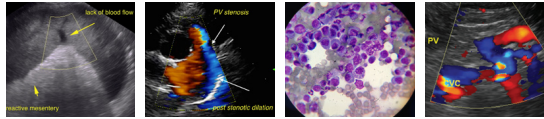
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious lesions were observed involving the gastrointestinal tract. The large bowel in particular can be difficult to evaluate due to gas shadowing in the lumen, but no large masses, lymph nodes, etc. were observed. If you're dealing primarily with large bowel diarrhea, I would consider parasite screening (if not already done), empirical deworming, a diet trial with a hydrolyzed protein/novel protein diet +/- fiber supplementation (some dogs do better with fiber, others do worse), evaluation for clostridia, etc. If



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signs persist, consider a colonoscopy to obtain large bowel biopsies. If there are mixed bowel signs, you could consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to look for evidence of any pancreatic insufficiency present, pancreatic inflammation, etc.

SPECIES

Canine

There is a small nodule present on the spleen. This could be a benign lesion or possibly a very early neoplastic lesion. Options moving forward include either continued monitoring with ultrasound and/or a fine needle aspirate.

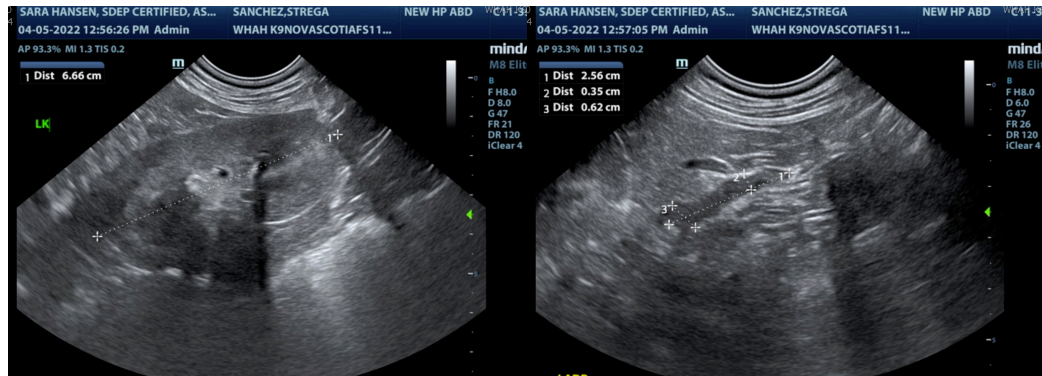
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Tolling Retriever

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

SEX

Spayed Female



AGE

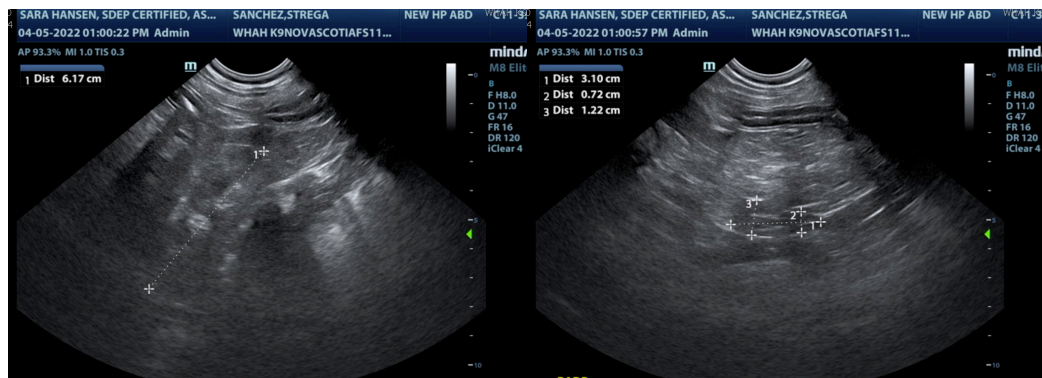
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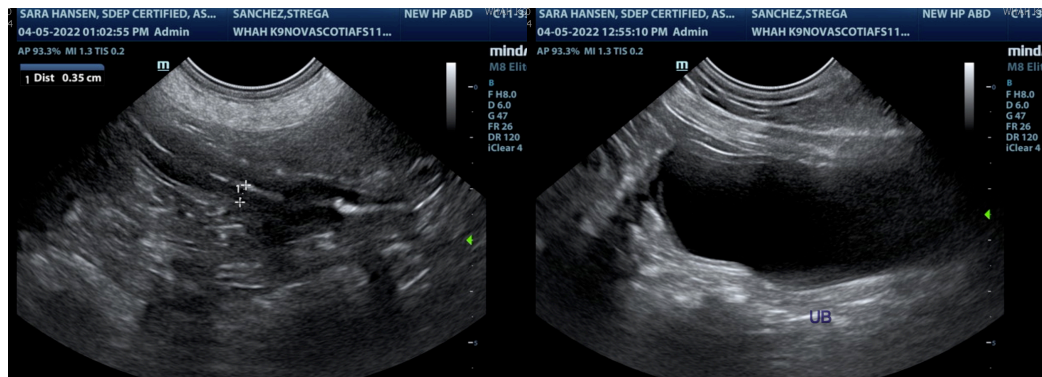


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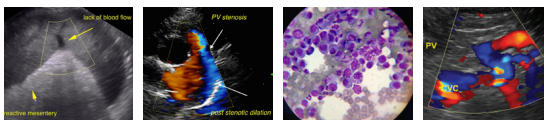
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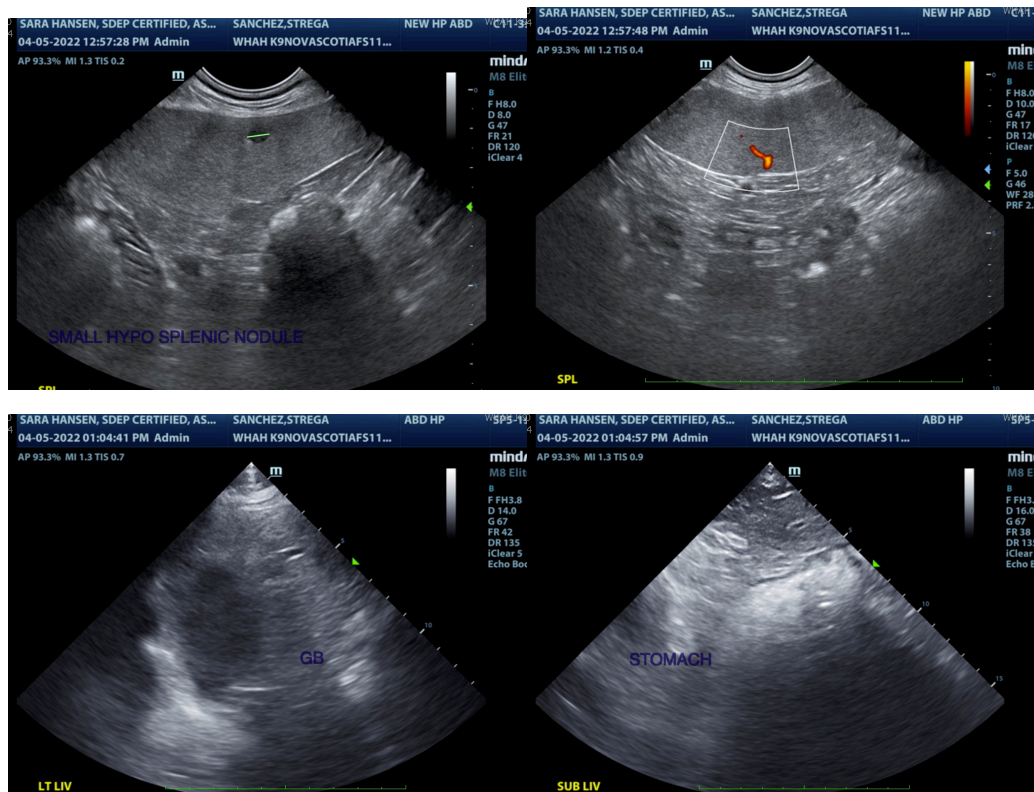
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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