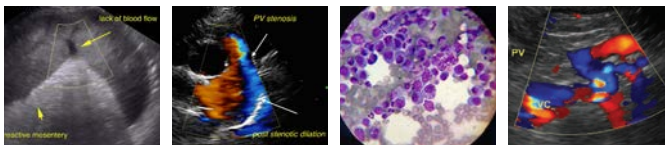
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Chiko Mejia

SPECIES

Canine

BREED

Standard Poodle

SEX

Neutered Male

AGE

1 Year

WEIGHT

25.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Matthew Olcha

HOSPITAL NAME

East Meadow VC

REFERRING VET

Dr. Matthew Olcha

INVOICE

46409

DATE

4/5/23

PRESENTING CLINICAL SIGNS

Presented for chronic vomiting and diarrhea for several months. Appropriate work up performed so far by another veterinarian includes: CBC/Chemistry normal, 4Dx negative. B12, Folate, TLI normal. cPL marked as abnormal. Fecal negative and patient has been dewormed. No response to metronidazole, tylosin, hydrolyzed diet (Hill's z/d), Hill's I/D diet, Proviable probiotic.

Abnormal PE/Chem/CBC/UA Results: Basal cortisol level pending. Discussed biopsies as the next possible step. Referral for endoscopy vs surgical full thickness.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly 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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (6.69 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 (6.28 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

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

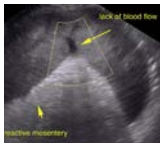
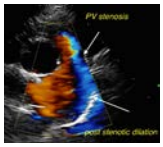
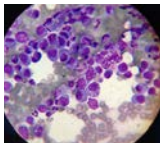
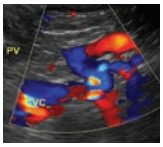
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Chiko Mejia

SPECIES
Canine

BREED
Standard Poodle

SEX
Neutered Male

AGE
1 Year

WEIGHT
25.4 kg

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

IMAGING PERFORMED BY
Dr. Matthew Olcha

HOSPITAL NAME
East Meadow VC

REFERRING VET
Dr. Matthew Olcha

INVOICE
46409

DATE
4/5/23

Gastrointestinal

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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with mild 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 0.36 cm. Jejunum wall measures 0.23 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.

ULTRASONOGRAPHIC FINDINGS

- No significant lesions visualized on today's exam

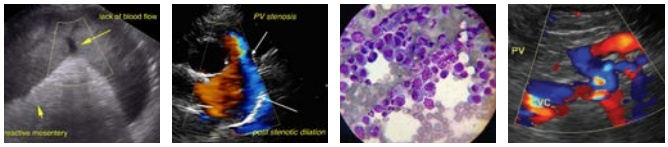
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal. No focal lesions were visualized associated with the GI tract. There were some areas of small intestine with mild fluid dilation, but no focal lesion was associated with this area.

The previous evaluation was very good on this patient, and your plan for screening for Addison's is very appropriate. The most common differentials for chronic vomiting and diarrhea in a young dog are going to include food allergy/dietary intolerance, GI parasitism, dysbiosis, dietary indiscretion, and much less likely IBD or neoplasia, as it is unusual for a dog this young to develop inflammatory or neoplastic disease (although possible).

If dysbiosis seems likely due to a previous use of systemic antibiotics, etc., you could consider pre- and probiotic therapy (I like Proviable Forte) and a fecal transplant. Alternately, a different hydrolyzed protein diet could be considered, as this can sometimes be trial-and-error. If this is small bowel diarrhea, I can see pros and cons to either surgery or endoscopy biopsies. If this is large bowel diarrhea, then recommend endoscopic biopsies (colonoscopy) +/- upper GI endoscopy.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Chiko Mejia

SPECIES

Canine

BREED

Standard Poodle

SEX

Neutered Male

AGE

1 Year

WEIGHT

25.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Matthew Olcha

HOSPITAL NAME

East Meadow VC

REFERRING VET

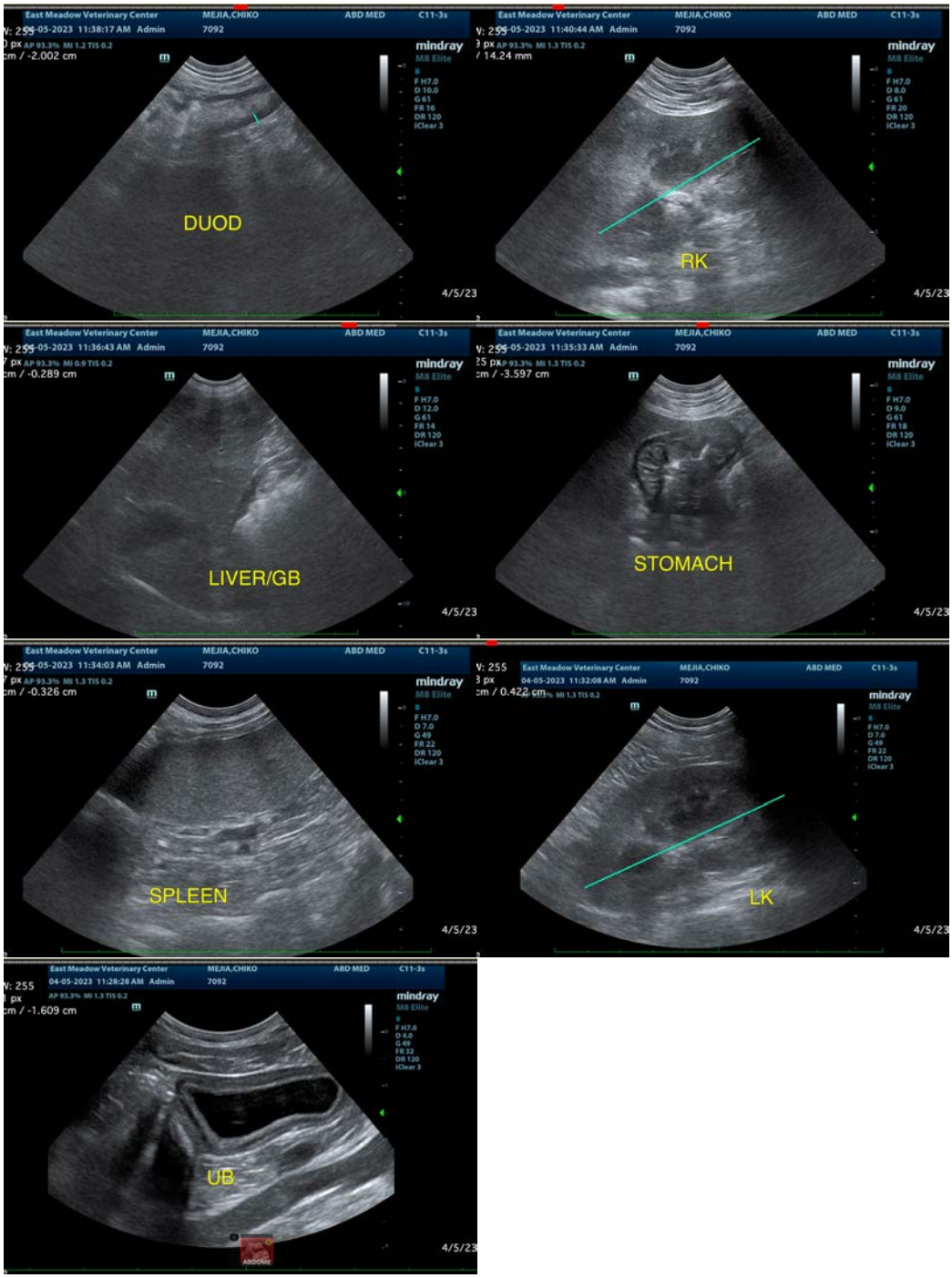
Dr. Matthew Olcha

INVOICE

46409

DATE

4/5/23



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