

**PATIENT PRESENTING CLINICAL SIGNS**

Chicklet Ferry History: chronic diarrhea, hyporexia, weight loss, PUPD, cachexia  
Abnormal PE/Chem/CBC/UA Results: M1 Lymphopenia; M1 decreased BUN, M1 increased ALKP, FT4  
M1 decreased (Euthyroid?)

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

American Bulldog 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.

**SEX**

Neutered Male

The prostate is normal in size (0.95 cm) and shape for this neutered male dog. The parenchyma is homogeneous, and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

**AGE**

9 years

The left kidney has a normal shape and size (7.55 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.

**WEIGHT**

37 kg

The right kidney has a normal shape and size (7.48 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,  
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(Small Animal Internal  
Medicine)

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.74 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.

**IMAGING**

**PERFORMED BY**

Kelly Reschny

The right adrenal gland is normal in size measuring 0.74 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.

**HOSPITAL NAME**

Preston AC

**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.

**REFERRING VET**

Dr. Rosenfeld

**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 gall bladder 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.

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**DATE**

5/13/22

**Gastrointestinal**



**PATIENT**

Chicklet Ferry

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.

**SPECIES**

Canine

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 jejunum measured as normal (0.4 cm) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**BREED**

American Bulldog

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.

**SEX**

Neutered Male

***Pancreas***

The (pancreas/region 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.

**AGE**

9 years

***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.

**WEIGHT**

37 kg

**ULTRASONOGRAPHIC FINDINGS**

- No significant ultrasonographic lesions visualized

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**REFERRING VET**

Dr. Rosenfeld

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Today's scan is relatively normal for a 9-year-old bulldog. No focal GI lesions were visualized to explain the diarrhea and poor appetite reported. Unfortunately, there are many causes for chronic diarrhea, which cannot be diagnosed by ultrasound alone.

- Consider possible metabolic causes. I recommend a baseline cortisol and a GI panel (to Texas A & M) for a qualitative PLI, TLI, cobalamin and folate. This will rule out exocrine pancreatic insufficiency and further evaluate the pancreas and small intestine.
- If metabolic disease is thought unlikely, then consider primary GI causes for diarrhea, including dietary intolerance/food allergy, GI parasitism, dysbiosis, IBD and less likely intestinal neoplasia.

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If not already done, consider a novel protein/hydrolyzed protein prescription diet, consider empirical deworming and testing for GI parasites. I recommend chronic probiotic therapy and if symptoms persist despite dietary changes, etc., then consider obtaining GI biopsies.

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



**PATIENT**

Chicklet Ferry

**SPECIES**

Canine

**BREED**

American Bulldog

**SEX**

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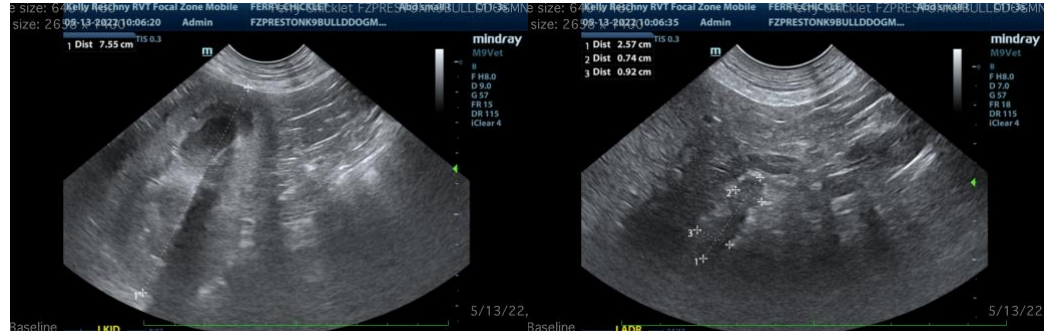
Dr. Rosenfeld

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**DATE**

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

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