

PATIENT PRESENTING CLINICAL SIGNS

Zeppelin Fox Intermittent vomiting; seems nauseous; licking urine while sleeping. Creat 1.7; SDMA 16; spec 510; urine SG 1.020

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

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.

Whippet

SEX

The left kidney has a normal shape and size (6.16 cm) with pyelectasia at 0.41 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Spayed Female

AGE

The right kidney has a normal shape and size (6.04 cm) with mild pyelectasia at 0.38 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

14 Years

WEIGHT

Adrenal Glands

32.5 Pounds

The left adrenal gland is normal in size measuring 0.75 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.

INTERPRETED BY

The right adrenal gland is normal in size measuring 0.64 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.

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

Spleen

IMAGING PERFORMED BY

The spleen is subjectively normal in size and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

Pamela Harrigan, RDCS

Liver

HOSPITAL NAME

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.

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REFERRING VET

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.

Dr. Tami Ilovich

Gastrointestinal

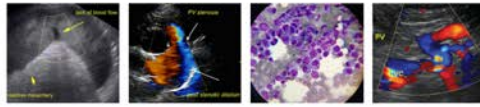
INVOICE

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.

38052

DATE

5/26/22



PATIENT

Zeppelin Fox

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 0.36 cm. Duodenum wall measured 0.47 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SPECIES

Canine

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.

BREED

Whippet

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.

SEX

Spayed Female

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.

AGE

14 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

32.5 Pounds

- Decreased corticomedullary distinction in both kidneys with bilateral pyelectasia – The bilateral renal findings are consistent with age-related change. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Hyperechoic foci visualized in the splenic parenchyma – findings are most consistent with benign myelolipomas. Recommend continued monitoring.
- Moderate gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal for a 14 year old Whippet. No focal gastrointestinal lesions were observed to explain the vomiting reported. In an older pet with more chronic symptoms, consider such differentials as food allergy/dietary intolerance, IBD, and intestinal neoplasia, provided metabolic disease seems unlikely. Consider starting with a novel protein/hydrolyzed protein prescription diet. If there is no improvement on a new diet, then consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to look for evidence of underlying pancreatic disease, B12 deficiency, etc. Consider chronic probiotic therapy. If symptoms progress or worsen, biopsies of the gastrointestinal tract may be necessary.

Pamela Harrigan, RDMS

HOSPITAL NAME

Norfolk County VS

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

REFERRING VET

Dr. Tami Ilovich

Additionally, I always recommend abdominal radiographs, as some types of foreign material cannot readily be identified by ultrasound alone.

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14 Years

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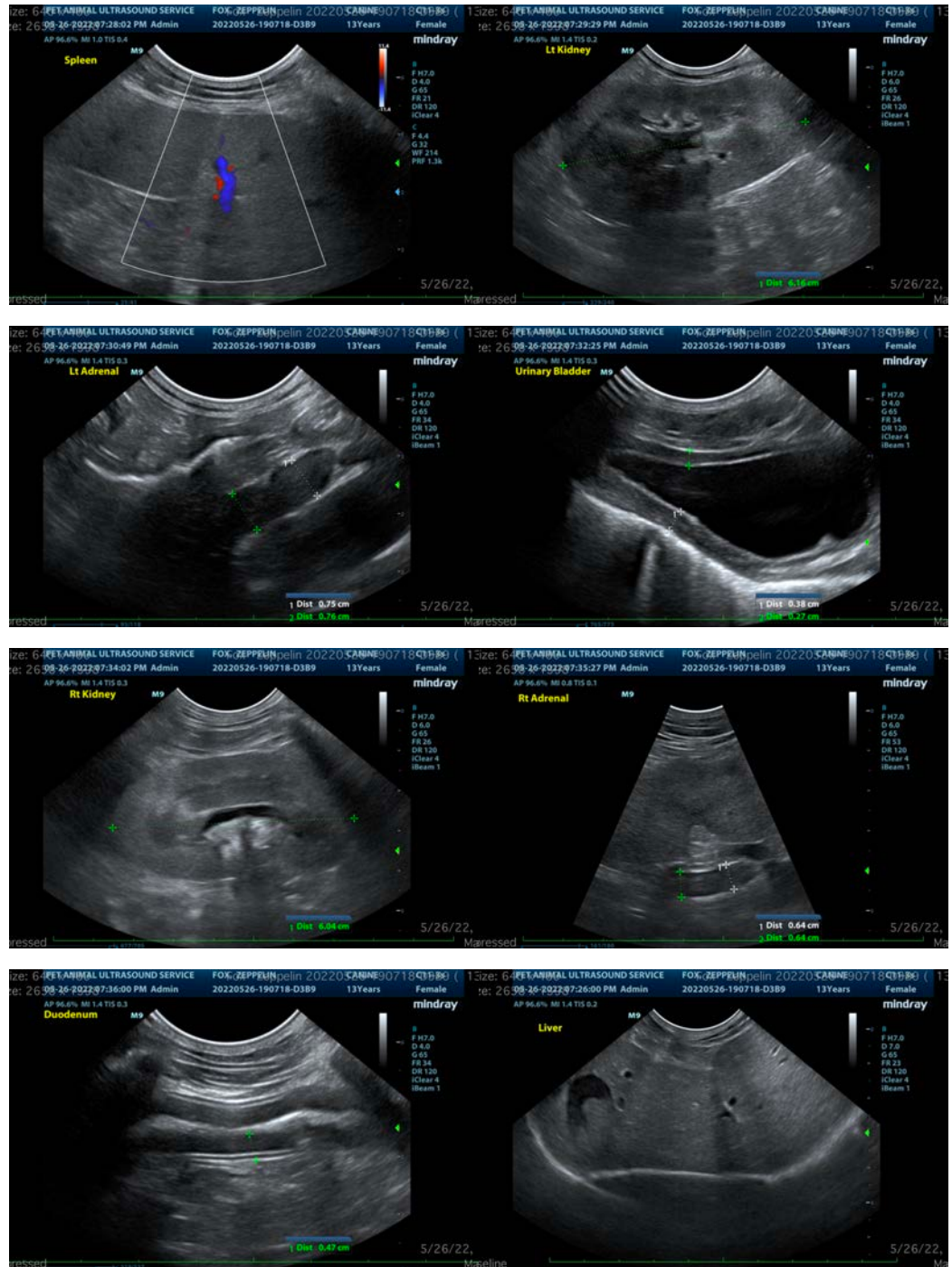
Dr. Tami Ilovich

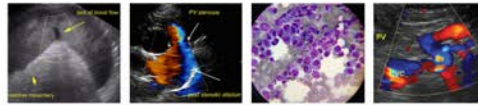
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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