



PATIENT PRESENTING CLINICAL SIGNS

Bella Abou
Cardica patient who is currently on Pimobendan. The patient presented for acute onset vomiting since last night. Two episodes of vomiting were noted as well as decreased appetite. According to the owner, this is a big concern because the patient tends to eat quite a bit. The patient has an unknown history of dietary indiscretions. According to the owner, the patient has been diagnosed with pancreatitis in the past. Abdominal ultrasound was performed to evaluate the possible cause of vomiting.

SPECIES

Canine

BREED

Beagle X

Abnormal PE/Chem/CBC/UA Results: BW: CBC and CHEM were all wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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.

AGE

10 Years

The left kidney has a normal shape and size (5.05 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.

WEIGHT

25.1 Pounds

The right kidney has a normal shape and size (4.26 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.52 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

Dr. Ferrer

The right adrenal gland is normal in size measuring 0.56 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

Paseos Vet Center

Spleen

REFERRING VET

Dr. Biello

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.

INVOICE

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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.

DATE

6/14/23

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.



PATIENT *Gastrointestinal*

Bella Abou The stomach contains mild to moderate gas fluid. It measures at a normal thickness of 0.21 cm 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.

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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. Jejunum wall measures 0.30 cm. Duodenum wall measures 0.36 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Beagle X

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

10 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

25.1 Pounds

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy noted. A mesenteric lymph node is measured at 0.35 cm. The omentum is of normal echogenicity.

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Medicine)

ULTRASONOGRAPHIC FINDINGS

- No significant ultrasonographic lesions observed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Dr. Ferrer

Today's scan appears relatively normal. No focal lesions associated with the gastrointestinal tract or the pancreas were observed. Unfortunately, you can still have underlying intestinal disease or pancreatic inflammation despite a relatively normal ultrasound. There are many causes for acute vomiting that cannot be definitively diagnosed by ultrasound alone.

HOSPITAL NAME

Paseos Vet Center

Consider such differentials as food allergy/dietary intolerance, GI parasitism, acute pancreatitis, dietary indiscretion, non-specific gastroenteritis, ingested foreign material, IBD and less likely neoplasia, etc....

REFERRING VET

Dr. Biello

- Recommend non-specific treatment for acute gastroenteritis including fluids if needed, antiemetics, +/- gastroprotectants, pain medications if the patient is uncomfortable, etc.
- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.
- If symptoms are not improving with generalized therapy, then consider serial imaging (radiographs +/- abdominal ultrasound) and reevaluation for a progressed lesion, foreign body, etc.). GI biopsies may be necessary to obtain a definitive diagnosis.

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



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**IMAGING
PERFORMED BY**

Dr. Ferrer

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REFERRING VET

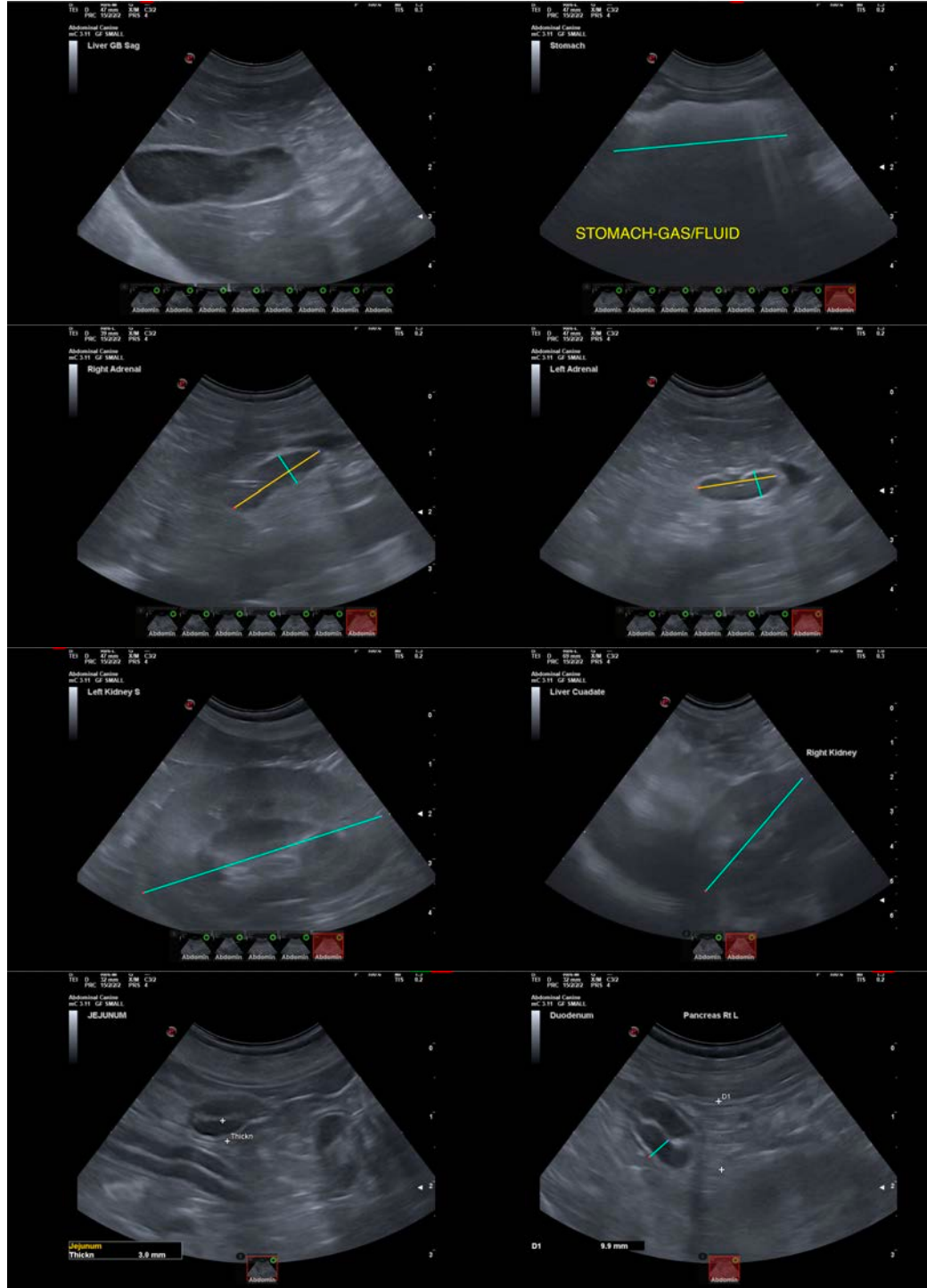
Dr. Biello

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PATIENT

Bella Abou

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.

SPECIES

Canine

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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info@sonopath.com

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