



PATIENT

Clifford Birman

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

11 Years

WEIGHT

9.6 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet Hospital

REFERRING VET

Dr. Barron

INVOICE

43136

DATE

6/14/23

PRESENTING CLINICAL SIGNS

Diarrhea. Hx of numerous accidents in house + GI issues. R/O IBD vs open. No current meds. Abnormal PE/Chem/CBC/UA Results: SDMA 18; PLT's 453 (H); CPL 585 (H)

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 prostate is normal in size (0.80 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney is normal in size (3.89 cm) but slightly irregular (likely due to previous infarct). 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 (3.89 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 left adrenal gland is normal in size measuring 0.66 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 0.56 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.

Spleen

The spleen is subjectively normal in size (0.98 cm), 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 has an irregular projection that could be consistent with a polypoid projection, a mass effect, or other, measuring 0.94 cm x 0.91 cm. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.



PATIENT *Gastrointestinal*

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The stomach is moderately dilated with fluid and shadowing material measuring 2.75 cm. This could be consistent with atypical ingesta, ingested foreign material, etc. 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. Fluid dilation is mild and does not support a current obstruction.

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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal to moderate fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.51 cm. Jejunum wall measures 0.36 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with non-formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

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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

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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

- Small projection/mass effect visualized associated with the gallbladder wall – This could represent a broad-based polyp, a small mass effect, or an atypical presentation of debris. Recommend continued monitoring with ultrasound.
- Hard shadowing material visualized within the gastric lumen – Findings are concerning for possible ingested foreign material, but ingesta or other could appear similar.
- Mild small intestinal thickening – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No focal lesions were visualized associated with the gastrointestinal tract to explain the diarrhea reported. Unfortunately, there are many causes for diarrhea that cannot be diagnosed by ultrasound alone.

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Consider such differentials as food allergy/dietary intolerance, GI parasitism, pancreatitis, dysbiosis, recurrent dietary indiscretion, IBD and less likely neoplasia, 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.



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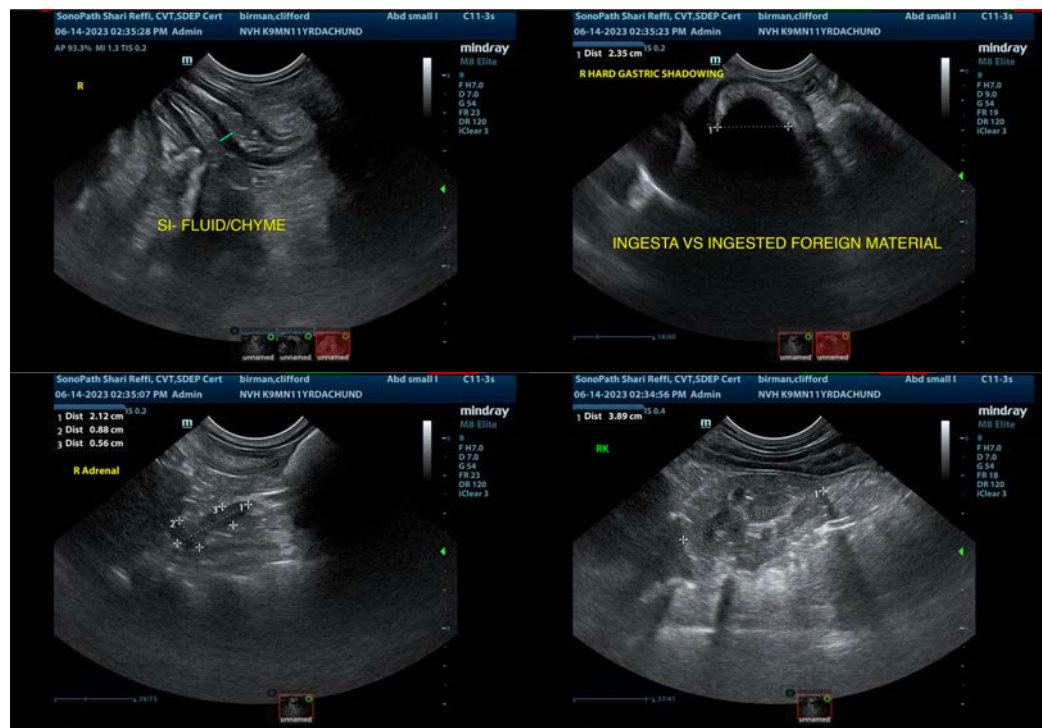
6/14/23

- Recommend chronic probiotic therapy.
- If GI symptoms are persistent and metabolic disease is thought unlikely, consider obtaining GI biopsies.

There is a small irregularity noted with the gallbladder wall. Otherwise, the gallbladder appears relatively normal. The significance of this lesion is uncertain. This could represent a benign mass effect/polyp or an early neoplastic lesion. Additionally, it could represent an atypical presentation for debris, although there is the appearance of blood flow on doppler. Recommend continued monitoring of this lesion. If it appears to be enlarging, surgical resection may be necessary.

There is hard shadowing material visualized within the gastric lumen. Correlate this with the feeding history and abdominal radiographs. If the patient was adequately fasted, this could represent ingested foreign material.

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





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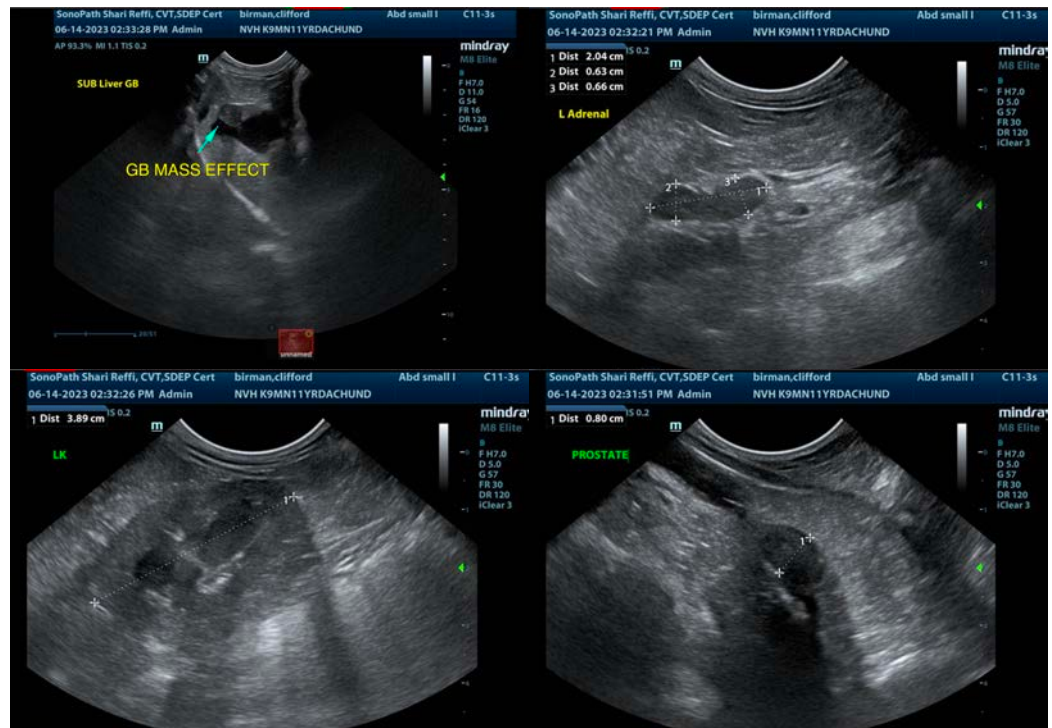
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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