



PATIENT PRESENTING CLINICAL SIGNS

Reggie Dallen

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

exam from may 9th going on for 1.5 weeks will walk and then face will hit cement (collapse) getting up in am body is completely limp o needs to put his feet on ground and has to wait for him to support himself walking very very slow - on walks limping 1.5 weeks ago and no longer now started slowly after the dental surgery on april 7th (2 bottom middle incisors removed nothing eventful during anaesthesia) only will eat 1 meal a day since then too. will ignore the am meal drinking pooping normally not on any meds currently lethargic and no energy for 2 weeks - doesn't want to play and chew toys etc left from leg a limping one no vom or D+ BAR HR 88 - sync pulses RR 40 MM pink CRT <2sec moist pos plr pos menace pos palpebral nothing felt abdomen moderate muscle atrophy bcs 5/9 temp 102.7F 2nd 102.8F nothing obvious on ortho no proprioceptive deficits recheck on june 7th QAR moderate muscle wastage more apparent since last visit** (lost 1 lbs since the dental) HR 88 RR 36 nothing felt abdomen lymph normal temp 102.6F same issues occurring however this time has lost meds: after first visit (may 9th) clavaseptin 94mg BID for 10 days , after second visit june 7th started 2.5mg omeprazole once daily and 2mls sucralfate empty stomach 3x daily
Abnormal PE/Chem/CBC/UA Results: Please see attached BW

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

8 Years

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.

WEIGHT

4.26 kg

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.

INTERPRETED BY

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

The left kidney has a normal shape and size (4.08 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 pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

IMAGING PERFORMED BY

Kelly Reschny

The right kidney has a normal shape and size (4.3 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 pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

HOSPITAL NAME

Hillview VC

Adrenal Glands

The left adrenal gland is normal in size measuring 0.48 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.

REFERRING VET

Dr. P. Stevenson

The right adrenal gland is normal in size measuring 0.63 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.

INVOICE

38827

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.

DATE

6/17/22



PATIENT *Liver*

Reggie Dallen 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.

SPECIES

Canine

The gallbladder 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.

BREED

Yorkie

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.

SEX

Neutered Male

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 duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

8 Years

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.

WEIGHT

4.26 kg

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.

INTERPRETED BY

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(Small Animal Internal
Medicine)

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.

IMAGING PERFORMED BY

Kelly Reschny

ULTRASONOGRAPHIC FINDINGS

- Mildly reduced corticomedullary distinction in both kidneys - The bilateral renal findings are consistent with age-related change.

HOSPITAL NAME

Hillview VC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. P. Stevenson

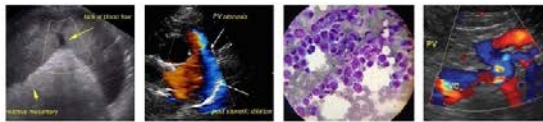
Today's scan is relatively normal. No obvious cause for the collapsing episodes has been identified. It is not 100% clear if this is due to generalized weakness, a neurologic episode, a cardiac event, etc. Consider an ECG or event monitor, consultation with a veterinary neurologist, etc.

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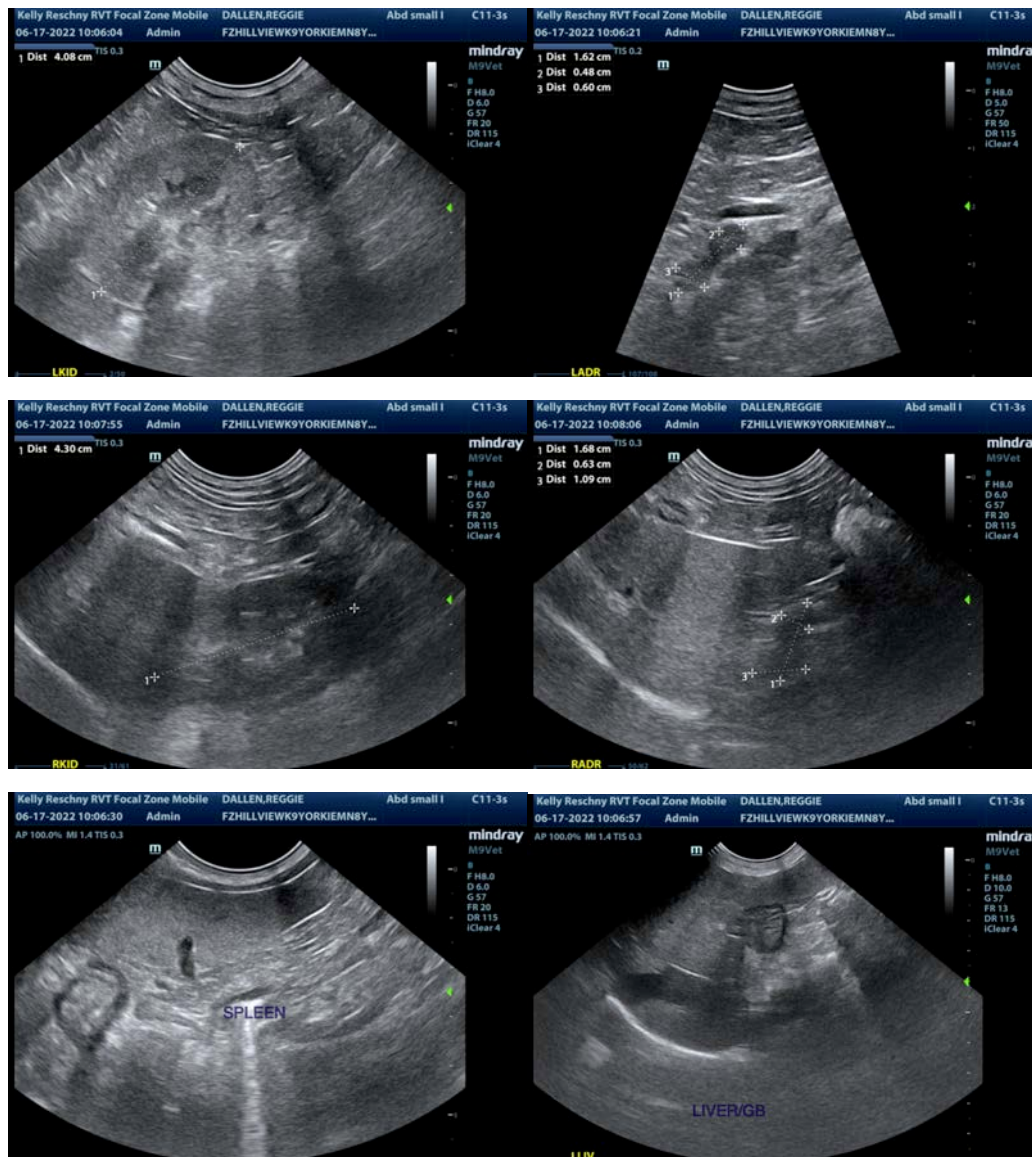
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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