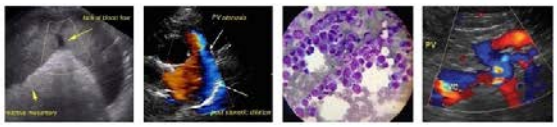

PATIENT

Oliver Moura

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

9 Years

WEIGHT

40.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Main Street AH

REFERRING VET

Dr. Veysey

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PRESENTING CLINICAL SIGNS

Examined June 8, coughing. Started as an occasional cough, but was constant the night before appointment, was cough/heave/hacking every 20 minutes or so. Has been having a dry cough, almost like a hoarse hack going on for the past few months. Upon exam: Referred upper airway hoarseness, abdominal effort occasionally. No murmur, no arrhythmia, normal rate. M2 tartar/gingivitis, RF middle interdigital space M3 swelling and erythema with serous oozing. Suspected upper airway irritation due to allergies, chronic allergies/wildfire smoke currently. Recommend start Cetirizine 10mg 1 tab PO SID with Apoquel. -Returned for recheck June 16 as still coughing and breathing heavily. O concerned about shortness of breath and respirations. Since last visit still has been coughing excessively, has now turned a bit more into a hack. Wheezing can be heard while he is at rest, and his resp rate seems only to be increasing. Did kind of vomit one day and there was phlegm associated with it. Will generally wander the neighborhood and pick up food from neighbors, bananas, treats etc. Hasn't been a big fan of eating recently, will finish half of his meals. Seems to have slowed down a bit as well. O thought he had felt a swelling around his ventral neck region. Upon exam: Increased bronchovesicular sounds, increased resp rate/panting. Possible 3rd beat sound, only occasionally auscultable. Slightly pot bellied appearance, liver slightly rounded edges. Radiographs and bloodwork performed. Suspect pneumonia, possible neoplasia. RX'd Clavaseptin 500mg - 1 tab PO BID 14d and Metacam 35kg dose PO SID 14d. -Recheck June 20: Still has a light cough and is deep breathing, has a bloated abdomen, collapsed yesterday and lost control of bowels. Have been giving clavaseptin and metacam since last Friday. Seems to take them well with no issue. Collapse happened last night around 3am, was walking in the hall after drinking and then flat out collapsed. Bowels also evacuated at this time. Seemed to not breathe/hold his breath for a few seconds and then started breathing again. O asked him to get up which he readily did an took him outside for some fresh air. Outside his RR was around 46rpm. That then calmed down after about an hour. Upon exam: Increased abdominal effort and M1 bronchovesicular sounds increased, ribs also feel slightly 'sprung'. Slightly muffled sounding past the lungs, unable to hear a murmur, no arrhythmia. Abdomen soft, no pain, difficult to fully assess due to bloated feeling/gas. Discussed sending radiographs to Idexx radiology services as well as scheduling an ultrasound of thorax and abdomen - O opted to do this. RX'D Baytril 150mg - 2 tabs PO SID 5d. Current Medications Thyro-Tabs 0.5mg BID, Apoquel 16mg 1.5 tabs SID, Clavaseptin 500mg BID, Metacam SID, Baytril 150mg 2 tabs SID Abnormal PE/Chem/CBC/UA Results: Radiographic Findings -Opacities in lungs -Heart appears enlarged and rounded -The perihilar lymph nodes were also slightly more radio-opaque than normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

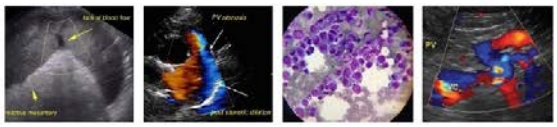
Urinary System

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 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.

The left kidney has a normal shape and size (6.53 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.

The right kidney has a normal shape and size (7.53 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.



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Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is not clearly seen.

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 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.

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.

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.

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.

Pancreas

The area 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.

Free Abdomen

There is a large volume of echogenic free abdominal fluid. No lymphadenopathy. The omentum appears diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Large volume echogenic free abdominal fluid – Recommend fluid analysis and cytology.

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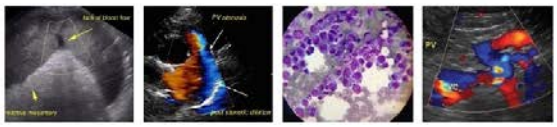

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289-808-2608 info@thefocalzone.com

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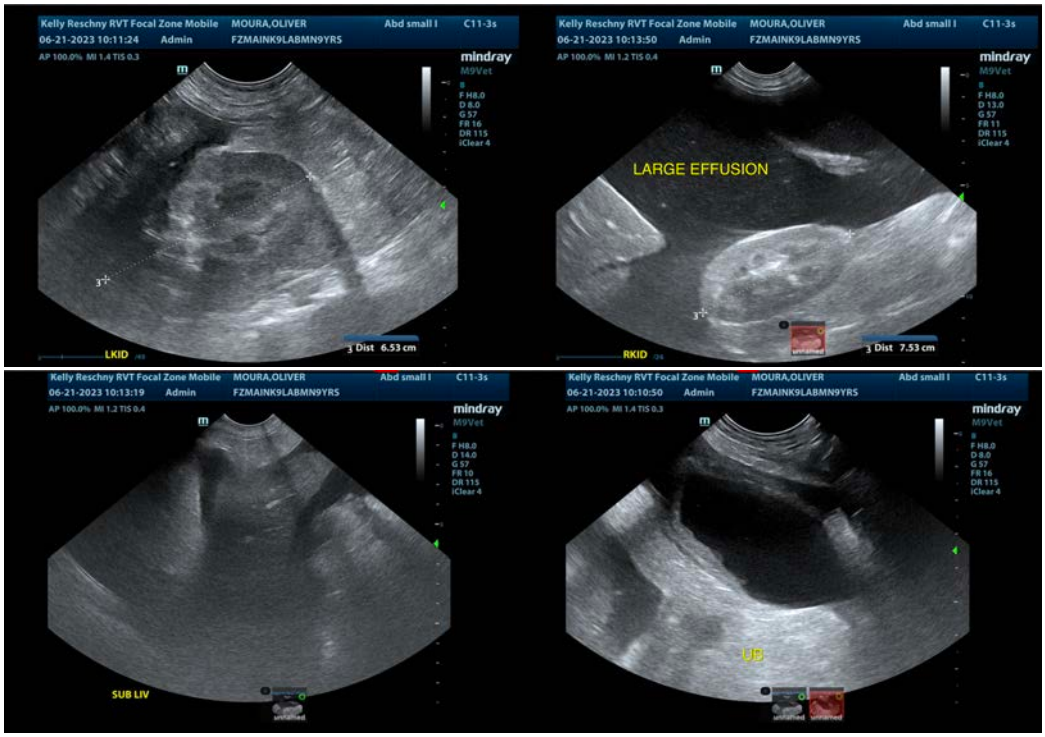
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal mass effects are visualized on today's exam. There is a large volume of fluid in the abdomen that appears somewhat echogenic. Recommend fluid analysis and cytology. Primary differential would be congestion or cardiac disease at this time. if this is ruled out, consider a liver function test and cytologic evaluation of the abdominal fluid. Additionally consider an upper airway exam if cardiac disease is ruled out.



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)

info@sonopath.com