

PATIENT PRESENTING CLINICAL SIGNS

Bodhi Bell he was going septic June 22 at referral clinic (BVER) - BG was 3, started on Dextrose CRI 5% and Amp, Metro (7.5mg/kg) and Enroflox (10mg/kg). Looking a lot brighter this AM, offered food till midnight - no interest, NPO since then. Last BG 5am - 5.9mmol/L. BG now is 7.6mmol/L. June 23 2022 P was re-admitted into clinic - collected blood from the left jugular and ran in house - P is QAR - Temp is 37C - ear - Pulse is 100 - RR is 50 - MM are pink and tacky - CRT <2sec - vomiting yellow bile - BG is 7.6 mmol/L - on Dextrose CRI of 5ml/hr - admin 0.06ml Torbugesic IV at 8am - P is on 20ml/hr Normosol R - P is NPO currently. meds: CERENIA, METRONIDAZOLE, PANBTOPRAZOLE, TORBUGESIC, BAYTRIL, AMPICILLIN, DEXTROSE CRI

SPECIES Canine

BREED Maltese X

Abnormal PE/Chem/CBC/UA Results: RBC 10.36 ELEVATED HCT 71.8 ELEVATED HGB 23.2 ELEVATED RETIC 283 ELEVATED RDW 22.7 ELEVATED WBC 23.48 ELEVATED NEUT 19.76 - BANDS - ELEVATED MONO 1.46 ELEVATED EOS 0.14 - LOW MPV 18.4 ELEVATED CREA 39 - LOW CA 1.88 LOW CL 107 LOW

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

3 Years

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

3 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.

The left kidney has a normal shape and size (4.36 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 hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
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The right kidney has a normal shape and size (4.92 cm). Overall echogenicity is normal with adequate 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 hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

Kelly Reschny

Adrenal Glands

HOSPITAL NAME

Headon Forest AH

The left adrenal gland is normal in size measuring 0.47 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. Wallace

The right adrenal gland is normal in size measuring 0.38 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

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The spleen is subjectively normal in size. It is hypoechoic, but homogeneous in echotexture, 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.

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PATIENT *Liver*

Bodhi Bell 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

Gastrointestinal

Maltese X

The stomach has moderate to severe fluid distention. 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

3 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

3 kg

Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

There is a small/moderate amount of free abdominal fluid, and a severe mesenteric lymphadenopathy present with clusters of large, hypoechoic, rounded lymph nodes throughout the abdomen. The largest of these lymph nodes measures at 2.1 cm x 3.33 cm and 1.54 cm x 2.63 cm. Additional lymph nodes visualized measure 1.4 and 1.2 cm in diameter. The omentum is of increased echogenicity around these enlarged lymph nodes.

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ULTRASONOGRAPHIC FINDINGS

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- Hypoechoic spleen – This can be seen with infiltrative disease. Consider a fine needle aspirate.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Moderate to severe fluid distention of the gastric lumen – correlate with abdominal radiographs and eating history. If the patient was adequately fasted, consider an outflow tract obstruction or delayed gastric emptying.
- Severe mesenteric lymphadenopathy – The severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease(tick born disease-such as

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bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

Bodhi Bell

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

There are numerous large, hypoechoic, rounded lymph nodes throughout the abdomen. Some of these are large enough to create mass effects. Recommend a fine needle aspirate of these lesions, as round cell neoplasia would be a primary concern, although other differentials exist. Additionally, the pancreas appears somewhat hypoechoic. A fine needle aspirate could be considered.

Canine

BREED

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

Maltese X

The stomach appears fluid dilated. This could be consistent with delayed gastric emptying or a partial outflow tract obstruction (not clearly visualized). If a cytologic diagnosis cannot be obtained, recommend exploratory surgery to obtain samples for histopathology.

SEX

Neutered Male

Based on the bloodwork changes reported, consider an ACTH stimulation test to look for an absolute or relative cortisol deficiency.

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WEIGHT

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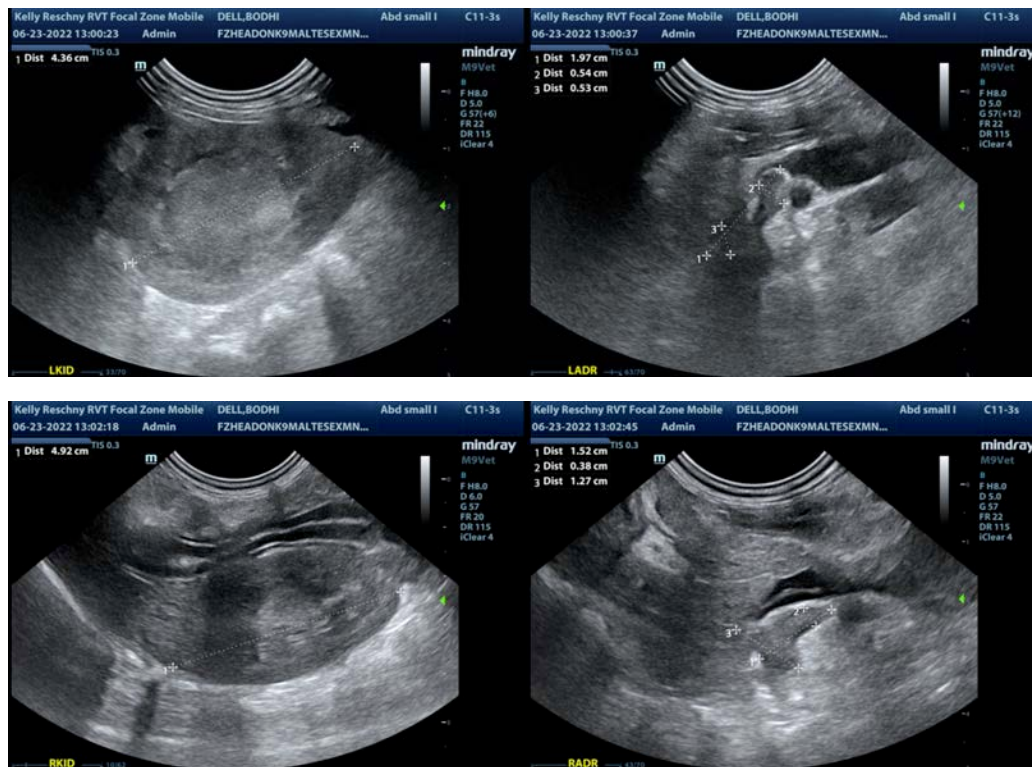
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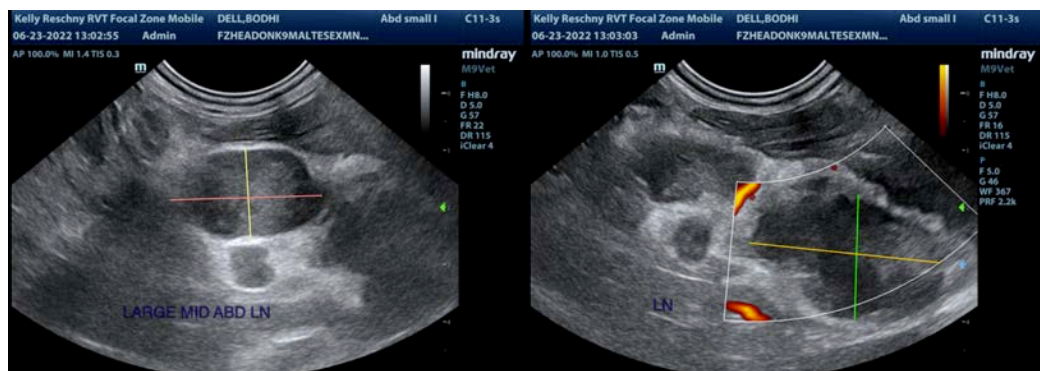
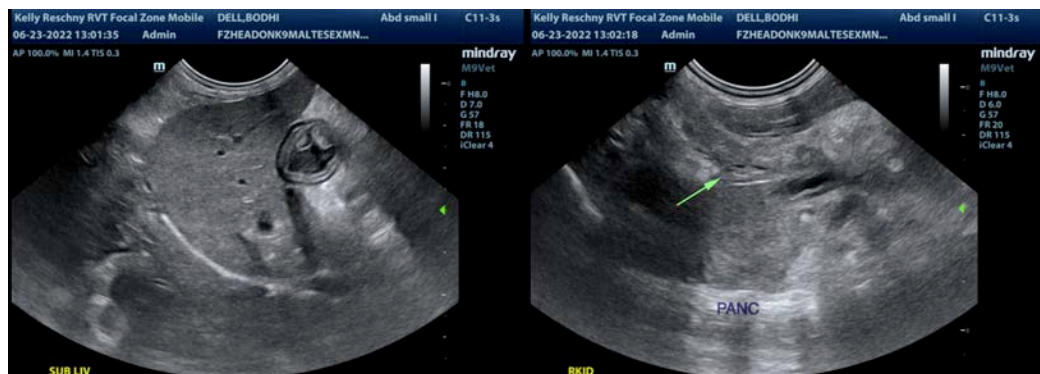
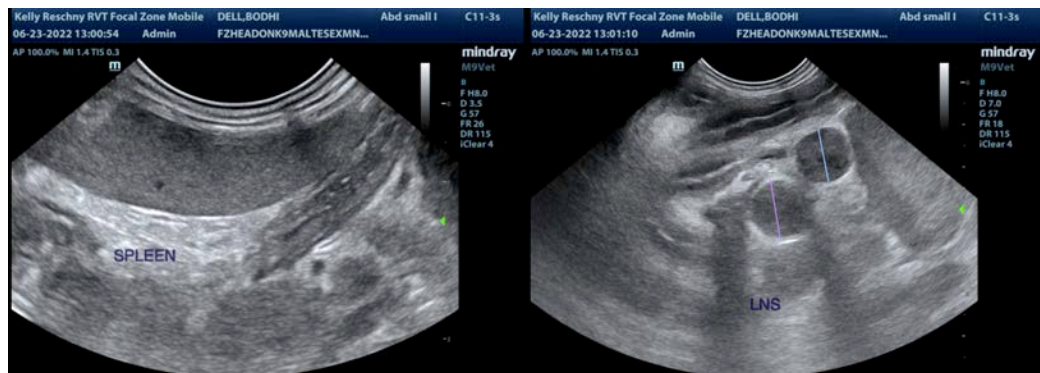
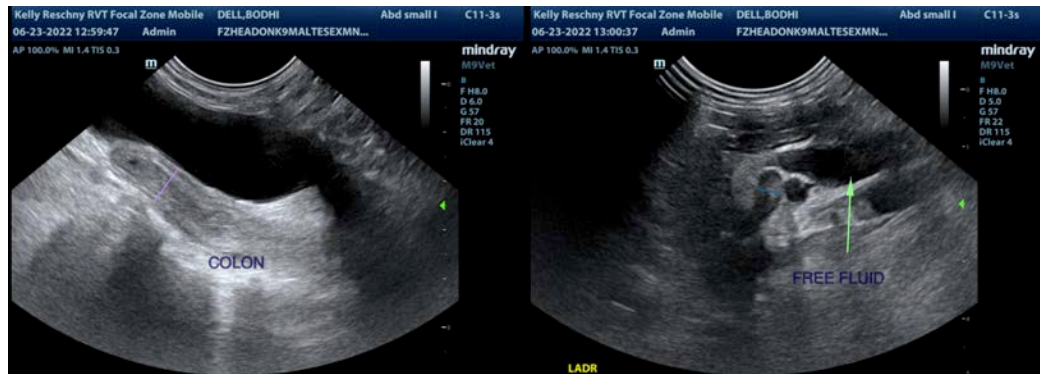
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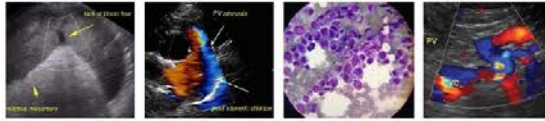
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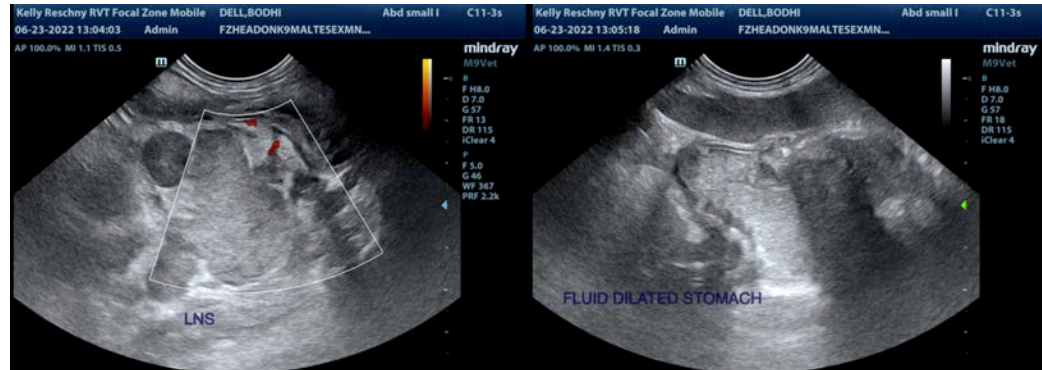
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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