

PATIENT

Weber Quade

PRESENTING CLINICAL SIGNS

SPECIES

Canine

Chronic vomiting, sometimes bile, food, or even blood. Current diet is Kirkland kibble and homemade food. No improvement with probiotics, sucralfate, and omeprazole.
Abnormal PE/Chem/CBC/UA Results: Physical Exam Findings/Reason for Ultrasound: Chronic vomiting with elevated RBCs, low Hgb, MCV, MCH, MCHC, and retic Hgb, elevated Plt Lab Work Attached for Review? Yes

BREED

Havanese

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.

SEX

Neutered Male

The prostate is normal in size 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.

AGE

11 Years 8 Months

The left kidney has a normal shape and size (3.85 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.

WEIGHT

10.6 Pounds

The right kidney has a normal shape and size (3.53 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,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

Adrenal Glands

The left adrenal gland is normal in size measuring 0.56 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 BY

Loetitia Saint-Jacques,
LVT

The right adrenal gland is normal in size measuring 0.40 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

Advanced PetCare of NV

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. There is a small hypoechoic nodule visualized within the parenchyma measuring 0.44 cm x 0.56 cm.

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Liver

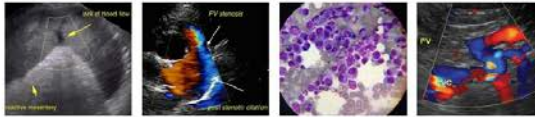
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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Weber Quade 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.

SPECIES

Canine

Gastrointestinal

The stomach contains minimal luminal contents. It largely measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. In general, rugal folding appears prominent, and particularly in the region of the pylorus, there appears to be excessive mucosa, possibly consistent with mucosal hypertrophy. In this region, the pyloric wall measures 0.69 cm. Wall layering is intact. There is no evidence of reduced peristaltic activity or an obstruction.

BREED

Havanese

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. Duodenum wall measured 0.38 cm. Jejunum wall measured 0.35 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Neutered Male

AGE

11 Years 8 Months

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

10.6 Pounds

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional normal/prominent mesenteric lymph nodes visualized measuring 0.33 cm and 0.37 cm. The omentum is of normal echogenicity.

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Medicine)

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

IMAGING BY

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PRIMARY FINDINGS

- Small, hypoechoic nodule visualized within the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Prominent/thickened mucosal layer of the gastric wall, particularly in the region of the pylorus- Possible differentials include hypertrophy, inflammation, infection, less likely neoplasia.

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SECONDARY FINDINGS

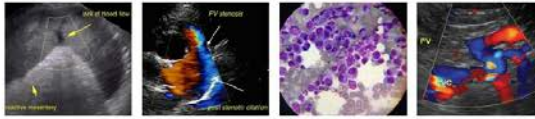
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- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

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- 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.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious mass lesions or obstructions were visualized. The gastric wall, particularly in the pyloric region, appears somewhat thickened. This thickening seems predominantly in the mucosal layer. Layering is intact, so an underlying neoplastic process is thought less likely, but chronic hypertrophic pyloric gastropathy would be possible. Many of these cases present with dilated fluid filled stomach, and this stomach is empty, so it is uncertain whether this is a clinical problem or not.

BREED

Havanese

SEX

Neutered Male

Recommend treatment for helicobacter and continued monitoring. If vomiting persists, surgical evaluation of the stomach with biopsies and possible pyloric resection could be considered (if thickened at surgery). There are no significant small intestinal changes observed, but you can have significant intestinal disease with a normal ultrasonographic exam. Therefore, biopsies of the small intestine could be considered.

AGE

11 Years 8 Months

There is a small hypoechoic nodule visualized in the spleen. This could represent a benign lesion or an early neoplastic lesion. Consider fine needle aspirate and/or continued monitoring with ultrasound.

WEIGHT

10.6 Pounds

A strict novel protein or hydrolyzed protein prescription diet would be ideal in the case of possible dietary intolerance or food allergy. If this dog will only eat homecooked food, consider a consultation with a veterinary nutritionist (many veterinary schools offer this service with a fee) to help formulate a homemade novel protein diet.

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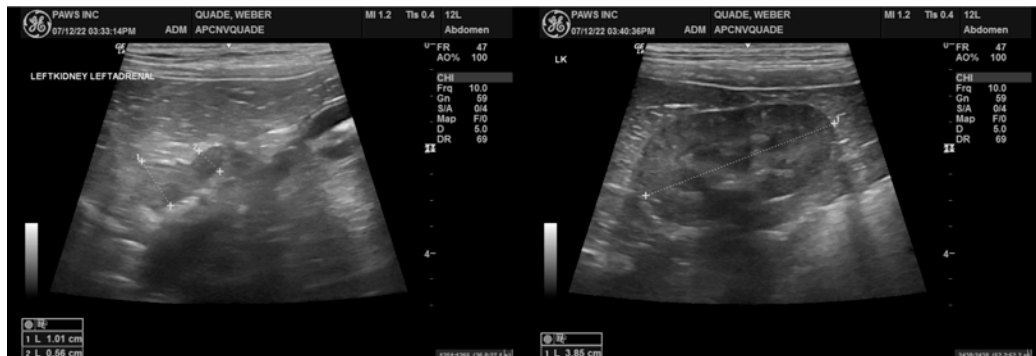
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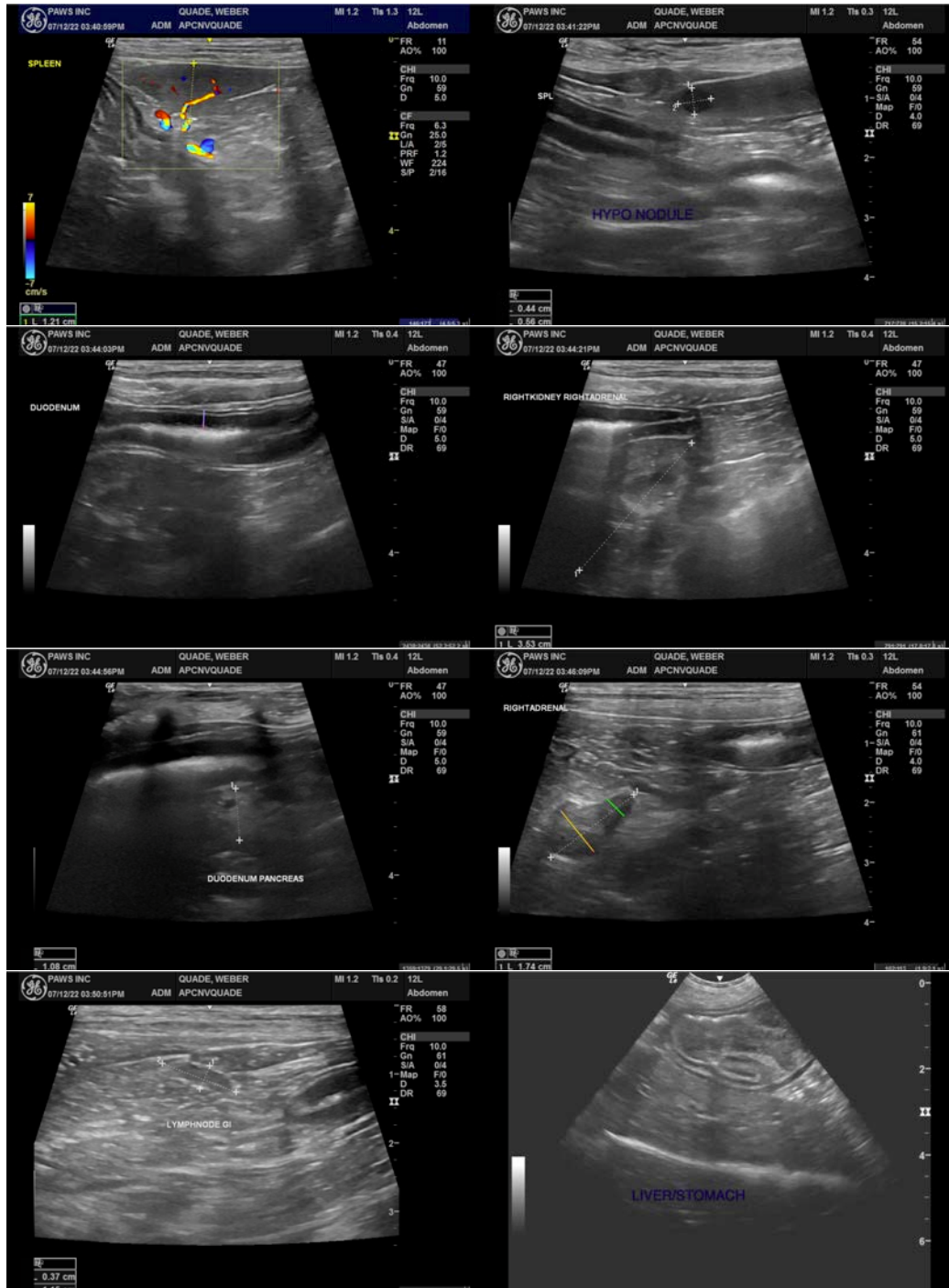
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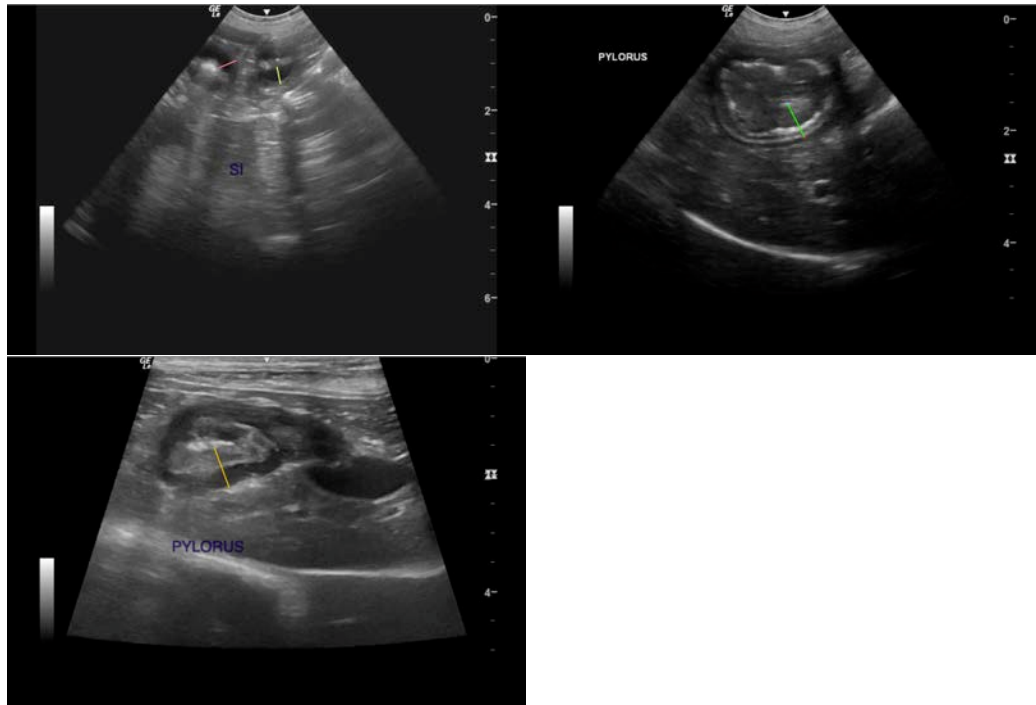
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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