



**PATIENT PRESENTING CLINICAL SIGNS**

**Harley Dias**  
History of diarrhea x months- Trazadone occ (anxious dog)- Has had several diet trails- Presenting Complaint: Chronic Diarrhea\_ HISTORY: presents for chronic diarrhea. On and off again diarrhea-small frequent amounts often with bright red blood or mucus. Lots of family in town and out of town visitors that are stressing Harley.

**SPECIES**

Canine

**BREED**

Doodle

Abnormal PE/Chem/CBC/UA Results: Normal baseline labs, Diarrhea panel and cobalamin test pending- NEG for O&P- Cortisol WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Neutered Male

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.

**AGE**

1 Year 6 Months

The prostate is normal in size (0.71 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.

**WEIGHT**

27 kg

The left kidney has a normal shape and size (6.06 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.

**INTERPRETED BY**

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

The right kidney has a normal shape and size (4.94 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.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**Adrenal Glands**

**HOSPITAL NAME**

Sierra Pet Clinic

The left adrenal gland is normal in size measuring 0.42 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.

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Dr. KH

The right adrenal gland is normal in size measuring 0.43 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.

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**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.

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**Liver**

The liver is subjectively normal in size, and subjectively hypoechoic with normal portal markings. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



**PATIENT**

Harley Dias

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

**SPECIES**

Canine

***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.

**BREED**

Doodle

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 measures 0.50 cm. Jejunum wall measures 0.25 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SEX**

Neutered Male

**AGE**

1 Year 6 Months

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. The descending portion of the colon has a moderate amount of intraluminal gas and non-formed fecal material, and the colonic wall appears slightly thickened, measuring at 0.25 cm. No focal lesions are observed.

**WEIGHT**

27 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 scant amount of free abdominal fluid. There are occasional prominent mesenteric lymph nodes. One such lymph node is visualized measuring 0.86 cm x 3.02 cm. The sublumbar lymph nodes appear normal, measuring at 0.95 cm in width on the right and 0.61 cm in width on the left. The omentum is generally of normal echogenicity.

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**PRIMARY FINDINGS**

- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Mildly thickened/prominent colon wall – Findings are most consistent with colitis.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely. Prominent mesenteric lymph nodes are very common in young dogs.

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**SECONDARY FINDINGS**

- Hypoechoic liver – This is likely normal for this individual with normal liver values.



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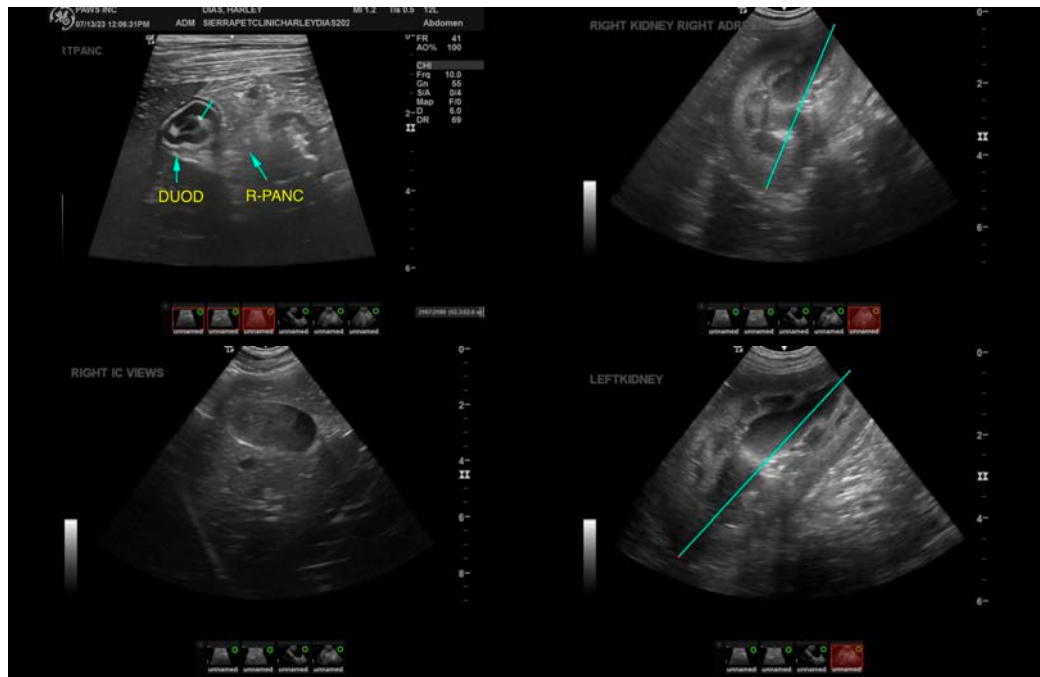
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes observed on today's scan are relatively mild. The colon wall appears slightly prominent and thickened, which is somewhat to be expected with hemorrhagic diarrhea. Likely differentials would include inflammatory disease (food allergy, less likely IBD, etc.), infectious (GI parasitism, bacterial colitis, granulomatous colitis), behavioral (stress colitis, dietary indiscretion, etc.), pancreatitis, dysbiosis, Addison's disease, and much less likely GI neoplasia.

- 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. (This panel tests for B12 deficiency, exocrine pancreatic insufficiency, dysbiosis, pancreatitis, etc. and is reported to be currently pending.)
- Recommend chronic probiotic therapy.

If not already done, recommend screening for Addison's disease. If symptoms remain chronic despite taking these measures, consider an upper and lower GI endoscopy.

The pancreas is slightly prominent on today's exam. The significance of this is unclear. This could represent mild current inflammation or some mild remodeling from a previous episode of pancreatic inflammation. Correlate with a quantitative cPLI level (this should be on your GI panel), and consider empirical treatment.





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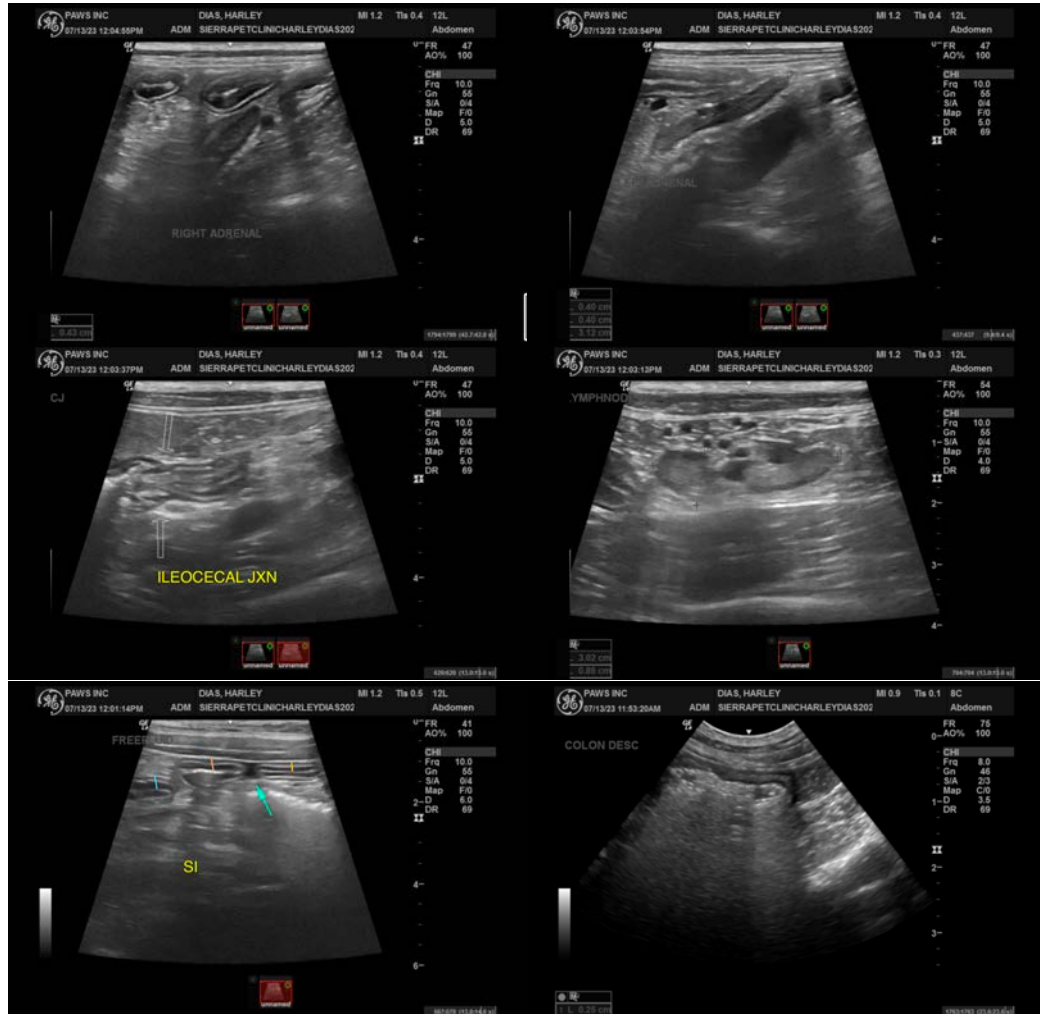
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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