


PATIENT PRESENTING CLINICAL SIGNS

Trobee Waterson

SPECIES Canine

BREED Lab Retriever

SEX Neutered Male

AGE 13 Years

WEIGHT 70 Pounds

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

IMAGING PERFORMED BY Loetitia Saint-Jacques, LVT

HOSPITAL NAME Donner Truckee VH

REFERRING VET Dr. Greg H

INVOICE 43806

DATE 7/13/23

Sedated dex/torb-7/7/2023-Check recurring diarrhea and intermittent vomiting. Patient was seen for diarrhea and poor appetite here at DTVH ~1.5 wks ago. Rads and AFAST scan were unremarkable. Patient was treated for gastroenteritis. Diarrhea improved but has not resolved. Fecal exam with regular vet since then was negative per owner. Diarrhea is now watery and explosive again today. He has been intermittently vomiting during this span. Lethargic over this span. No interest in canned i/d, so owner has been feeding a home cooked bland diet (chicken, rice, sweet potato, carrots). His appetite is intermittently poor also during this span. No C/S. CBC/chem in 3/2023 was unremarkable. Hx of suspected laryngeal paralysis with episode of aspiration pneumonia. Hx recurring IVDD. No other historical problems/current medications reported. Gastrointestinal: Moderate cranial abdominal discomfort on palpation. UPDATE 7/12- Patient is not improved in appetite or diarrhea. He initially showed interest in the RC GI low fat kibble, but now showing no interest in that or boiled chicken. Some interest in cod fish. AUSto assess for pancreatitis vs enteropathy. Patient seems a little better on Cerenia.

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, or masses. In the dependent portion of the urinary bladder there is small area of mineralization measuring approximately 0.62 cm, consistent with a small stone or small pile of mineralized debris.

The prostate is normal in size (1.4 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.

The left kidney has a normal shape and size (6.21 cm) with pyelectasia at 0.60 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 (6.01 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.67 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.

The right adrenal gland is normal/ "plump", measuring 0.95 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.


PATIENT *Spleen*

Trobee Waterson

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 are two mixed echogenic, somewhat moth-eaten appearing nodules within the spleen, one measuring 1.47 cm x 1.93 cm and the 2nd measuring 1.38 cm x 1.32 cm.

SPECIES

Canine

Liver
BREED

Lab Retriever

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.

SEX

Neutered Male

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

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Gastrointestinal
WEIGHT

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The stomach contains moderate ingesta. 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.

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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. Duodenum wall measures 0.49 cm. Jejunum wall measures 0.39 cm.

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 LVT

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 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 amount of free abdominal fluid. There is a severe mesenteric lymphadenopathy with large hypoechoic rounded mesenteric lymph nodes, examples of which measure 3.54 cm and 3.15 cm in width. The pancreaticoduodenal lymph node measures 1.25 cm in width and a mesenteric lymph node measures 1.3 cm. The omentum is diffusely hyperechoic, particularly around the enlarged lymph nodes.

REFERRING VET

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ULTRASONOGRAPHIC FINDINGS
INVOICE

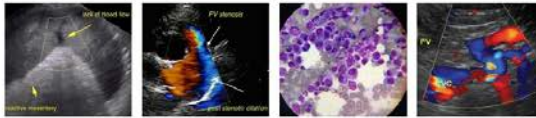
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- Small area of mineralized debris in the dependent portion of the urinary bladder – Findings are most consistent with a small stone or pile of mineralized debris.

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- Left-sided renal pyelectasia – Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.



PATIENT	<ul style="list-style-type: none"> Mixed echogenic moth-eaten appearing splenic nodules –Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. 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. Large, distended gallbladder with echogenic debris and early mucosal stranding/organization – A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered. Moderate shadowing ingesta within the gastric lumen – Correlate with the feeding history and abdominal radiographs. If the patient was adequately fasted consider such differentials as delayed gastric emptying, a partial outflow tract obstruction (none seen) or ingested foreign material. Subjectively thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease). 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 bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation. Small volume free abdominal fluid
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

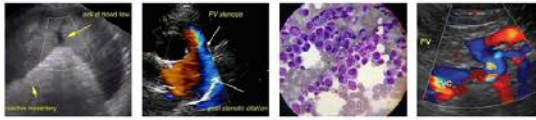
There is diffuse severe mesenteric lymph node enlargement as well as mildly thickened small intestine. Findings are concerning for possible round cell neoplasia as a cause for the GI signs noted. Recommend a fine needle aspirate of a mesenteric lymph node.

There is a large amount of echogenic debris in the gallbladder with early organization and minimal surrounding inflammation. Recommend starting Ursodiol therapy and continued monitoring of the gallbladder with ultrasound.

There are two mixed echogenic, somewhat moth-eaten nodules visualized in the spleen. These could represent benign or neoplastic processes. Options moving forward would include a fine needle aspirate or continued monitoring with ultrasound.

Recommend a urinalysis and culture to further evaluate the changes observed in the left kidney and the urinary bladder.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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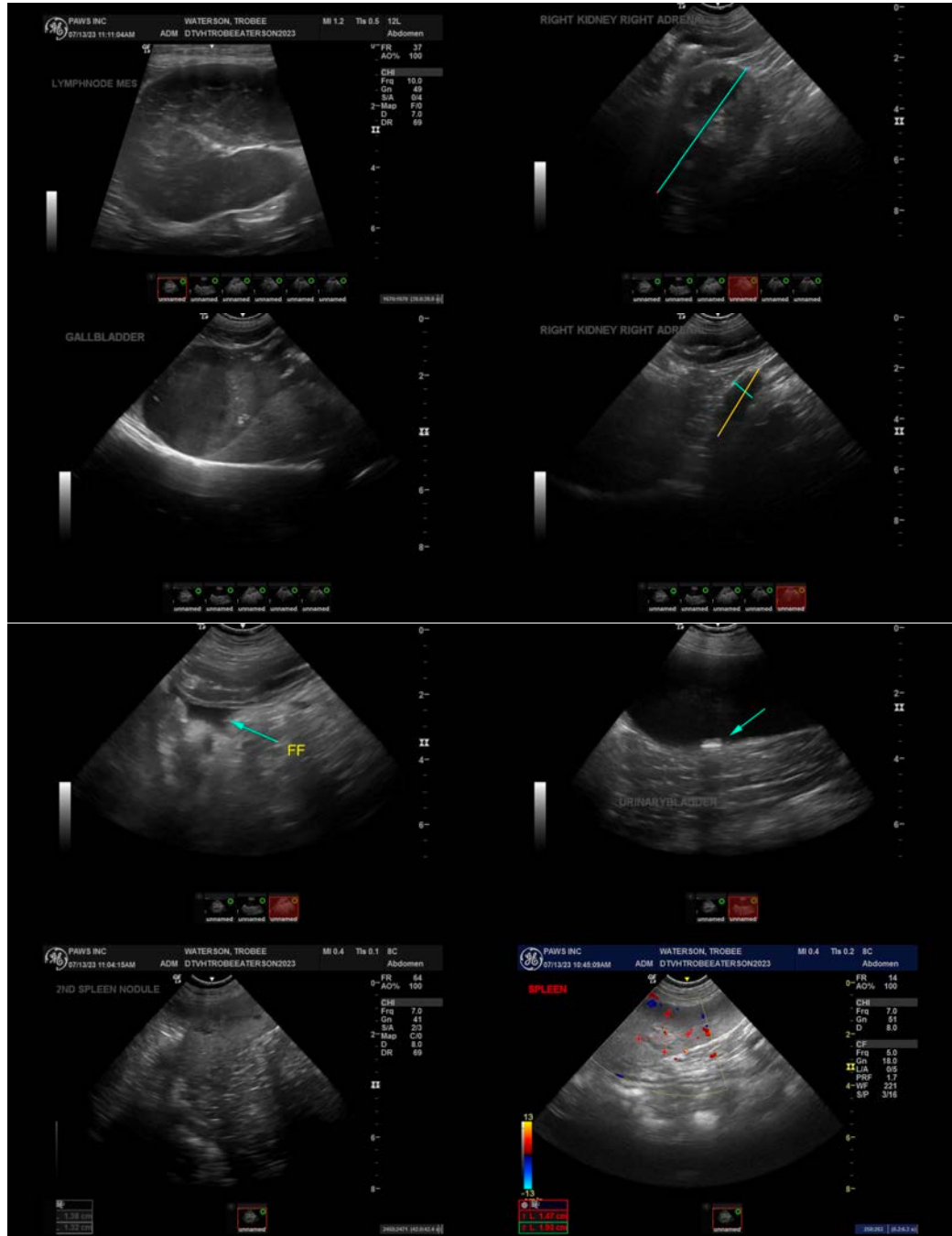
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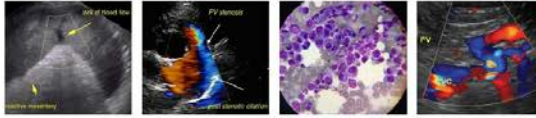
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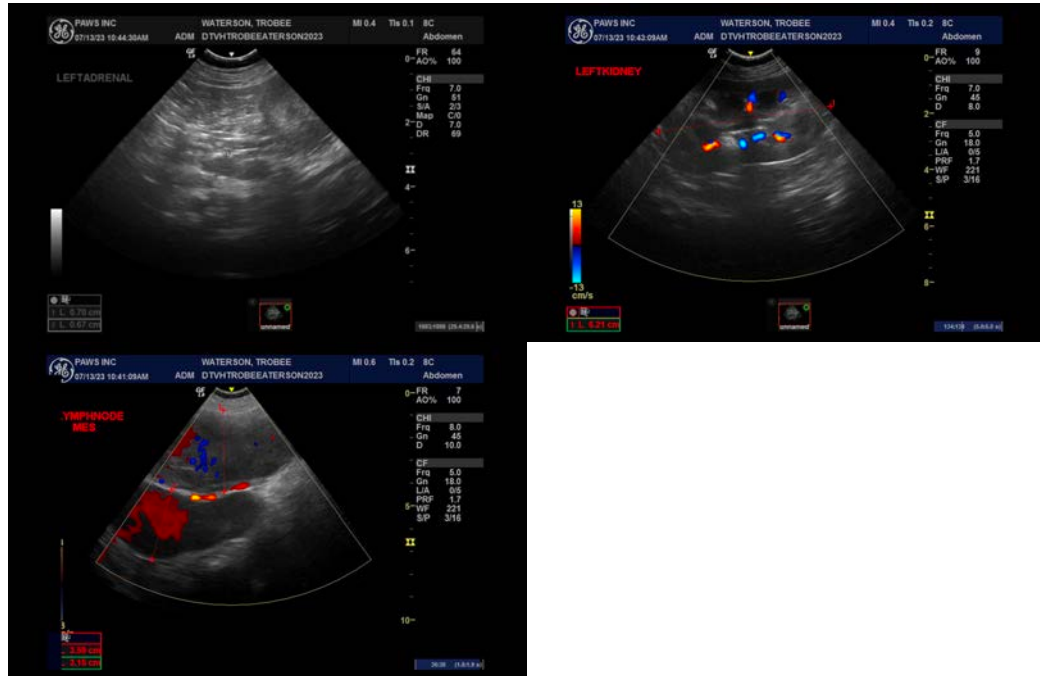
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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