



PATIENT PRESENTING CLINICAL SIGNS

Noche Perez Pt has on and off vomiting and diarrhea over the past month. Pt does ok when on medications(unkown from rdvm) but flares up when off of them. Has been eating and drinking ok until last night and has not been interested at all today.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: NSF

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Yorkie-Poo

Urinary System

SEX

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.

Female

AGE

The left kidney has a normal shape and size (3.12 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.

3 Years

WEIGHT

The right kidney has a normal shape and size (3.72 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.

3.6 kg

INTERPRETED BY

Adrenal Glands

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(Small Animal Internal
Medicine)

The left adrenal gland is normal in size measuring 0.30 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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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.

Dr. Kari Lemanski

Spleen

HOSPITAL NAME

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

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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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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.

DATE

7/19/23



PATIENT

Gastrointestinal

Noche Perez

The stomach contains mild/moderate shadowing ingesta. It measures at a normal thickness of 0.4 cm 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.

SPECIES

Canine

BREED

Yorkie-Poo

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. Some areas of small bowel appear somewhat corrugated, most consistent with focal enteritis. Duodenum wall measures 0.41 cm. Jejunum wall measures 0.28 cm.

SEX

Female

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.

AGE

3 Years

Pancreas

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.

WEIGHT

3.6 kg

Free Abdomen

There is scant free abdominal fluid visualized near the urinary bladder. There is a diffuse mild mesenteric lymphadenopathy with lymph nodes measuring 0.80, 0.54, and 0.70 cm. The omentum is generally of normal echogenicity.

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Other

The uterine body is visualized and appears slightly prominent but within normal limits. The horns were not clearly visualized. Mild uterine disease cannot be definitively ruled out.

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ULTRASONOGRAPHIC FINDINGS

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- Small to moderate amount of 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. There is no evidence of an obstructive process visualized.
- Subjectively thickened small intestine with some focal areas of corrugation – 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). The corrugated areas are most consistent with focal enteritis.
- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the gastrointestinal tract to explain the vomiting and



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Canine

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SEX

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diarrhea reported. There appears to be a small amount of shadowing material within the gastric lumen. This could be consistent with ingesta, medication, etc. Correlate with abdominal radiographs and the feeding history. If the patient was adequately fasted, this could represent ingested foreign material, but no evidence of an obstructive process at this time. Additionally, there are some focal areas of corrugation involving the small intestine. There is no evidence of an obstructive pattern and no shadowing areas visualized, although ingested foreign material cannot be definitively ruled out. These findings are suggestive of focal enteritis. The areas of pancreas visualized did not appear overtly inflamed. Correlate with a cPLI level, as the appearance of the pancreas does not always correlate with clinical signs.

There is a mild diffuse mesenteric lymphadenopathy present. I suspect this represents reactive lymph nodes. A fine needle aspirate could be considered.

Unfortunately, there are many causes for vomiting and diarrhea that cannot be definitively diagnosed by ultrasound alone.

Consider such differentials as food allergy/dietary intolerance, GI parasitism, pancreatitis, dysbiosis, recurrent dietary indiscretion, IBD and less likely neoplasia, etc....

- 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.
- Recommend chronic probiotic therapy.

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If symptoms are persistent, consider serial imaging (radiographs +/- ultrasound), looking for more evidence of a more focal lesion (ingested foreign material, inflamed pancreas, etc.), which was not clearly observed. It is possible that biopsies of the GI tract may be necessary to fully determine what disease process is present.

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

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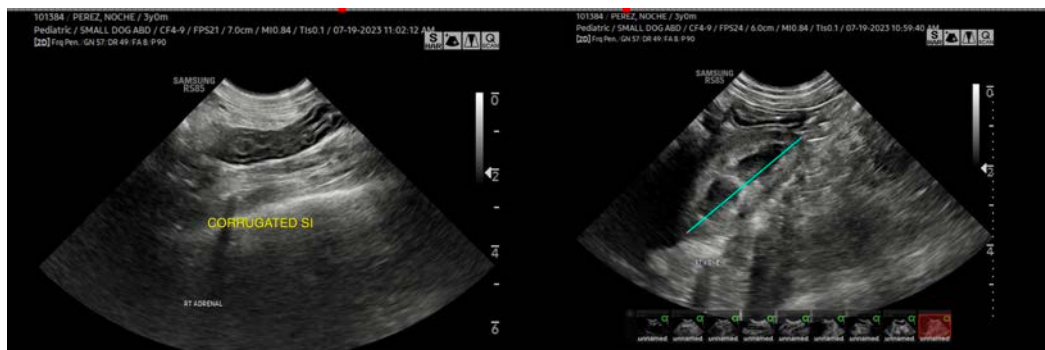
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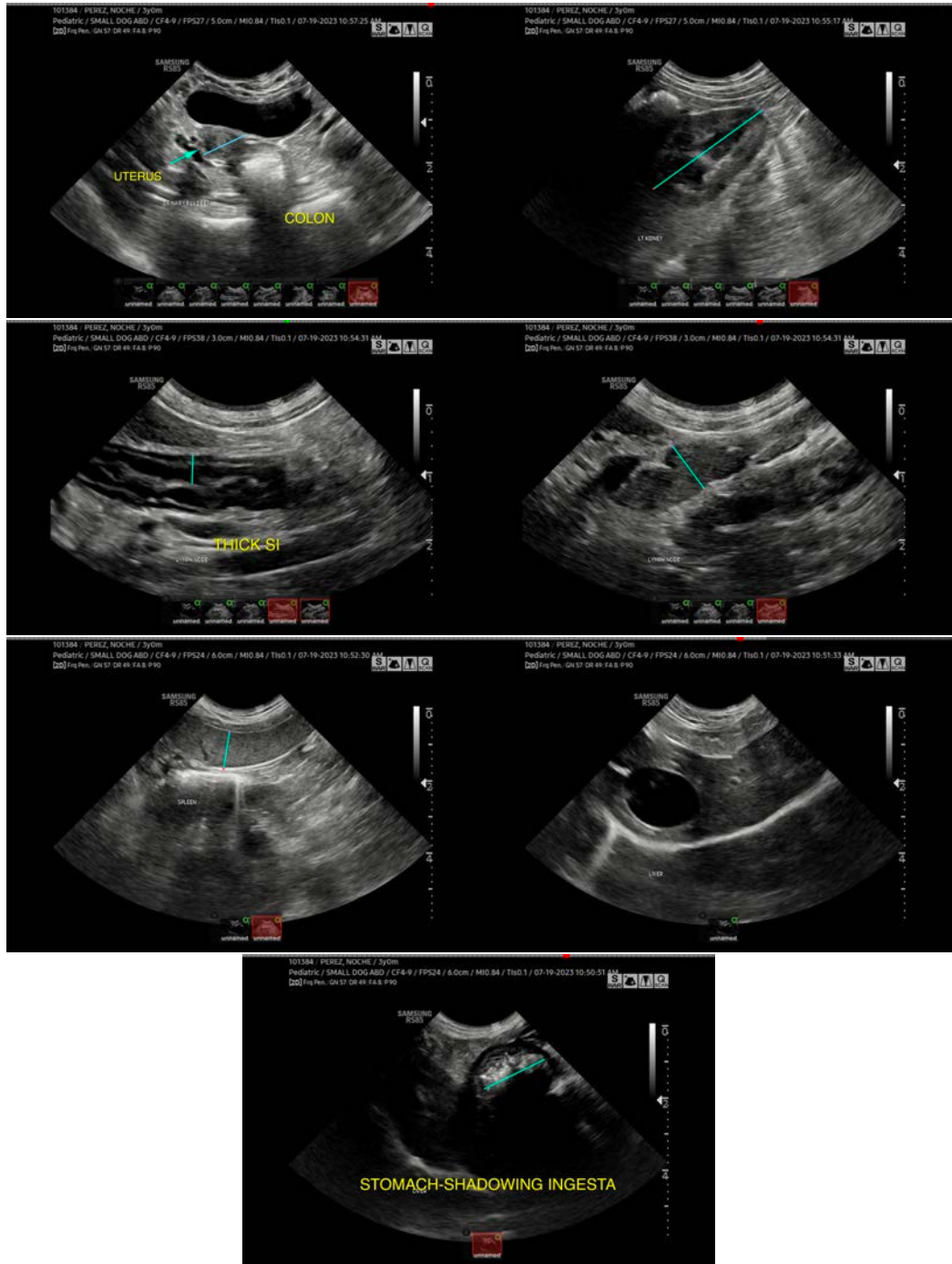
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PATIENT

Noche Perez

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.

SPECIES

Canine

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.

BREED

Yorkie-Poo

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SEX

Female

AGE

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