



PATIENT

Carmen Sorley

SPECIES

Canine

BREED

Irish Setter

SEX

Female

AGE

2 Years 3 Months

WEIGHT

48.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Carissa Rhoades

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Leon Anderson

INVOICE

39683

DATE

7/20/22

PRESENTING CLINICAL SIGNS

Both dogs in the house got bad diarrhea in December of 2021 at the same time. The other dog was put on meds and the diarrhea stopped and never came back. Carmen hasn't stopped the diarrhea she takes metronidazole and the diarrhea stops but within 24 hours of stopping the metronidazole she is back to having diarrhea.

Abnormal PE/Chem/CBC/UA Results: PE: Normal looked healthy GI panel Pending no other recent labs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears slightly irregular, but is of normal thickness. The area of the trigone, ureteral papillae and proximal urethra appear normal with no mass lesions or calculi. Primary differential for the bladder wall irregularity is lack of urine distention. Recommend reevaluation with a full bladder. Recommend urinalysis and culture.

The left kidney has a normal shape and size (6.88 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.

The right kidney has a normal shape and size (7.3 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.75 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 in size measuring 0.75 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

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.

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.

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.



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Gastrointestinal

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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.

SPECIES

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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. Jejunum wall measured 0.30 cm. Duodenum wall measured 0.47 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- Slightly irregular urinary bladder wall – most consistent with lack of urine distention. Recommend reevaluation with a urine filled bladder and a urinalysis and culture to rule out infection.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No lesions are observed on today's scan. Based on the history provided, an antibiotic responsive diarrhea is most likely.

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- Consider a novel protein/hydrolyzed protein prescription diet to rule out food allergy, dietary sensitivity, etc.

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- Recommend chronic probiotic therapy (Visbiome, Provable, Fortiflora, etc.).
- Recommend a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to look for any evidence of dysbiosis, B12 deficiency, etc.

REFERRING VET

Dr. Leon Anderson

- Recommend empirical treatment for parasites and screening (if not already done).
- Recommend an ACTH stimulation test or baseline cortisol to rule out Addison's disease.

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The challenging factor for these dogs with antibiotic responsive diarrhea is that most of the time they have an underlying dysbiosis. If you're able to manage with aggressive chronic probiotic therapy and diet, there is hope that things will normalize. If that's not possible, you could consider a fecal transplant. If that is not successful, GI biopsies could be considered as a last resort.

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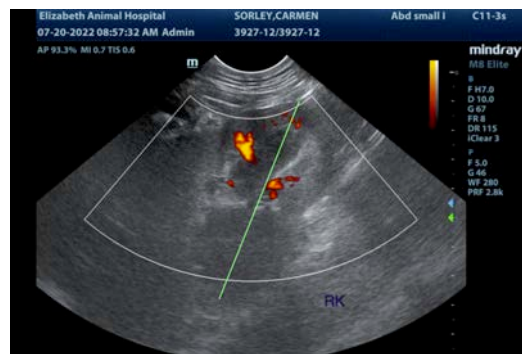
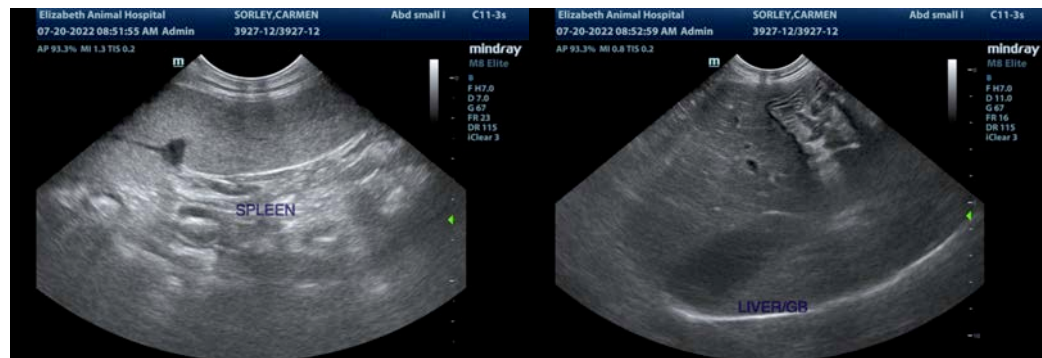
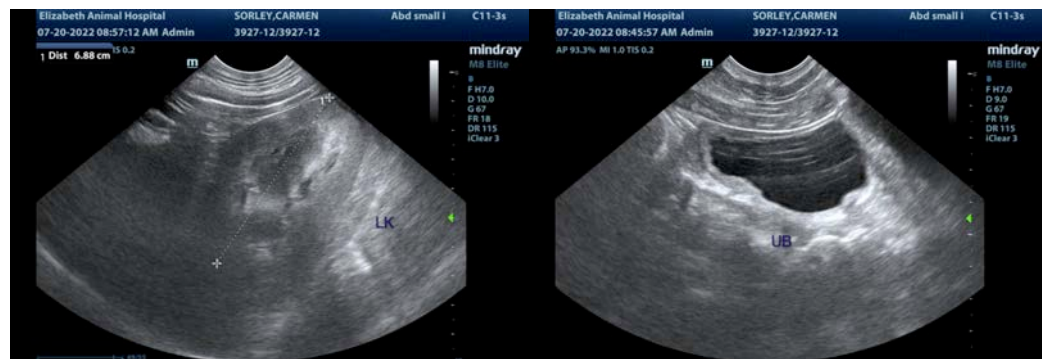
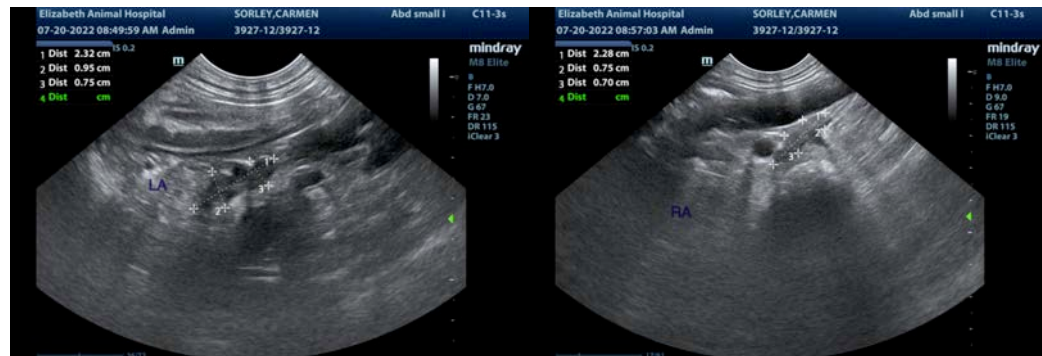
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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