



PATIENT PRESENTING CLINICAL SIGNS

Topo Mattson History: Heart Rate: 90 bpm. Capillary Refill Time: 1 seconds.mm-light pink. Moist Respiration: 20 rpm. Temperature: 99 F. Subjective: Pet presented for u/s. Pet has been seen by 2 veterinarians in the Sacramento area. . Limited history on pet as she was found tied to a tree while lactating. New owners did treat pet for a mild amount of fleas. Pet is eating wnl's.PU/PD. No c/s. Pet vomited several days ago for a few days, but appears to be resolved. Previous vet detected a heart murmur.

SPECIES Canine

BREED Abnormal PE/Chem/CBC/UA Results: First blood panel performed on 5/20/22 in preparation for spay revealed severe anemia, neutrophilia with toxic changes, hypoalbumenia, hyperglobulinemia, monocytosis. (See attached BW). Pet was put on a 2 week course of Cephalexin and repeat BW done on 7/22 which revealed continued anemia with mild improvement. Elevated WBC resolved

Pitbull

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Intact Female *Urinary System*

AGE The urinary bladder is moderately distended with anechoic urine. The urinary bladder appears diffusely mildly irregular and thickened, measuring 0.58 cm. The area of the trigone, papilla and proximal urethra appear free of any mass lesions or calculi. The findings are most consistent with cystitis and/or lack of urine distention.

2-5 Years

WEIGHT 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.

46 Pounds The left kidney has a normal shape and size (6.49 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.

INTERPRETED BY

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

The right kidney has a normal shape and size (6.0 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.

IMAGING PERFORMED BY

Adrenal Glands

Loetitia Saint-Jacques, RVT

The left adrenal gland is normal in size measuring 0.54 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.

HOSPITAL NAME

Dr. Kim Barnes

The right adrenal gland is normal in size measuring 0.62 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.

REFERRING VET

Dr. Kim Barnes

Spleen

INVOICE

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 lesion visualized within the splenic parenchyma, measuring 0.49 cm x 0.54 cm.

00000

DATE

Liver

7/26/22



PATIENT

Topo Mattson

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 gall bladder 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

BREED

Pitbull

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with large ingesta and gas. It measures at a normal thickness of <0.7 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

SEX

Intact Female

Many of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distention. Occasional bowel loops are visualized, which are more distended and hypermotile, most consistent with postprandial chyme. Wall thickness appears normal and bowel loops follow curvilinear path with distinct wall layering, maintaining the typical muscularis to mucosal ratio. The duodenum measured as normal, and the jejunum measured as normal at 0.37 cm. The visualized peristalsis appears appropriate. There are no focal lesions consistent with an obstruction or mass effect.

AGE

2-5 Years

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

46 Pounds

Pancreas

The (pancreas/region of 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.

INTERPRETED BY

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

Free Abdomen

There is a scant amount of free abdominal fluid and moderate lymphadenopathy with mesenteric lymph nodes visualized, measuring 0.52 cm and 0.91 cm. The omentum is generally of normal echogenicity.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Both ovaries are visualized in this individual. The left and right ovary both measure 2.51 cm and appear within normal limits. Additionally, the uterus is visualized and appears prominent with a small amount of intraluminal fluid, possibly postpartum or in heat?

HOSPITAL NAME

Dr. Kim Barnes

ULTRASONOGRAPHIC FINDINGS

REFERRING VET

Dr. Kim Barnes

- Irregular urinary bladder mucosa. Findings are most consistent with bacterial cystitis or a not distended urinary bladder. I recommend urinalysis and culture.
- Hypoechoic lesion 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.
- Large shadowing ingesta visualized within the gastric lumen. Shadowing material in the gastric lumen - correlate with feeding history and abdominal radiographs. If this patient was

INVOICE

00000

DATE

7/26/22



PATIENT

Topo Mattson

adequately fasted consider such differentials as delayed gastric emptying, ingested foreign material or a partial outflow tract obstruction (none observed).

SPECIES

Canine

- Occasional chyme dilated bowel loops. The findings are suggestive of postprandial distention or possible ileus and an obstructive process cannot be ruled out.

BREED

Pitbull

- Mild/moderate mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

- Small volume free abdominal fluid. I recommend fluid analysis and cytology

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Intact Female

No obvious source for the anemia reported is observed. The urinary bladder is minimally distended with an irregular urinary bladder wall. I recommend urinalysis and culture and screening for cystitis. Additionally, there is a small hypoechoic lesion visualized in the spleen. I recommend a fine needle aspirate of the spleen.

AGE

2-5 Years

The stomach and small intestine appear somewhat distended with ingesta and fluid. Correlate with the abdominal radiographs. If the patients was adequately fasted, this could represent delayed gastric emptying/ileus or a partial outflow tract obstruction (none observed).

WEIGHT

46 Pounds

There is the general impression of inflammation. The uterus appears somewhat swollen with scant free fluid and the mesenteric lymph nodes are enlarged. Consider a fine needle aspirate of the lymph nodes and three view thoracic radiographs.

INTERPRETED BY

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

Considering the history and breed of this dog, I would consider an infectious disease panel (to NC State's Vector Borne Disease Lab) to look for Ehrlichia, Babesia, etc. I would strongly recommend doing this prior to immunosuppression. Additionally, consider a protein electrophoresis to help rule out some types of cancer.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT



HOSPITAL NAME

Dr. Kim Barnes

REFERRING VET

Dr. Kim Barnes

INVOICE

00000

DATE

7/26/22



PATIENT

Topo Mattson

SPECIES

Canine

BREED

Pitbull

SEX

Intact Female

AGE

2-5 Years

WEIGHT

46 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Dr. Kim Barnes

REFERRING VET

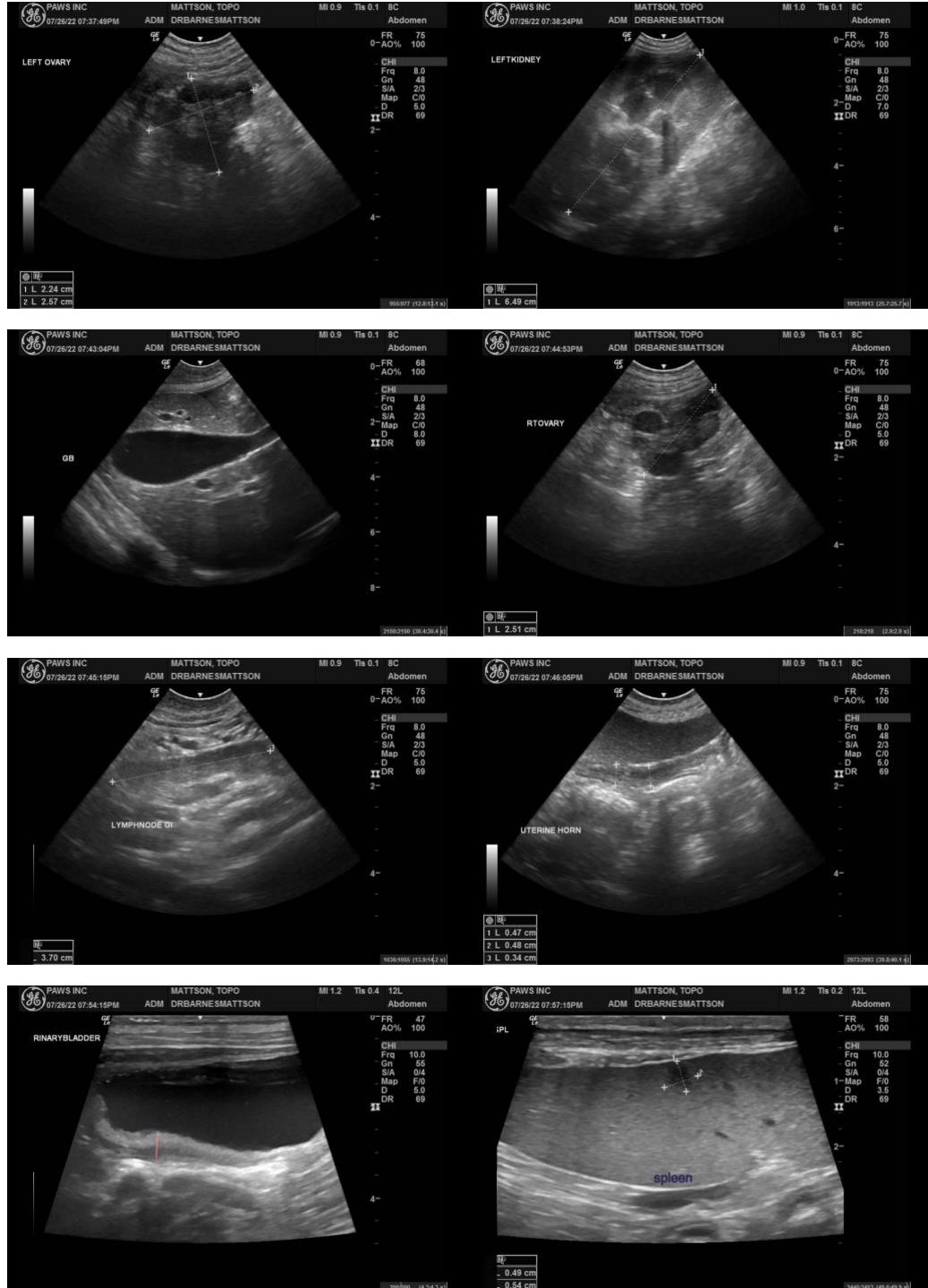
Dr. Kim Barnes

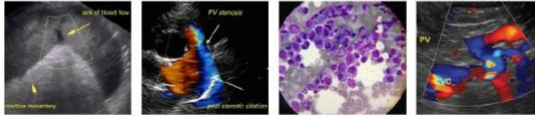
INVOICE

00000

DATE

7/26/22





PATIENT

Topo Mattson

SPECIES

Canine

BREED

Pitbull

SEX

Intact Female

AGE

2-5 Years

WEIGHT

46 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Dr. Kim Barnes

REFERRING VET

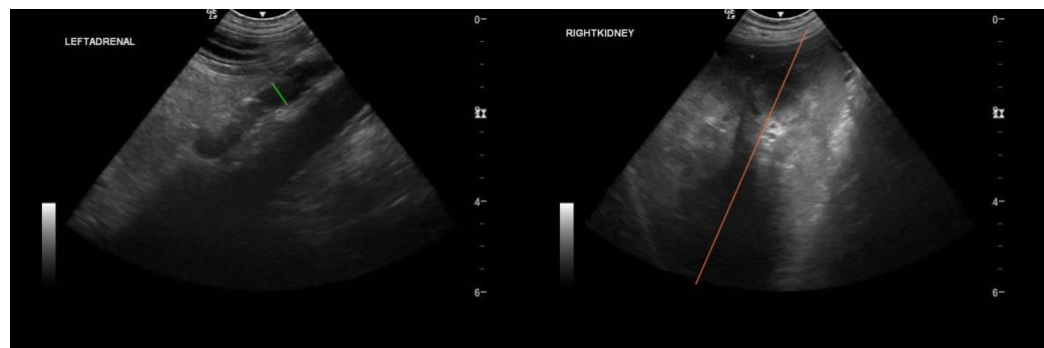
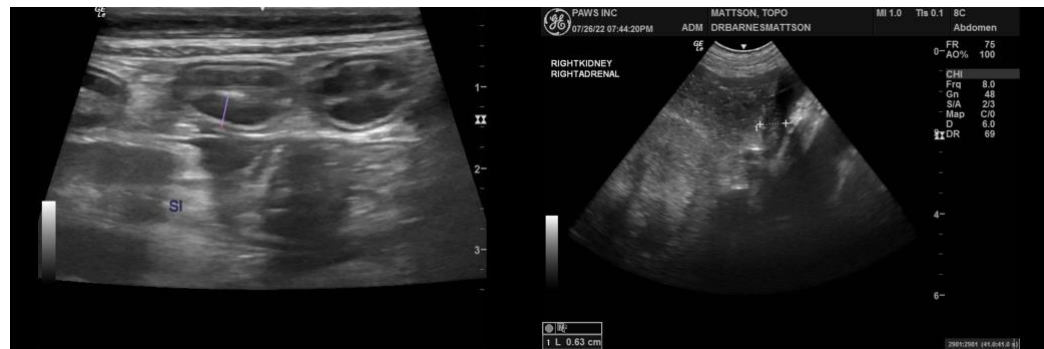
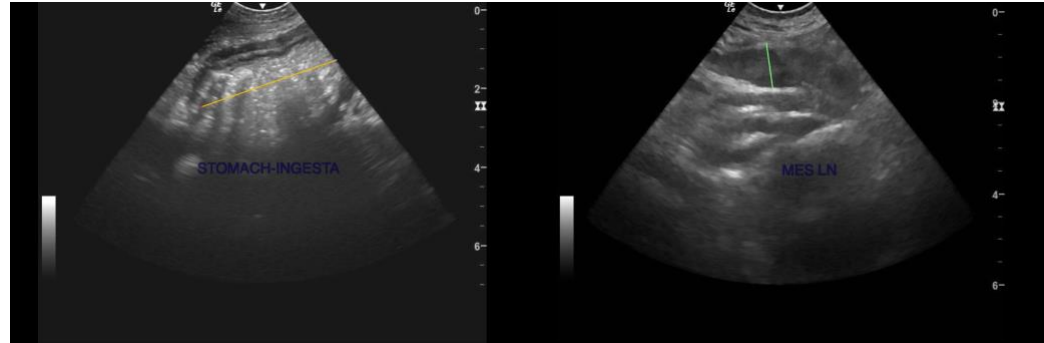
Dr. Kim Barnes

INVOICE

00000

DATE

7/26/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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)

kathleen.sennello@sonopath.com