



PATIENT

Smokey Katz

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Brindle X

~R/o gastric mass vs ulcer vs gallbladder stone vs other gallbladder disease vs pancreatitis vs other~ Smokey presented on 6/28 for reevaluation of occasional but persistent vomiting of foam and bile for a few months. Patient presented to the ER Vet on 6/27 for acting abnormal and suspected lumbar pain was discussed. On 6/28 noted pain on cranial abdominal palpation and thoracic spinal palpation. Due to history of chronic vomiting, recommended full abd U/S~ MEDS: ~Omeprazole 10mg BID~
Abnormal PE/Chem/CBC/UA Results: 4/30/22 CBC/Chem/UA wnl T4 0.9 ug/dL (suspected sick euthyroid)~

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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, masses or cystic calculi.

AGE

9 Years 11 Months

The left kidney has a normal shape and size (5.3 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

19 Pounds

The right kidney has a normal shape and size (5.28 cm) with a small cortical cyst at 0.62 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 hydronephrosis. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.43 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

The right adrenal gland is normal in size measuring 0.56 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.

HOSPITAL NAME

MountainView AH

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.

REFERRING VET

Dr. Pablo Mendoza

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.

INVOICE

39333

DATE

7/7/22



PATIENT

Smokey Katz

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.

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. Although the stomach wall measures within normal limits, it subjectively appears prominent and slightly thickened with intact wall layering. Findings would be suggestive of gastritis.

BREED

Brindle X

SEX

Spayed Female

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 0.36 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

9 Years 11 Months

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

19 Pounds

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes. One lymph node measures at 0.43 cm. A gastric lymph node measures 0.92 cm x 0.65 cm. The omentum is generally of normal echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- Subjectively prominent gastric wall with intact layering – most consistent with gastritis.

IMAGING BY

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LVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal. No focal lesions are visualized associated with the gastrointestinal tract. Provided current bloodwork is normal, primary gastrointestinal causes would be a concern, including food allergy/dietary intolerance, dietary indiscretion, GI parasitism, mild pancreatitis, IBD, and less likely intestinal neoplasia.

HOSPITAL NAME

MountainView AH

- Consider a novel protein/hydrolyzed protein prescription diet.
- Consider a GI pane to Texas A&M with a qualitative PLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.
- If symptomatic treatment is unsuccessful, then consider obtaining biopsies of the gastrointestinal tract.

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- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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HOSPITAL NAME

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REFERRING VET

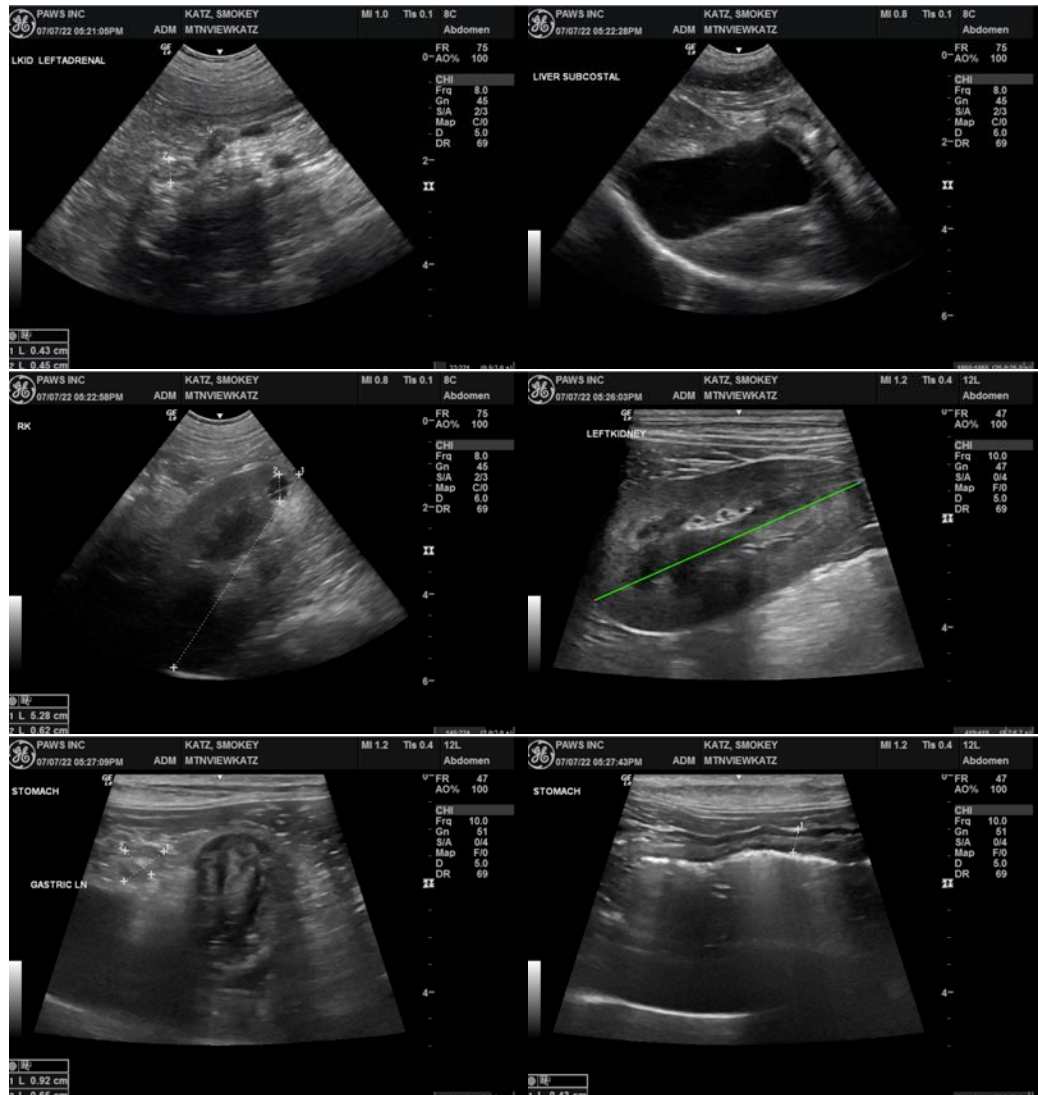
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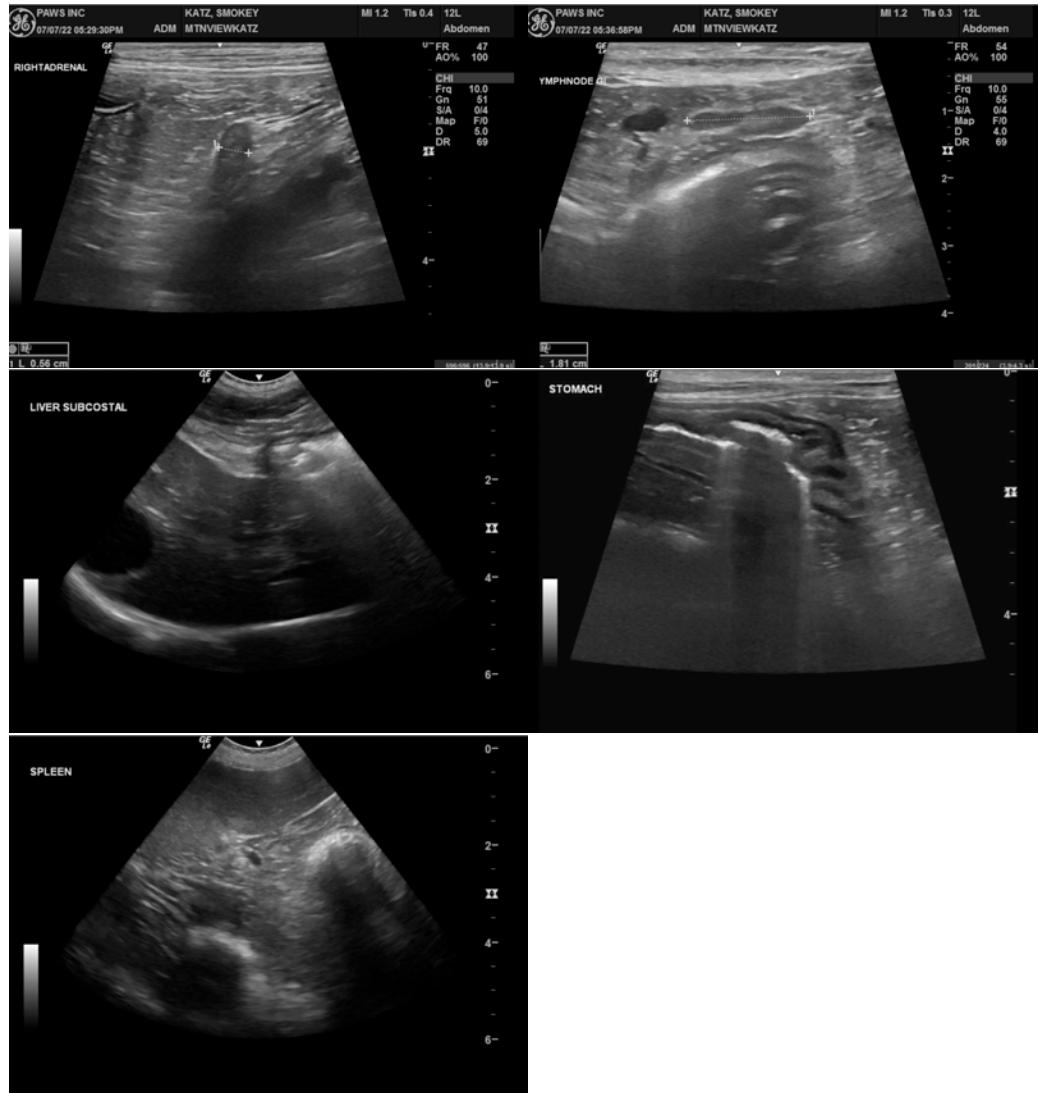
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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