

PATIENT PRESENTING CLINICAL SIGNS

Dave Dilorio

Patient needs IM sedation+ muzzle to be handled Last week of July was when any abnormalities started. Have confirmed there is no abdominal involvement with these episodes and that he just opens his mouth wide and hack coughs. Most times nothing comes out but 3 times now blood has come out. Recent lethargy + inappetence PE unremarkable but extremely limited no pain on abdominal palpation No abnormalities on rectal ADDENDUM: 08/12/23 bloodwork shows a mild regenerative anemia + mild thrombocytopenia DDX: hemorrhage vs hemolysis. Hemorrhage more likely (neoplasia vs parasitism vs gastric ulcers) Rec next step abdominal U/S to investigate Current Medications Omeprazole + sucralfate.

SPECIES

Canine

BREED

Lab X

SEX

Neutered Male

Abnormal PE/Chem/CBC/UA Results: RBC 4.9 Hct 0.36 Hbg 116 MCHC 322 reticulocytes 151 platelets 133.

AGE

8 yrs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT

38.6 kg

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.

INTERPRETED BY

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

The prostate is normal in size (0.98 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. * See additional information under other.

IMAGING PERFORMED BY

Kelly Reschny

The left kidney has a normal shape and size (6.81 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.

HOSPITAL NAME

Nelson AH

The right kidney has a normal shape and size (7.39 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.

REFERRING VET

Dr. Gibson

Adrenal Glands

INVOICE

10424

The left adrenal gland is normal in size measuring 0.51 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.

DATE

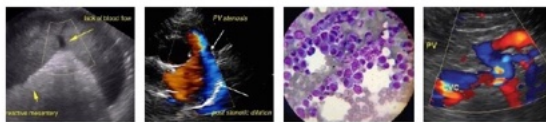
8/15/2023

The right adrenal gland is normal in size measuring 0.84 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



PATIENT

Dave Dilorio

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.

SPECIES

Canine

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.

BREED

Gastrointestinal

Lab X

The stomach contains mild 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.

SEX

Neutered Male

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. The jejunum measured as normal (0.44 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

8 yrs

WEIGHT

38.6 kg

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.

INTERPRETED BY

Pancreas

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

The area 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.

Free Abdomen

IMAGING PERFORMED BY

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.

Kelly Reschny

HOSPITAL NAME

Other

Nelson AH

There is a small hyperechoic rounded structure visualized ventral to the urethra measuring approximately 0.78 cm x 1.33 cm. This does not appear associated with the prostate and could possibly be a lipid deposit, lipoma, etc? Recommend continued monitoring.

REFERRING VET

Dr. Gibson

PRIMARY FINDINGS

INVOICE

- Small rounded hyperechoic structure visualized ventral to the urethra. I suspect this is an incidental finding/possible fatty deposit etc. Recommend continued monitoring.

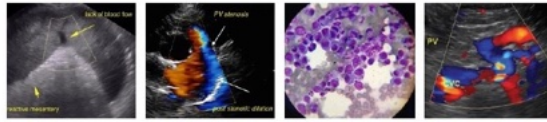
10424

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

8/15/2023

Today's scan is relatively normal. No lesion responsible for the coughing/gagging blood is visualized. Consider possible hemorrhage originating from the caudal nose/nasopharynx, esophagus, stomach, or respiratory tract (trachea, lungs, etc.) If not already done recommend three view thoracic radiographs and consider endoscopy (gastroesophageal or tracheobronchial) to further evaluate.



PATIENT

Dave Dilorio

SPECIES

Canine

BREED

Lab X

SEX

Neutered Male

AGE

8 yrs

WEIGHT

38.6 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Nelson AH

REFERRING VET

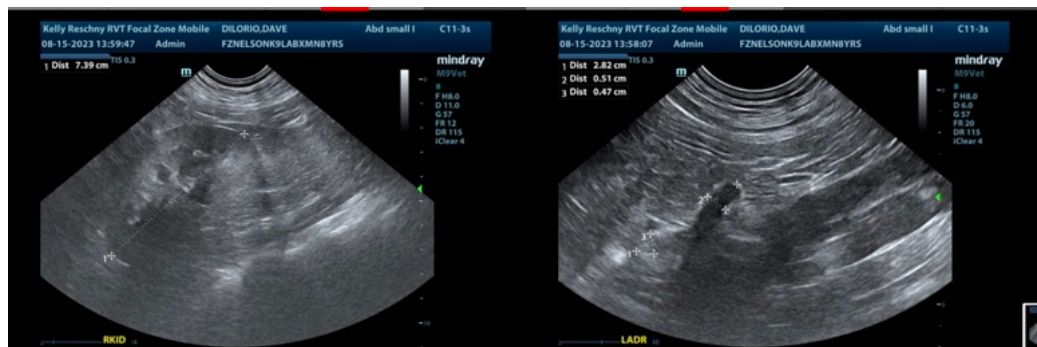
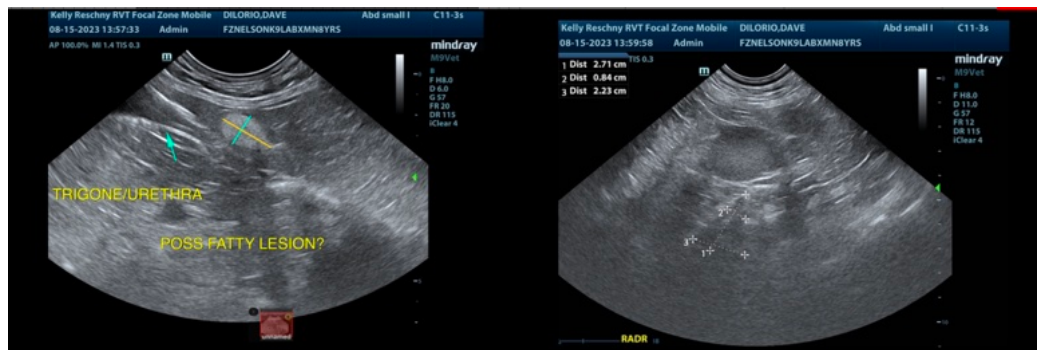
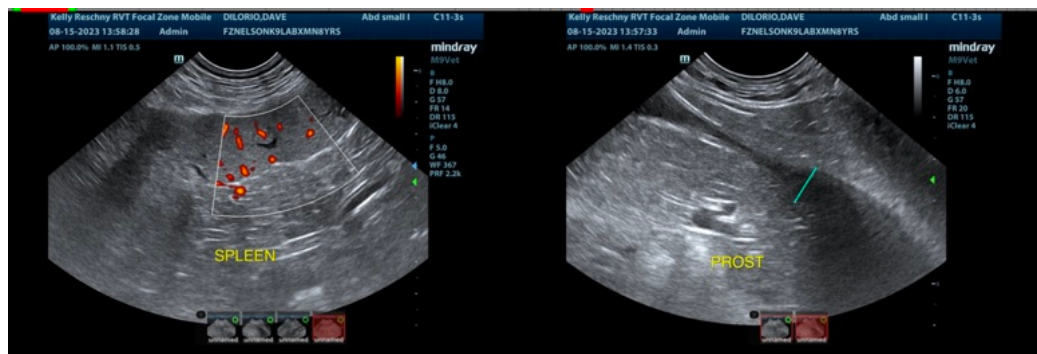
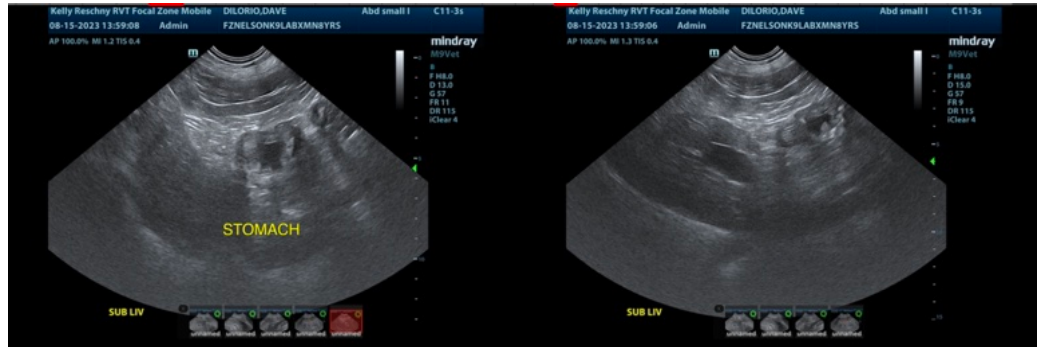
Dr. Gibson

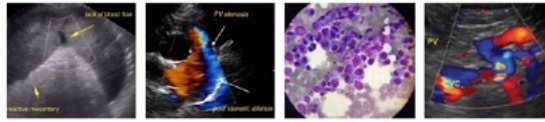
INVOICE

10424

DATE

8/15/2023





PATIENT

Dave Dilorio

SPECIES

Canine

BREED

Lab X

SEX

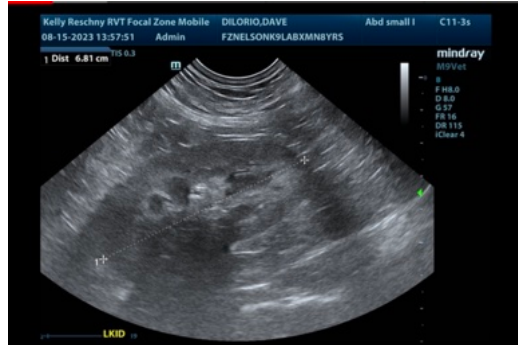
Neutered Male

AGE

8 yrs

WEIGHT

38.6 kg



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)

info@sonopath.com

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Nelson AH

REFERRING VET

Dr. Gibson

INVOICE

10424

DATE

8/15/2023