



PATIENT

Benny Smith

PRESENTING CLINICAL SIGNS

sensitive stomach/IBD/Reflux, newly Lyme positive. Current meds: metronidazole, prednisone, fortiflora, cerenia, convenia injections for Lyme.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: BW normal other than Lyme positive (7/22)... Rads: mild hepatomegaly, generalized thickening of intestines, no obvious mass/obstructive pattern (8/22).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Mixed Poodle

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.

SEX

Neutered Male

The prostate is normal in size (0.68 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.

AGE

14 Years

The left kidney has a normal shape and size (4.71 cm) with diffuse pinpoint mineralizations, consistent with dystrophic mineralization. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

17.8 Pounds

The right kidney has a normal shape and size (4.09 cm) with diffuse pinpoint mineralizations, consistent with dystrophic mineralization. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. 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 0.37 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 PERFORMED BY

Jessica Green

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

Stanglein Vet Center

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. Nathaniel Stanglein

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

INVOICE

40657

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. Visualization of the bile duct is difficult due to shadowing from the stomach. No obvious dilation is visualized. These changes can be consistent with an early gall bladder mucocele.

DATE

8/23/22



PATIENT

Gastrointestinal

Benny Smith

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

Canine

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. Duodenum wall measures 0.59 cm. Jejunum wall measured 0.31 cm.

BREED

Mixed Poodle

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

SEX

Neutered Male

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

14 Years

Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

WEIGHT

17.8 Pounds

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.

PRIMARY FINDINGS

- Prominent, mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. This could be consistent with a steroid hepatopathy.
- Large, distended gallbladder with a moderate amount of debris and debris adherent to the gallbladder wall. Visualization of the bile duct is impaired by shadowing in the stomach – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Subjective small intestinal thickening – 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).

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Vet Center

REFERRING VET

Dr. Nathaniel Stanglein

INVOICE

40657

DATE

8/23/22

SECONDARY FINDINGS

- Mildly reduced corticomedullary distinction in both kidneys with diffuse pinpoint mineralizations – The bilateral renal findings are consistent with age-related change.



PATIENT

Benny Smith

SPECIES

Canine

BREED

Mixed Poodle

SEX

Neutered Male

AGE

14 Years

WEIGHT

17.8 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jessica Green

HOSPITAL NAME

Stanglein Vet Center

REFERRING VET

Dr. Nathaniel Stanglein

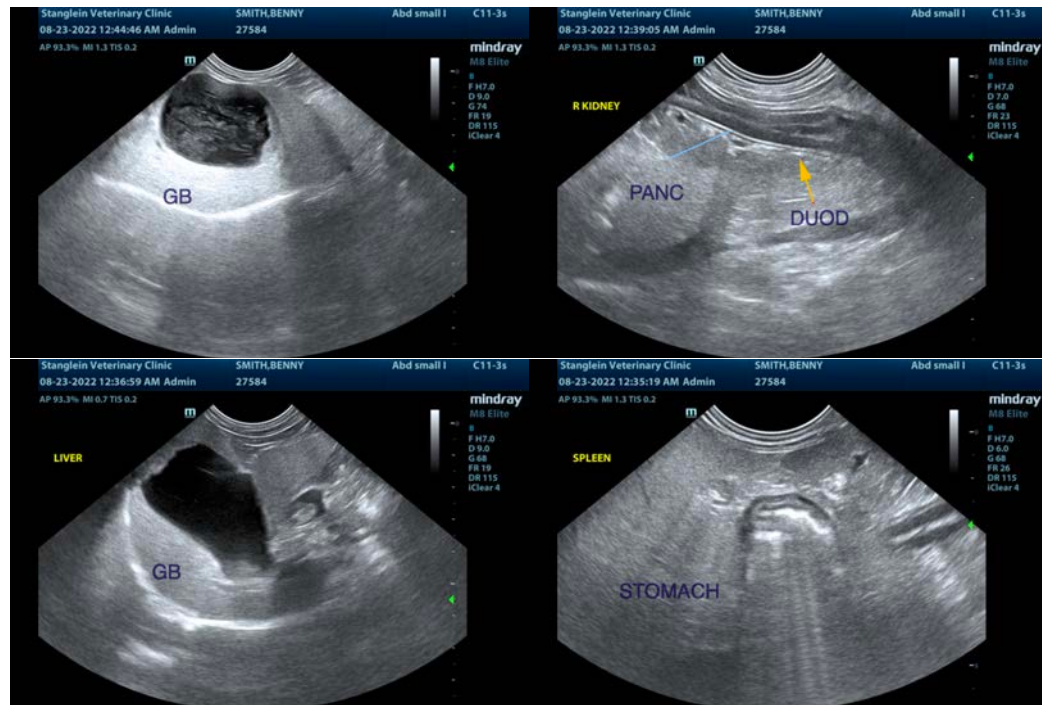
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract. There is subjective mild small intestinal thickening. Unfortunately, there are many causes for GI signs that cannot be definitively diagnosed by ultrasound alone. If bloodwork rules out the likelihood of metabolic disease, then consider primary small intestinal disease such as dietary intolerance, food allergy, chronic pancreatitis, dietary indiscretion, GI parasitism, IBD, and less likely intestinal neoplasia. Consider the following:

- Recommend a novel protein/hydrolyzed protein prescription diet.
- Recommend chronic probiotic therapy.
- Consider a GI panel to Texas A&M with a qualitative PLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.
- If symptoms persist, consider obtaining GI biopsies.

The pancreas is somewhat prominent, and the gallbladder is very distended with some echogenic debris that is adhered to the gallbladder wall. There is no obvious mucocele formation or surrounding inflammation, but the bile duct is difficult to evaluate due to shadowing from the stomach. Correlate these findings with bloodwork results. If significant liver enzyme elevations are present, consider continued monitoring of the gallbladder for progression of this lesion.

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



INVOICE

40657

DATE

8/23/22



PATIENT

Benny Smith

SPECIES

Canine

BREED

Mixed Poodle

SEX

Neutered Male

AGE

14 Years

WEIGHT

17.8 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jessica Green

HOSPITAL NAME

Stanglein Vet Center

REFERRING VET

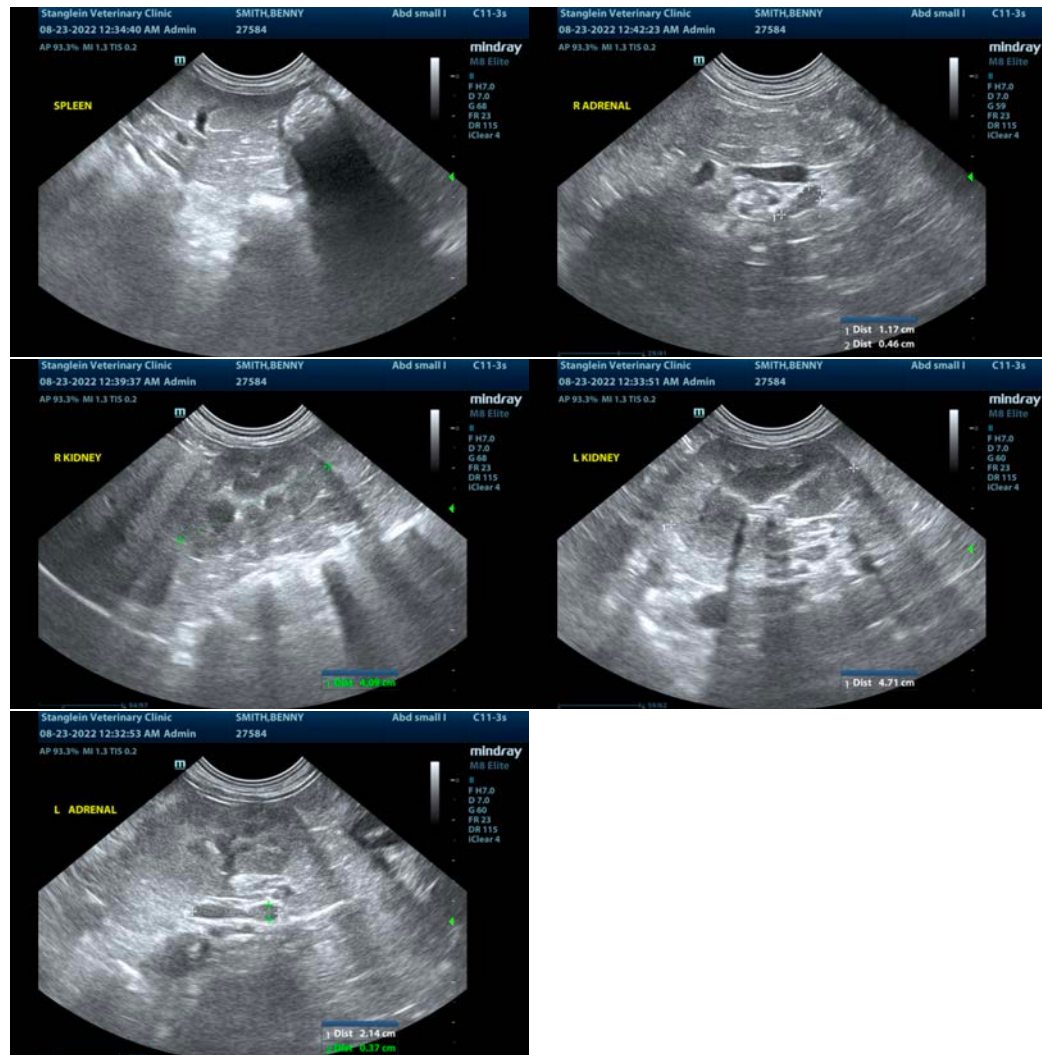
Dr. Nathaniel Stanglein

INVOICE

40657

DATE

8/23/22



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)

kathleen.sennello@sonopath.com