



PATIENT PRESENTING CLINICAL SIGNS

Bailey Moser Chronic diarrhea. Current meds: Metronidazole, probiotics, HP diet. Bloods WNL.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine 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.

BREED

Labrador Retriever

The left kidney has a normal shape and size (5.37 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.

SEX

Spayed Female

The right kidney has a normal shape and size (5.37 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.

AGE

12 Years

Adrenal Glands

WEIGHT

N/A

The left adrenal gland is normal in size measuring 0.88 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 0.81 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.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

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. There is a distinct hyperechoic nodule visualized measuring 0.55 cm x 0.9 cm. This favors a benign lesion such as myelolipoma.

IMAGING PERFORMED BY

Kelly Vasquez

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.

HOSPITAL NAME

Well Pet AH

REFERRING VET

Dr. Wellington

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

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.

DATE

8/24/21

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



PATIENT

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with distinct wall layering. Duodenum wall measures 0.43 cm. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SPECIES

Canine

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with liquid fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering. Colon wall measures 0.25 cm.

BREED

Labrador Retriever

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.

SEX

Spayed Female

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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PRIMARY FINDINGS

- Subjective small intestinal wall 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).

WEIGHT

N/A

SECONDARY FINDINGS

- Hyperechoic splenic nodule – most consistent with a myelolipoma, recommend either continued monitoring or fine needle aspirate.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal bowel lesion was identified to explain the chronic diarrhea reported. If metabolic testing is relatively normal, consider primary GI causes such as GI parasitism, mild pancreatitis, bacterial dysbiosis, food allergy, IBD, and less likely intestinal neoplasia.

IMAGING PERFORMED BY

Kelly Vasquez

In older patients with more chronic symptoms, I would most strongly consider food allergy, IBD, and intestinal neoplasia.

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-Recommend diet trial with a novel protein/hydrolyzed prescription diet

-Recommend GI panel for evaluation of B12 levels etc. (start empirical B12 while waiting for results)

-If symptoms are progressing consider obtaining GI biopsies

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If you have tried several diets and empirical therapy with no results, consider upper and lower GI endoscopy to obtain more information.

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**IMAGING
PERFORMED BY**

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HOSPITAL NAME

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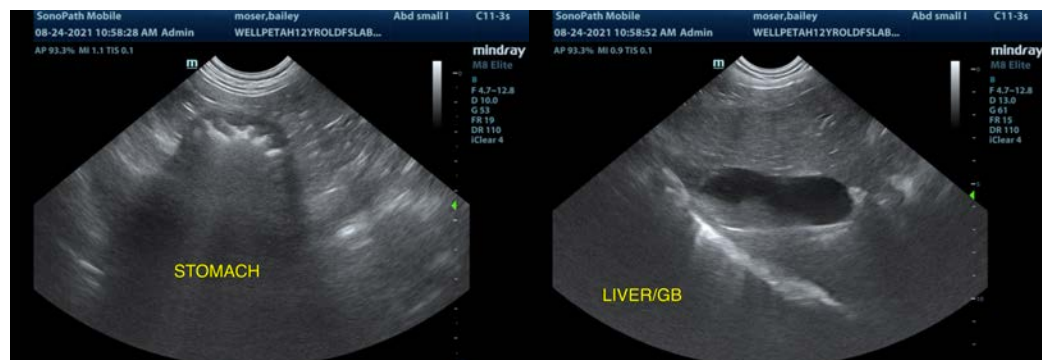
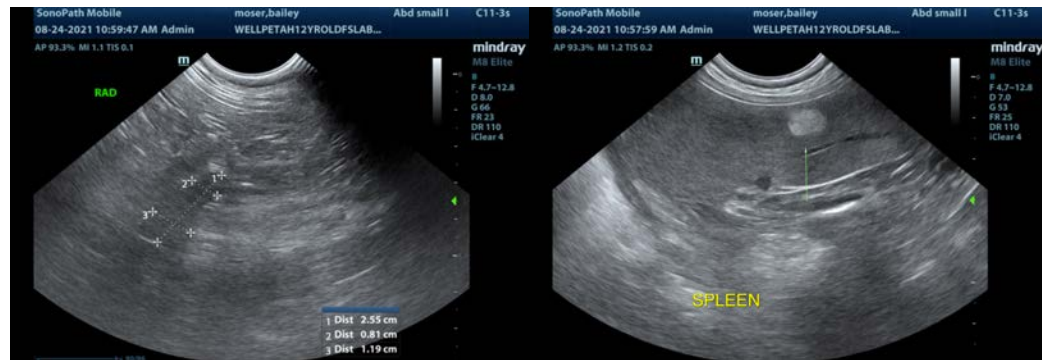
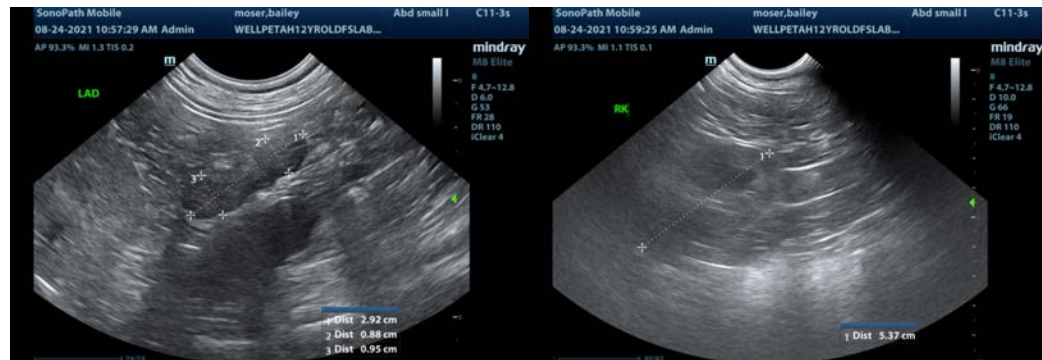
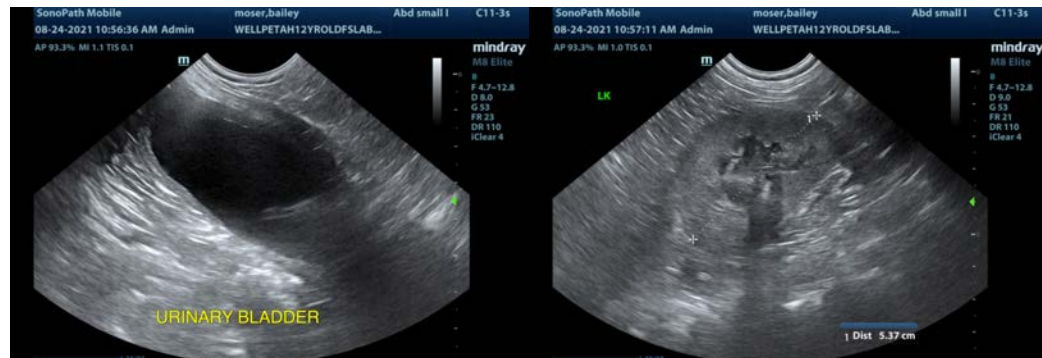
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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