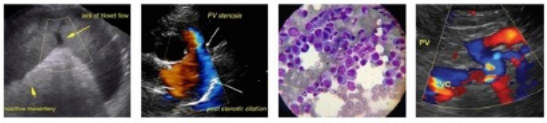
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Bruno Fore-PCVC

SPECIES

Canine

BREED

German SD

SEX

Neutered Male

AGE

7 years

WEIGHT

40kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Pine Creek Veterinary Clinic

REFERRING VET

Dr. Catherine Rebholtz, DVM

INVOICE

10435

DATE

8/24/2023

PRESENTING CLINICAL SIGNS

Gabapentin/Trazadone- still tense abdomen- Starting today Patient had regurgitate the small amount of breakfast he ate. This morning he had bloody diarrhea. In the past Patient will have vomiting episodes but they lasted a day, and he will still have normal BM. No change in diet, environment, or introduction to anything new. Last night/yesterday Patient was perfectly normal.

Abnormal PE/Chem/CBC/UA Results: WBC 18.33, NEU 15.66, RBC 9.59, HGB 18.8, and HCT 63.59

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The prostate is normal in size (1.1 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.

The left kidney has a normal shape and size (7.54 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.

The right kidney has a normal shape and size (5.72 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.

Adrenal Glands

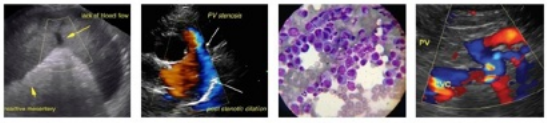
The left adrenal gland is normal in size measuring 0.43 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.59 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

Bruno Fore-PCVC

SPECIES

Canine

BREED

German SD

SEX

Neutered Male

AGE

7 years

WEIGHT

40kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Pine Creek Veterinary Clinic

REFERRING VET

Dr. Catherine Rebholtz, DVM

INVOICE

10435

DATE

8/24/2023

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 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.

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.

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. Visualized peristalsis appears appropriate. In the mid abdomen near the enlarged lymph nodes there are sections of bowel which appear slightly irregular and thicken measuring at 0.52 cm. The jejunum measures 0.32 cm. The duodenum 0.34 cm

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.

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

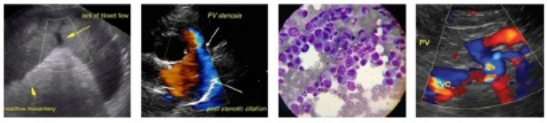
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a severe mesenteric lymph node present with clusters of large hypoechoic lymph nodes examples measure 3 cm x 5.34 cm and 2.3 cm x 3.68 cm. Additionally, lymph nodes measuring 1.2 cm, 0.91 cm, and 1.68 cm in width are visualized. The omentum is hyperechoic are the enlarged lymph nodes.

PRIMARY FINDINGS

- Focal areas of thicken small intestine. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
- Severe mesenteric lymphadenopathy. The severe mesenteric lymphadenopathy is concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, etc. A fine needle aspirate with cytology is needed for further evaluation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a general impression of thicken irregular bowel with severely enlarged mesenteric lymph nodes. This could be consistent with round cell neoplasia, metastatic neoplasia, (carcinoma, etc.) or



PATIENT

Bruno Fore-PCVC

SPECIES

Canine

BREED

German SD

SEX

Neutered Male

AGE

7 years

WEIGHT

40kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Pine Creek Veterinary Clinic

REFERRING VET

Dr. Catherine Rebholtz, DVM

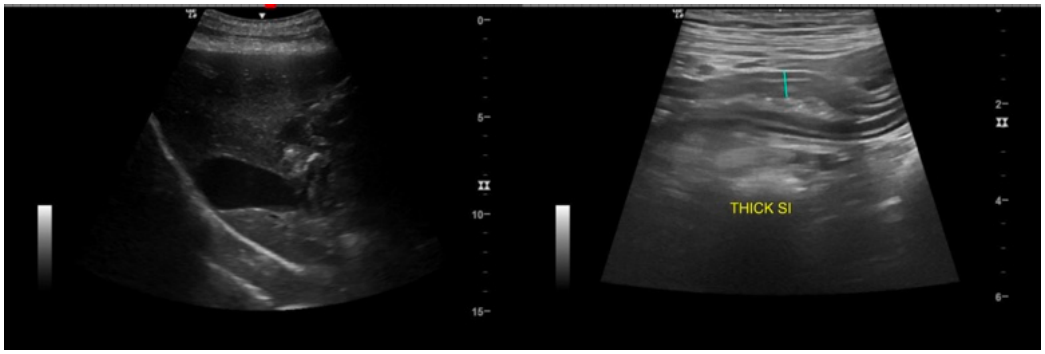
INVOICE

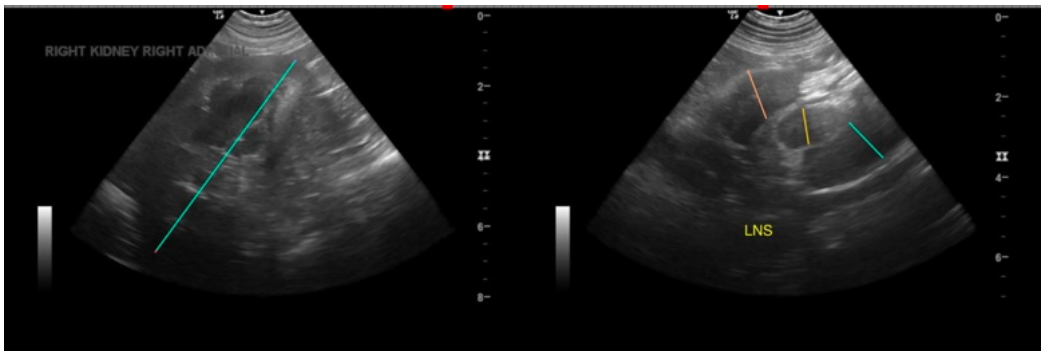
10435

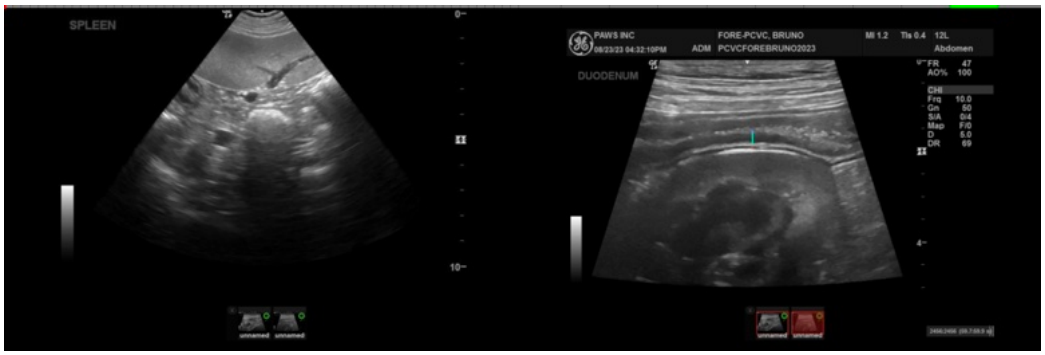
DATE

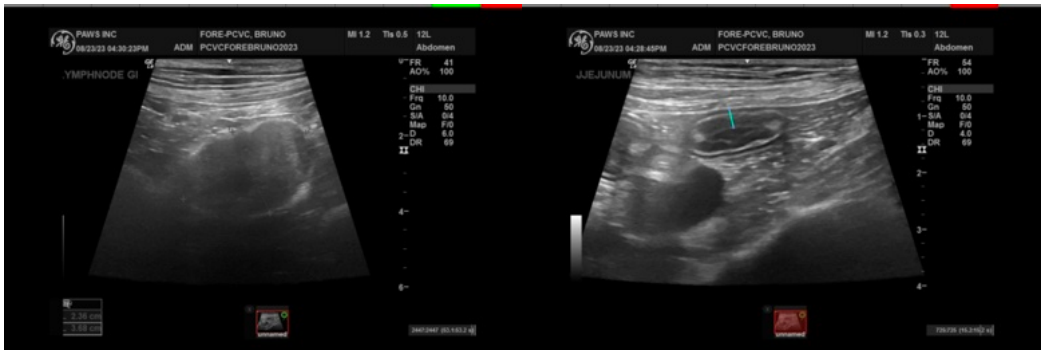
8/24/2023

even infectious disease such as pythium, histoplasmosis, etc. Consider a fine needle aspirate of a mesenteric lymph node and three view thoracic radiographs.

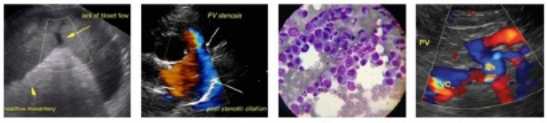








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Bruno Fore-PCVC

SPECIES

Canine

BREED

German SD

SEX

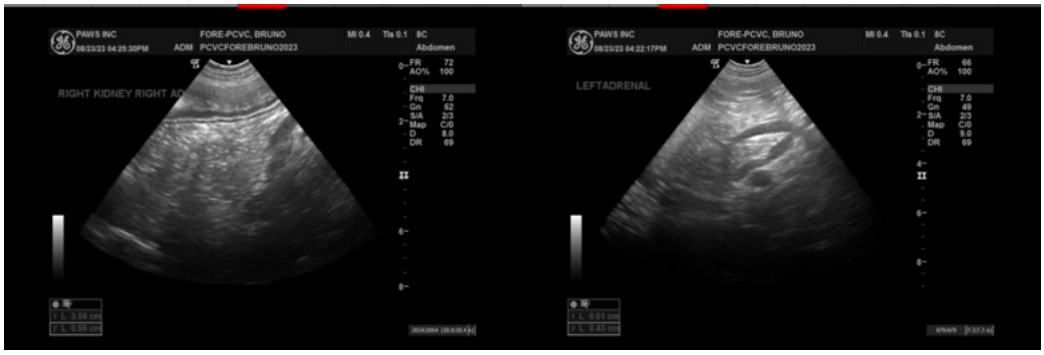
Neutered Male

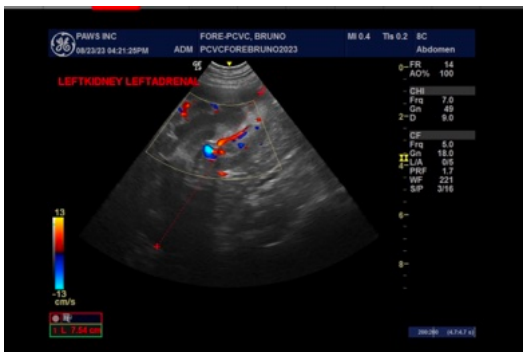
AGE

7 years

WEIGHT

40kg





INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Pine Creek Veterinary Clinic

REFERRING VET

Dr. Catherine Rebholtz, DVM

INVOICE

10435

DATE

8/24/2023

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