

PATIENT

Eliel Near & Far Animal Foundation

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

5 yrs

WEIGHT

52.2#

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary Center

REFERRING VET

Dr. Franciso Ortiz,
DVM

INVOICE

10393

DATE

8/9/2023

PRESENTING CLINICAL SIGNS

Patient presented because of anorexia, apparently for the last 7 days, owner says that the dog does not want to eat anything at all. An ABd u/s was done to further evaluate.

Abnormal PE/Chem/CBC/UA Results: CBC & CHEM: wnl Fecal: NOS Radiograph: mild constipation. Lungs have mineralization most likely due to heart worm dz. At this time patient is not having any respiratory issues. U/A: 1+ cocci

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 (6.19 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 (6.5 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 0.47 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.

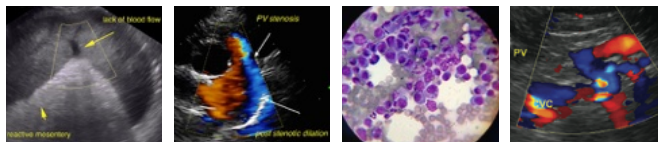
The right adrenal gland is normal in size measuring 0.69 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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

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.



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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible. The gallbladder wall is normal, and it measures 0.17 cm.

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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. No masses or focal lesions were observed.

BREED

Mixed

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 duodenum measured as normal (0.51 cm), and the jejunum measured as normal (0.43 cm.) 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.

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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.

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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.

IMAGING PERFORMED BY

Dr. Ferrer, DVM

PRIMARY FINDINGS

- Mild gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

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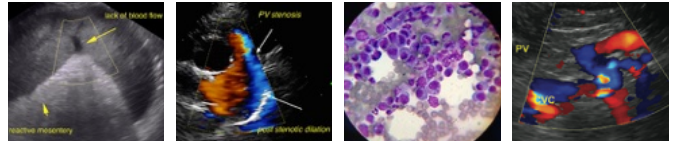
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious lesion responsible for the anorexia reported is not visualized. Unfortunately, there are many causes for anorexia which cannot be definitively diagnosed by ultrasound alone.

Based on the history provided metabolic disease seems less likely. Consider a base line cortisol to screen for possible Addison's disease. Additionally, you can have significant GI disease with relatively normal ultrasound imaging and lab work so this could be a possibility. If anorexia persists an esophagostomy tube may need to be placed to assist with nutritional support and to determine if this patient would have vomiting and diarrhea if it had anything in its gastrointestinal tract. You could consider a GI panel to Texas A&M for a qualitative PLI/TLI/Cobalamin/Folate to try and find further evidence for underlying gastrointestinal disease.

Additionally, correlate these findings with abdominal radiographs as ultrasound cannot definitively rule out the possibility of ingesta foreign material.



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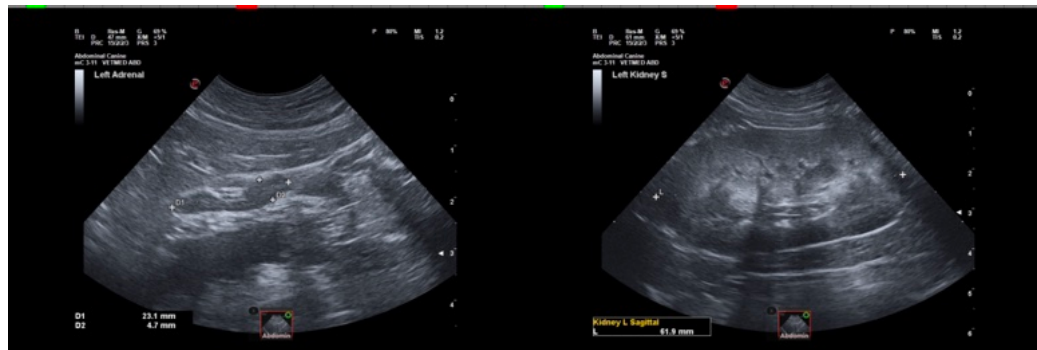
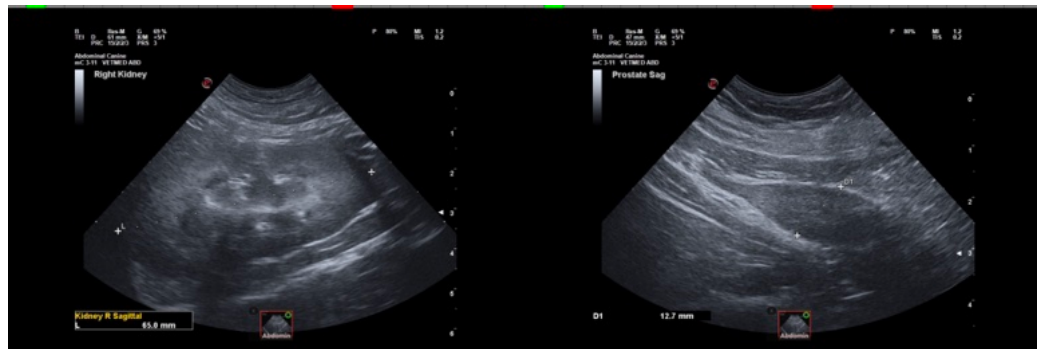
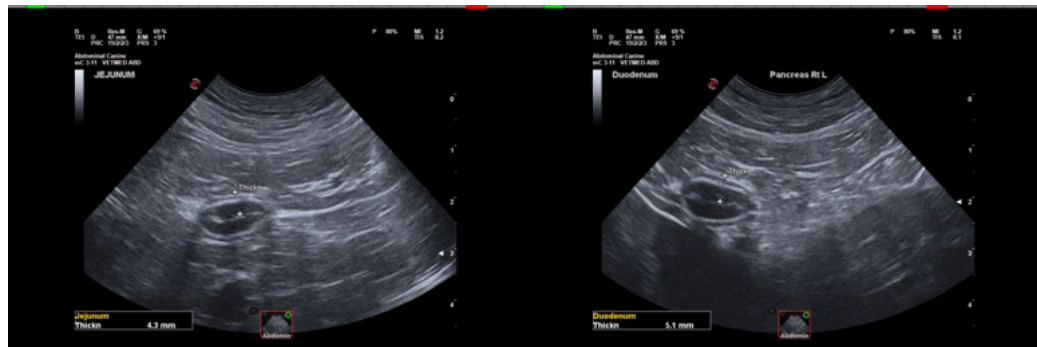
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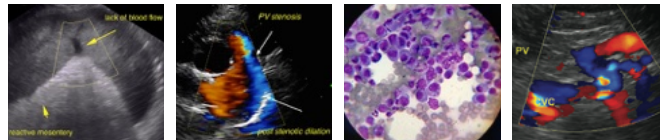
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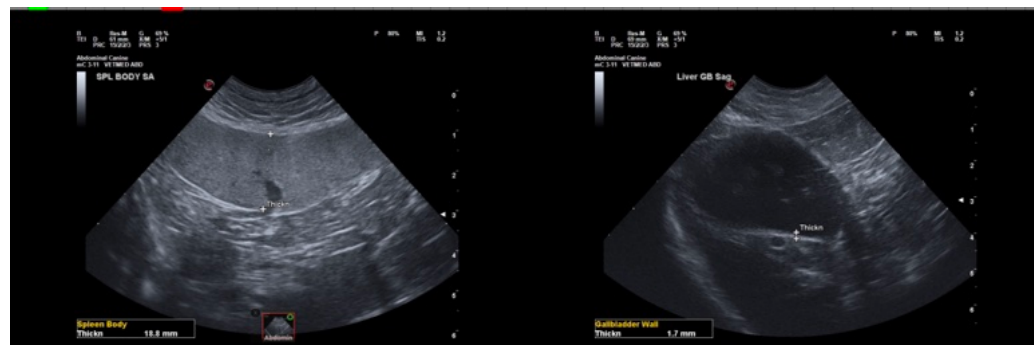
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com