



PATIENT

Lilly Kabella

SPECIES

Canine

BREED

Bichon Frise

SEX

Spayed Female

AGE

10 Years

WEIGHT

12.42

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Agnes Rupley

HOSPITAL NAME

All Pets Medical

REFERRING VET

Dr. Agnes Rupley

INVOICE

25338

DATE

9/10/21

PRESENTING CLINICAL SIGNS

PRESENTED FOR: exam for green bowel movements beginning around 9/1/21. REPORTED SYMPTOMS: Loose stools with abundant mucous, small amount of blood, one stool containing white foreign material. Vomited bile today. Increased frequency of defecation with straining. Hacking when she gets excited and randomly throughout the day, for last 10-14 days. VITALS: Temperature: 102.4 Heart Rate: 172 bpm Respiratory Rate: 44 bpm Mucous Membrane Color: pink Capillary Refill Time: <2 MEDICATIONS none EXAM Pain on cranioventral abdominal palpation. Sensitive trachea with mild pressure causing a dry hacking cough (thoracic radiographs were submitted for suspected cranial thoracic mass). Dental disease. Pododermatitis. Nuclear sclerosis GAS FILLED STOMACH AND GAS DISTENDED SMALL INTESTINE NOTED ON THORACIC RADIOGRAPHS. LABS Intestinal Parasite Screens (Fecal Float and Direct) reveal no evidence of intestinal parasites. The cPLI is normal. CBC and Chemistry with electrolyte panel results reveal evidence of dehydration with no significant other abnormalities. ASSESSMENT AND PLAN A cephalic catheter was placed and IV fluids begun. Cerenia, Convenia, and buprenorphine sustained release injections were administered. Metronidazole, Provable, and canned pumpkin begun.

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 left kidney has a normal shape and size (3.8 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.

The right kidney has a normal shape and size (4.4 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.

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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. 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. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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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

Bichon Frise

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. Jejunum wall measured 0.28 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Spayed Female

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.

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ULTRASONOGRAPHIC FINDINGS

- No significant ultrasonographic lesions visualized

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan was relatively normal. Unfortunately, many causes for GI signs (particularly large bowel diarrhea) cannot be diagnosed by ultrasound alone. As your metabolic workup was relatively normal, consider other causes such as GI parasitism (if fecal was negative, consider empirical deworming), dietary indiscretion, mild pancreatitis, bacterial dysbiosis, food allergy, IBD, and less likely intestinal neoplasia. In this pet I would:

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- Consider testing for clostridia.
- Consider diet trial with either a novel protein diet, a hydrolyzed protein diet, a high fiber diet, or a low fat diet, as different dogs will respond differently to some of these components. If symptoms are exclusively large bowel, I would probably go with a prescription low fat diet that I added supplemental fiber to (Metamucil). If there appears to be a small bowel component, then I would probably go with a hydrolyzed protein diet such as Royal Canin Hydrolyzed.
- Recommend starting a probiotic.
- Recommend a GI panel to look for evidence of pancreatitis not visualized on ultrasound, a TLI and B12 levels to look for evidence of small intestinal disease. If symptoms are persistent and getting worse, you may need to consider colonoscopy and upper GI endoscopy.

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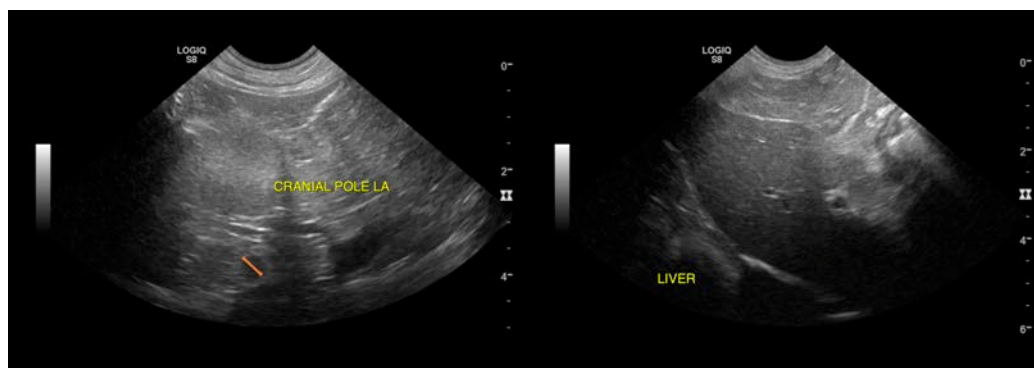
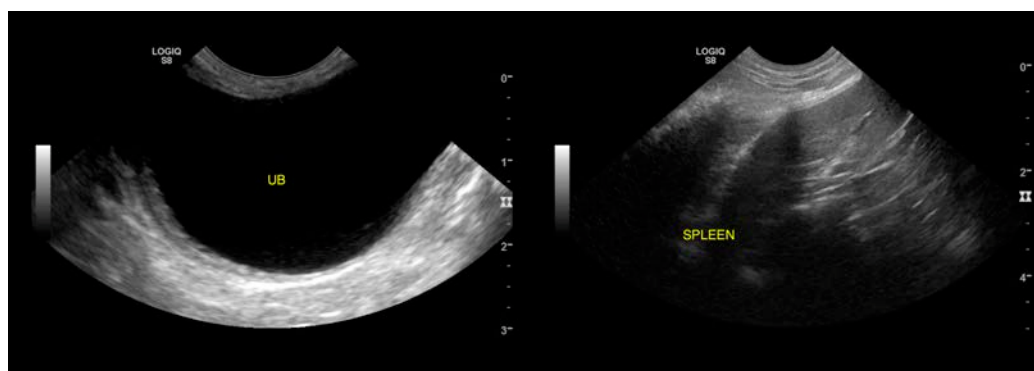
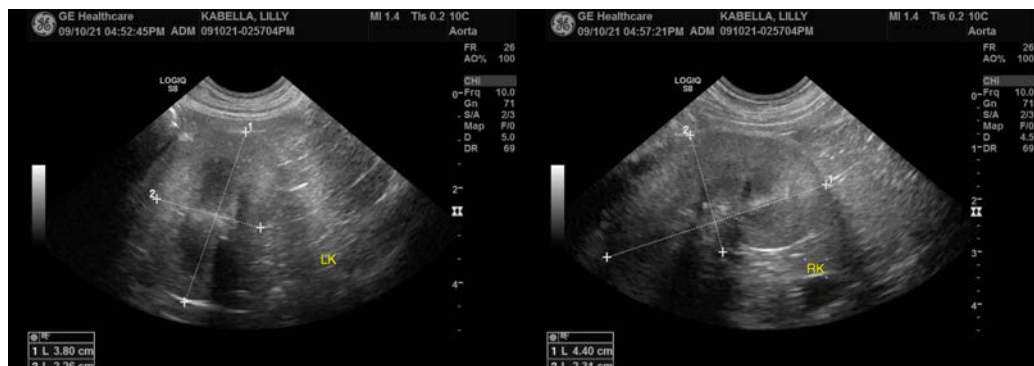
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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