



PATIENT PRESENTING CLINICAL SIGNS

Toby Gando
HISTORY: Patient presented for 8 hour history of vomiting > 7 times Per owner patient was fed steak Wed evening and no FB ingestion BAR on presentation Hospitalized overnight and this morning collapsed after walk Now have severe colitis with hematochezia
ABNORMAL PE/CHEM/CBC/UA RESULTS: PE (this AM): laterally recumbent, hematochezia with mucoid diarrhea, hypothermia and hypotensive CBC/chem = BUN 55, HCT 62 Fecal = NPS Radiographs = gas/fluid dilated stomach cPL = normal (< 50)

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Morkie Urinary System

SEX
 Male
 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.

AGE
 5 years
 The prostate is normal in size (1.6 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.

WEIGHT
 13.4 lbs
 The left 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. Mild pyelectasia was noted and measured 0.12 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size. 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.

INTERPRETED BY

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

Adrenal Glands

IMAGING PERFORMED BY

Dr. Sanchez

The left adrenal gland is normal in size measuring 0.39 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.

HOSPITAL NAME

Sunset AH

The right adrenal gland is normal in size. 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.

REFERRING VET Spleen

Dr. Sanchez

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.

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DATE

9/10/21



PATIENT *Liver*

Toby Gando 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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

SPECIES

Canine

BREED *Gastrointestinal*

Morkie The stomach is severely dilated with a large amount of fluid and shadowing material. This is suggestive of ingesta. 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 focal lesion or obstruction is observed.

SEX

Male

AGE

5 years

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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

WEIGHT

13.4 lbs

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 region of 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.

IMAGING PERFORMED BY

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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.

HOSPITAL NAME

Sunset AH

ULTRASONOGRAPHIC FINDINGS

REFERRING VET

Dr. Sanchez

PRIMARY FINDINGS:

Severely dilated, fluid filled stomach.

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Mild, bilateral pyelectasia. Pyelectasia of the kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

SECONDARY FINDINGS:

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Large prominent prostate. Prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia. However, given



PATIENT

the lack of lower urinary tract symptoms, these differentials are considered less likely in this patient.

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BREED

Morkie

SEX

Male

AGE

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REFERRING VET

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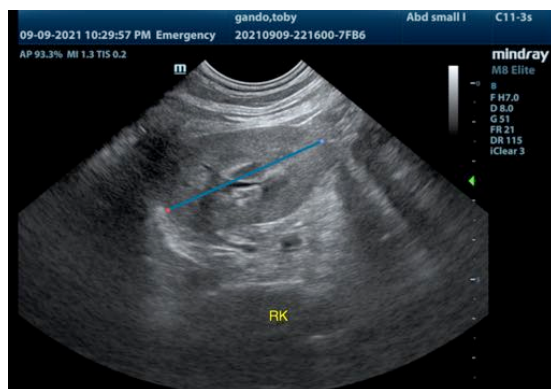
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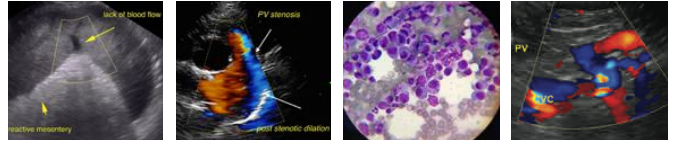
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary lesion visualized is the severely dilated, fluid filled stomach. This is very likely associated with generalized ileus, but there is always concern for a pyloric outflow tract obstruction. None is visualized, but that does not exclude the possibility. Correlate with radiographs and follow this. You can consider placing either a gastric tube and emptying the stomach as this will make the patient more comfortable and may help prevent regurgitation, etc. Also consider judicious use of a promotility medication and follow to make sure that the stomach starts to empty on its own. I did not see evidence of distal small intestinal abnormalities or pancreatitis. If these are suspected you can consider a GI panel and close monitoring for foreign material if symptoms don't improve as ultrasound can sometimes be insensitive in picking up some types of foreign material. I suspect that this is a severe case of hemorrhagic gastroenteritis, which needs aggressive supportive care. If it is not improving consider other alternatives.





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Canine

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Morkie

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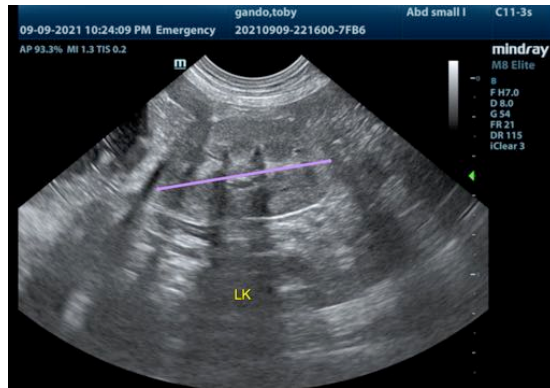
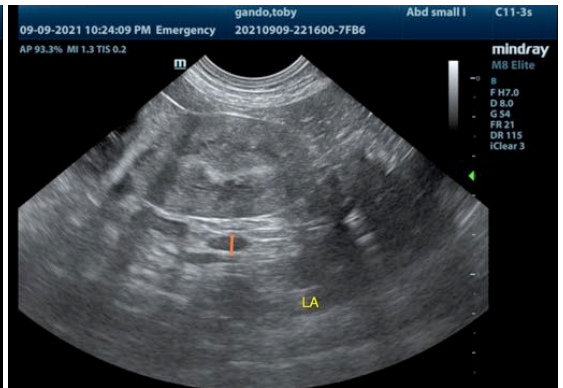
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AGE

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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.

IMAGING PERFORMED BY

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