



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Elea Young

SPECIES Canine

BREED Welsh Terrier

SEX Spayed Female

AGE 5 years

WEIGHT 25 Pounds

History: Chief Concern/Provisional Diagnosis: Continued diagnostic work up for waxing and waning gastroenteritis signs. Elea has a tentative diagnosis of SLO but has had issues with diarrhea, lethargy, anorexia and weight loss. She has had GI issues since I began seeing her about 3 years ago. GI signs tend to be mostly managed but she does have flare ups a few times a year. O is very concerned. Diagnosis: gastroenteritis. DDx of SLO History/Physical Findings: Physical exam: Mentation: QAR BCS: 5/9 MM Pink, capillary refill time less than 2 seconds. Heart auscultates normally with no murmur or arrhythmia. Lungs auscultate clear throughout. Hair coat appears healthy. OU appear normal. AU are clean in visible ear canal. Nose appears normal. Mouth appears to have grade 1/4 periodontal disease. LN are WNL. Abdomen palpates normally with no palpable masses. No signs of lameness. On examination of toenails can appreciate some strange growth patterns, dry/cracked nails, some appear raw with the quick exposed. Capillary Refill Time: 1.5 sec, Heartrate 120 bpm, Respiration 20 rpm, Temperature 101.4

Summary of Laboratory Abnormalities: Superchem: AST 88 (15-66IU/L) H BUN/CRE ratio 28 (4-27) H Magnesium 2.6 (1.5-2.5mEq/L) H CBC: PLT 413 (170-400 10³/uL) H UA: SG: 1062 Protein 1+ (negative) Struvite crystals 2-3/HPF Amorphous crystals 2-3/HPF Thyroid panel T3 <40 (45-150ng/L) L Free T3 1.1 (1.7-5.3pg/L) All other thyroid values including T4, T3/4 autoantibodies. T4 ED and TSH wnl. Radiographic Abnormalities: WNL Current Therapy and Medications: Started Elea on doxycycline and Vit B12, niacinamide, omega 3 and 6 fatty acids and biotin. These therapies began around August 4 th . Doxycycline made Elea lethargic, anorexic and she had soft stool. She is currently feeding RC Gastrointestinal. O d/c all oral medications until August 27 th . After further lab work on August 27 th , restarted Vit B12, biotin and fish oils. Elea began to improve and was eating normally again, and her activity level seemed to improve. She is also starting the niacinamide again. Elea's nails seem to be doing better too.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

INTERPRETED BY *Urinary System*

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

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 (4.41 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.

HOSPITAL NAME

Valley VC

The right kidney has a normal shape and size (4.99 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.

REFERRING VET

Dr. Lopez

Adrenal Glands

The left adrenal gland is normal in size measuring 0.6 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.

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The right adrenal gland is normal in size measuring 0.42 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.

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PATIENT *Spleen*

Elea Young 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.

SPECIES

Canine

Liver

BREED

Welsh Terrier

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.

SEX

Spayed Female

Gastrointestinal

AGE

5 years

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.

WEIGHT

25 Pounds

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 (0.39 cm) and the jejunum measured as normal (0.3 cm and 0.32 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

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.

IMAGING PERFORMED BY

Pancreas

Loetitia Saint-Jacques, RVT

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.

HOSPITAL NAME

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Free Abdomen

REFERRING VET

Dr. Lopez

There is scant anechoic free fluid present. There is a mild mesenteric lymphadenopathy. The mesenteric lymph nodes measured 0.46 cm and 0.73 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

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PRIMARY FINDINGS:

- Prominent mesenteric lymph nodes. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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- Scant free fluid in the abdomen. Likely suggestive of inflammation.

Elea Young

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

The ultrasonographic lesions observed are relatively mild. No focal bowel changes were observed. Unfortunately many causes for gastrointestinal signs cannot be definitively diagnosed by ultrasound alone. Consider:

Canine

BREED

- If not already done I recommend an ACTH stimulation to rule out atypical Addison's and a GI panel to get B12 levels and folate levels (I suspect this is how SIBO was diagnosed?).
- Consider primary causes such as GI parasitism, mild pancreatitis, bacterial dysbiosis, food allergy, IBD and less likely neoplasia. It can be challenging to treat dogs with intermittent signs as it takes a while to ascertain if a therapy is actually helping of if there is just an upswing in the disease process. It may be helpful in this dog to get GI biopsies so you have a better idea of what you are dealing with an how to treat it more specifically. With the help of a nutritionist you can formulate a novel protein, low-fat diet if that is what is desired, but it is difficult to find this combination. My strongest suspicion is food allergy or IBD +/- SIBO.

Welsh Terrier

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WEIGHT

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IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

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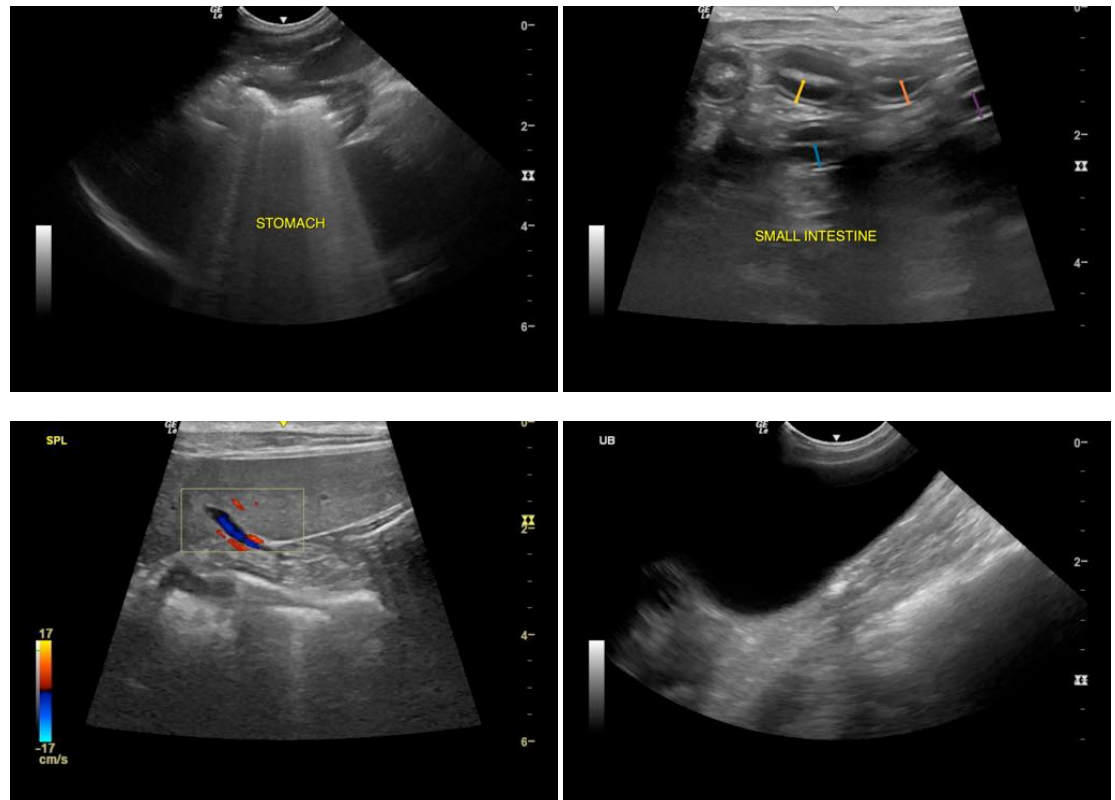
Dr. Lopez

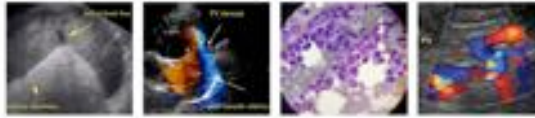
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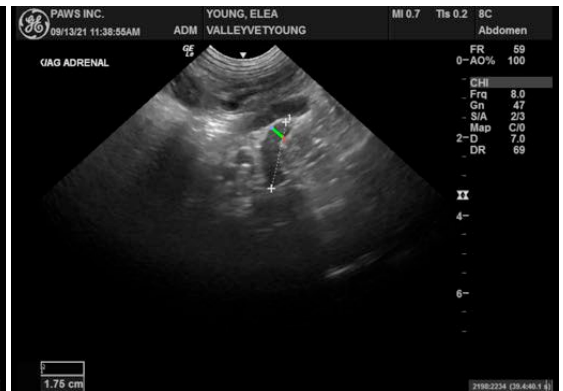
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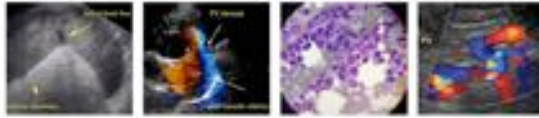
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Welsh Terrier

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

kathleen.sennello@sonopath.com

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