



PATIENT

Tank Cleary

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

8 Years

WEIGHT

35 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

41462

DATE

9/21/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for lethargy, decreased appetite. Discharge right eye. Seen at rdvm today. Temperature 105.8 with Greenlin kennels, T 104.8 at rdvm office. Previous Health Concerns: none Current Medications: carprofen and penicillin injection at rdvm 2 pm today

Abnormal PE/Chem/CBC/UA Results: Temp: 104.7 Respiratory: increased effort, increased rate, lungs clear all fields 2V Chest Rads - heart normal shape and size, lungs clear all fields epoc- po2 69.9 high, o2 93.1 high, ph 7.354 low, hct 34 low chem- alp 434 high, ggt 15 high cbc- wbc 21.85 high, neu 19.87 high, lym 0.71 low, neu% 91 high, lym% 3.2 low, mchc 39.1 high, plt 33 low HELA negative X4 Lepto test negative EKG shows extended VPC's and slow v-tach (HR 140)

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 (1.5 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 (8.45 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 (8.64 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 0.62 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 0.75 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 is normal/borderline large, 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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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

Labrador Retriever

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.)

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Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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Free Abdomen

There is a scant amount of free abdominal fluid visualized near the spleen. No lymphadenopathy. The omentum is of normal echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- Borderline large spleen – The significance of this is unclear, as the parenchyma appears relatively normal and this is a large dog. If there is concern for round cell neoplasia, mast cell disease, etc., consider a fine needle aspirate.
- Scant free abdominal fluid – If possible, recommend fluid analysis and cytology.

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

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No focal lesions are visualized on today's exam to explain the fever reported. Considering the v-tach described, you could consider a fine needle aspirate of the spleen, as it appears borderline enlarged (but this may be normal in this larger dog). Additionally consider submitting a sample of the free fluid near the spleen for fluid analysis and cytology.

REFERRING VET

Dr. Lupole

Your initial workup has done a good job screening for large mass lesion, pneumonia, obvious tick-borne disease, etc. Recommend urinalysis and culture, careful palpation of the joints for any joint effusion/pain, careful auscultation of the heart for a new murmur, and palpation of the neck and spine for any discomfort. If temperature elevation persists, I will often screen more intensively for infectious diseases by sending out a canine comprehensive panel to NC State's vector borne disease lab (looking for bartonella, babesia, etc.), a cPLI to screen for pancreatic inflammation, as well as obtaining joint fluid from several joints, looking for evidence of possible polyarthritis/inflammatory disease. Based on the v-tach described, I would consider an echo and a fine needle aspirate of the spleen.

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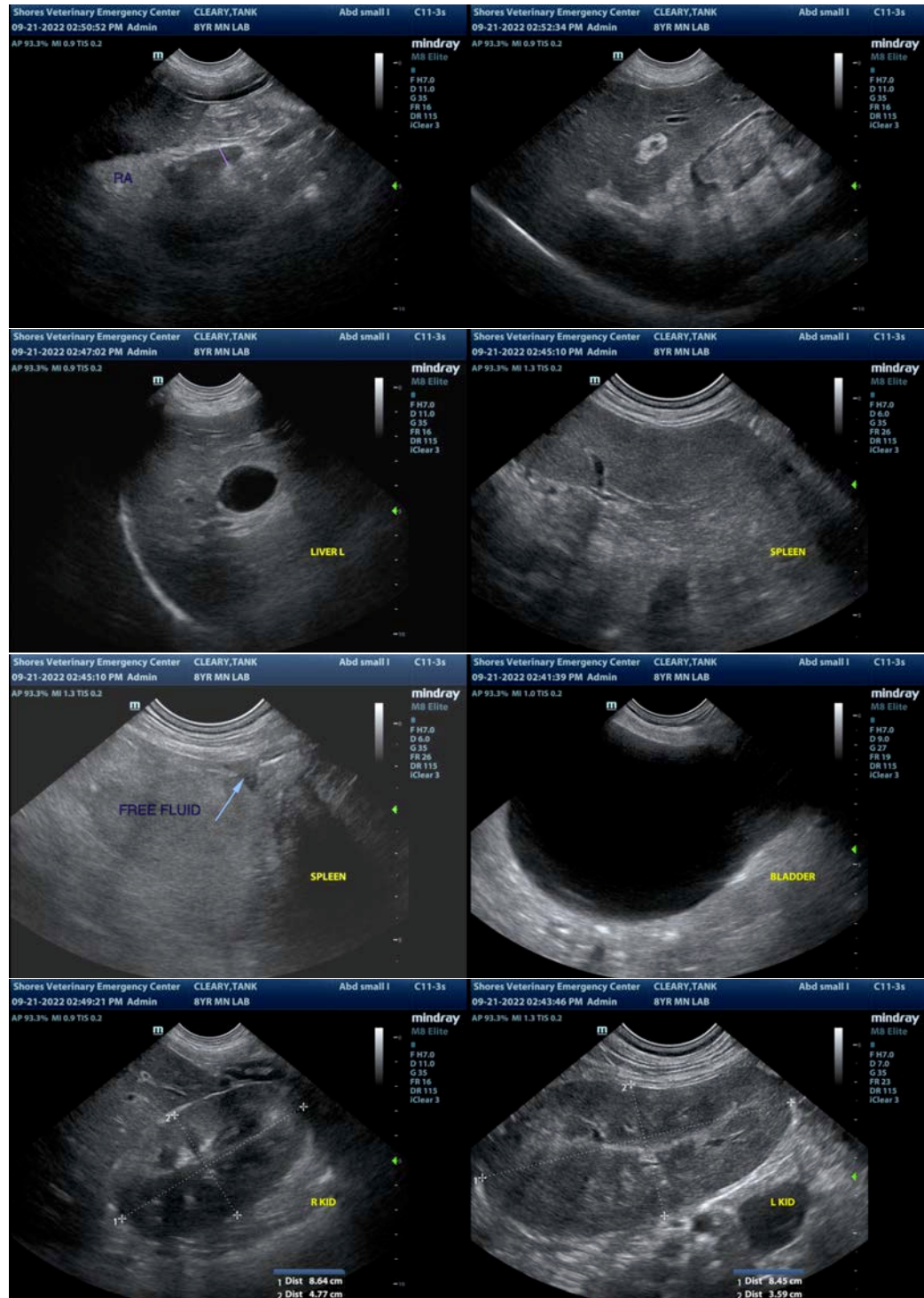
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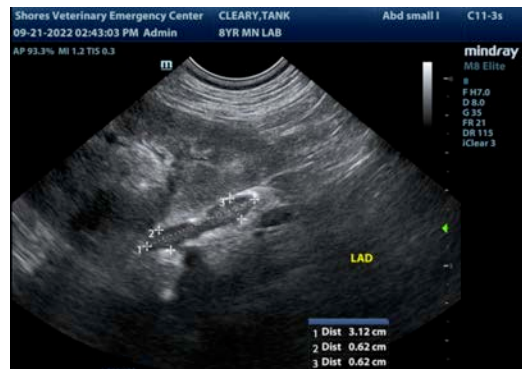
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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