



**PATIENT**

Lila Zahr

**SPECIES**

Canine

**BREED**

Miniature Poodle

**SEX**

Spayed Female

**AGE**

17 Months

**WEIGHT**

24.8 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Ramsey Animal Clinic

**REFERRING VET**

Dr. Bishnoi

**INVOICE**

25718

**DATE**

9/22/21

**PRESENTING CLINICAL SIGNS**

Patient presents for vomiting and bloody diarrhea for 3-4 days. Owner reports some improvement today. Current meds: Flagyl, Centrine, Endosorb.  
Abnormal PE/Chem/CBC/UA Results: Eos. 1, USG 1.053.

**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 (4.79 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 (3.92 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/borderline small in size measuring 0.38 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypochoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal/borderline small in size measuring 0.47 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 hypochoic) 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.

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.

**Gastrointestinal**

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.



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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 0.26 cm. Visualized peristalsis appears appropriate. There are occasional sections of small intestine that have mild to moderate fluid distention, but no evidence of an obstruction is 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.

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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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17 Months

**PRIMARY FINDINGS**

- Moderate gastric distention with fluid and shadowing material – most consistent with a recent meal. Correlate with feeding history. If the patient has been fasted, consider such differentials as delayed gastric emptying or partial gastric obstruction (not observed).

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**SECONDARY FINDINGS**

- Borderline small adrenals – recommend ACTH stimulation test.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Lila's scan was relatively normal today. I suspect she had a recent meal. If not, recommend considering delayed gastric emptying and following with radiographs. Recommend ACTH stimulation test for atypical Addison's, as her adrenal glands are small. Hopefully this is an episode of acute hemorrhagic gastroenteritis that will pass with supportive care. If symptoms persist, consider differentials such as GI parasites, clostridial diarrhea, bacterial dysbiosis, dietary indiscretion, pancreatitis, etc. If symptoms persist, recommend further diagnostics for these possible conditions, and as a last resort surgery to evaluate for foreign material and obtain GI biopsies (hopefully this will not be necessary).

**IMAGING PERFORMED BY**

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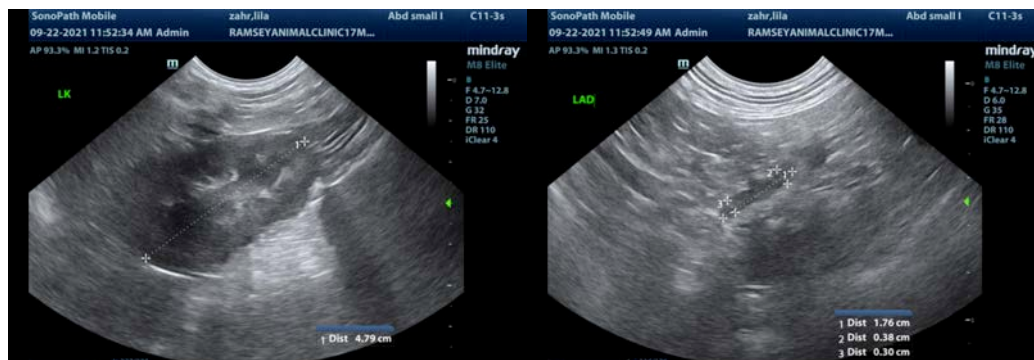
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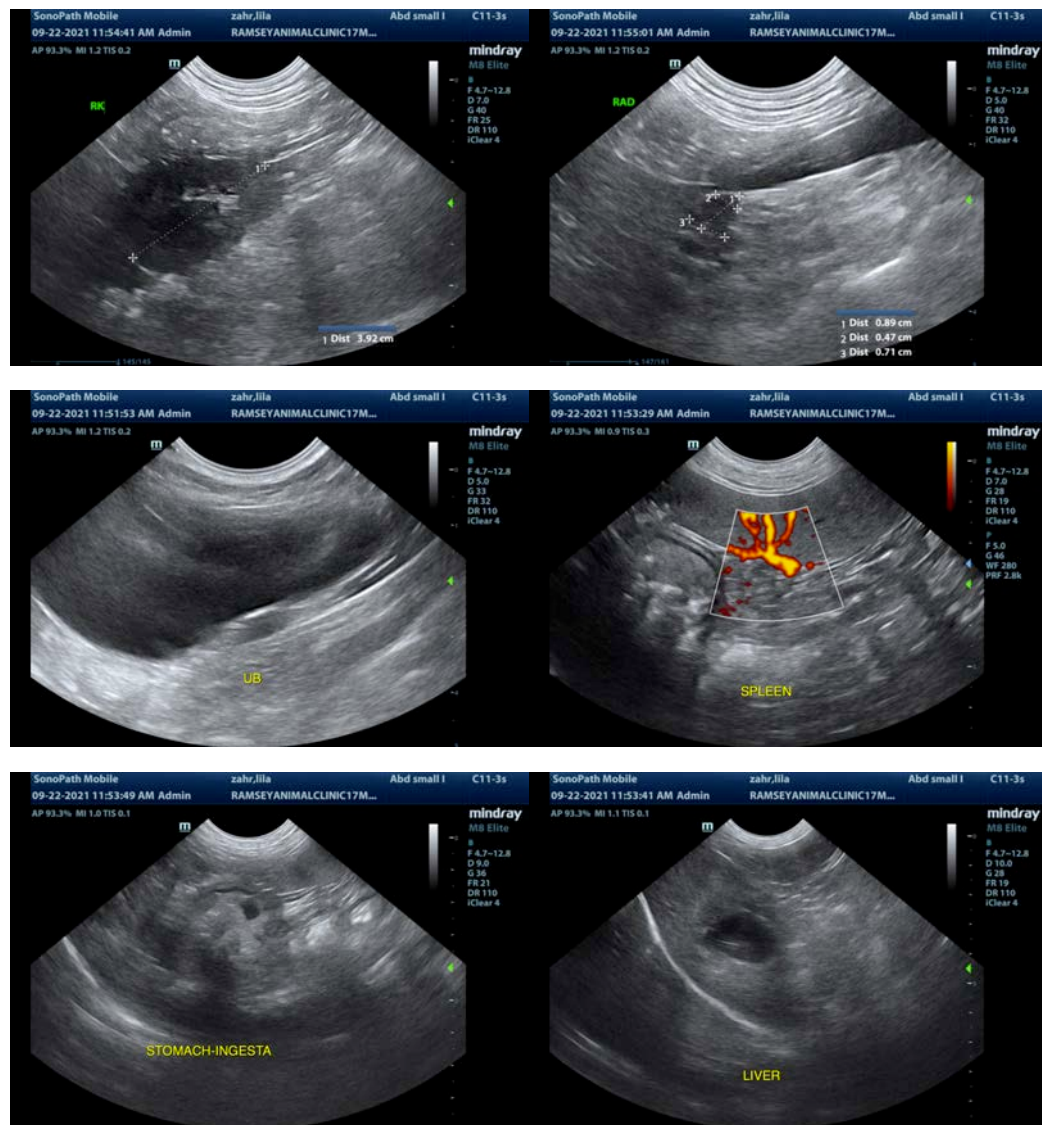
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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