



PATIENT

Luigi Pet Res Q

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

5 Years

WEIGHT

16.2 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

Cresskill AH

REFERRING VET

Dr. Khodari

INVOICE

41533

DATE

9/22/22

PRESENTING CLINICAL SIGNS

Mildly low TP, high BUN with normal SDMA 9 (14 H). Assess for underlying cause of weight loss, cachexia. High protein diet vs primary GI dz vs other. P is paralyzed x both hind legs, incontinent. Current meds: Metro, Cytoint

Abnormal PE/Chem/CBC/UA Results: BUN 35 (31 H); TP 5.3 (5.5 L); AST 90 (55 H) U/A-PH 6, USG 1.045, Trace protein

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The prostate is normal in size (0.72 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 (4.71 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 (4.48 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 0.50 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 0.58 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 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.



PATIENT

Luigi Pet Res Q

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.

SPECIES

Canine

Gastrointestinal

The stomach is dilated with a large amount of 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.

BREED

French Bulldog

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is moderately increased. Duodenum wall measures 0.45 cm. Jejunum wall measures 0.36 cm. Diffuse mucosal speckling is noted. Bowel loops follow a typical curvilinear path.

SEX

Neutered Male

Some areas have reduced detail of wall layering. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

5 Years

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.

WEIGHT

16.2 Pounds

Free Abdomen

There is scant free abdominal fluid. No significant lymphadenopathy is noted. A sublumbar lymph node is visualized at 0.50 cm. The omentum is generally mildly hyperechoic.

INTERPRETED BY

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

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Shari Reffi, CVT

- Echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Large fluid/ingesta within the gastric lumen – Correlate with abdominal radiographs and feeding history. If the patient was adequately fasted, consider such differentials as delayed gastric emptying or a partial outflow tract obstruction (none observed).
- Mildly thickened small intestine with mucosal speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

HOSPITAL NAME

Cresskill AH

REFERRING VET

Dr. Khodari

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears somewhat prominent and there is mucosal speckling in many areas. This can be an indicator of underlying small intestinal disease. Consider such differentials as food allergy/dietary intolerance, dysbiosis, GI parasitism, pancreatitis, IBD, and intestinal neoplasia. The significance of these findings is uncertain if this patient does not have significant GI signs, but there is concern that this could be contributing to the weight loss, etc.

INVOICE

41533

DATE

9/22/22

- Consider a novel protein/hydrolyzed protein prescription diet.



PATIENT

Luigi Pet Res Q

- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.

SPECIES

Canine

- Recommend chronic probiotic therapy.

BREED

French Bulldog

There is mild echogenic debris in the urinary bladder. Recommend urinalysis and culture.

SEX

Neutered Male

The stomach is distended with fluid and ingesta. If this patient was adequately fasted, consider possible delayed gastric emptying or less likely a gastric outflow tract obstruction. You could consider promotility therapy with Metoclopramide.

AGE

5 Years

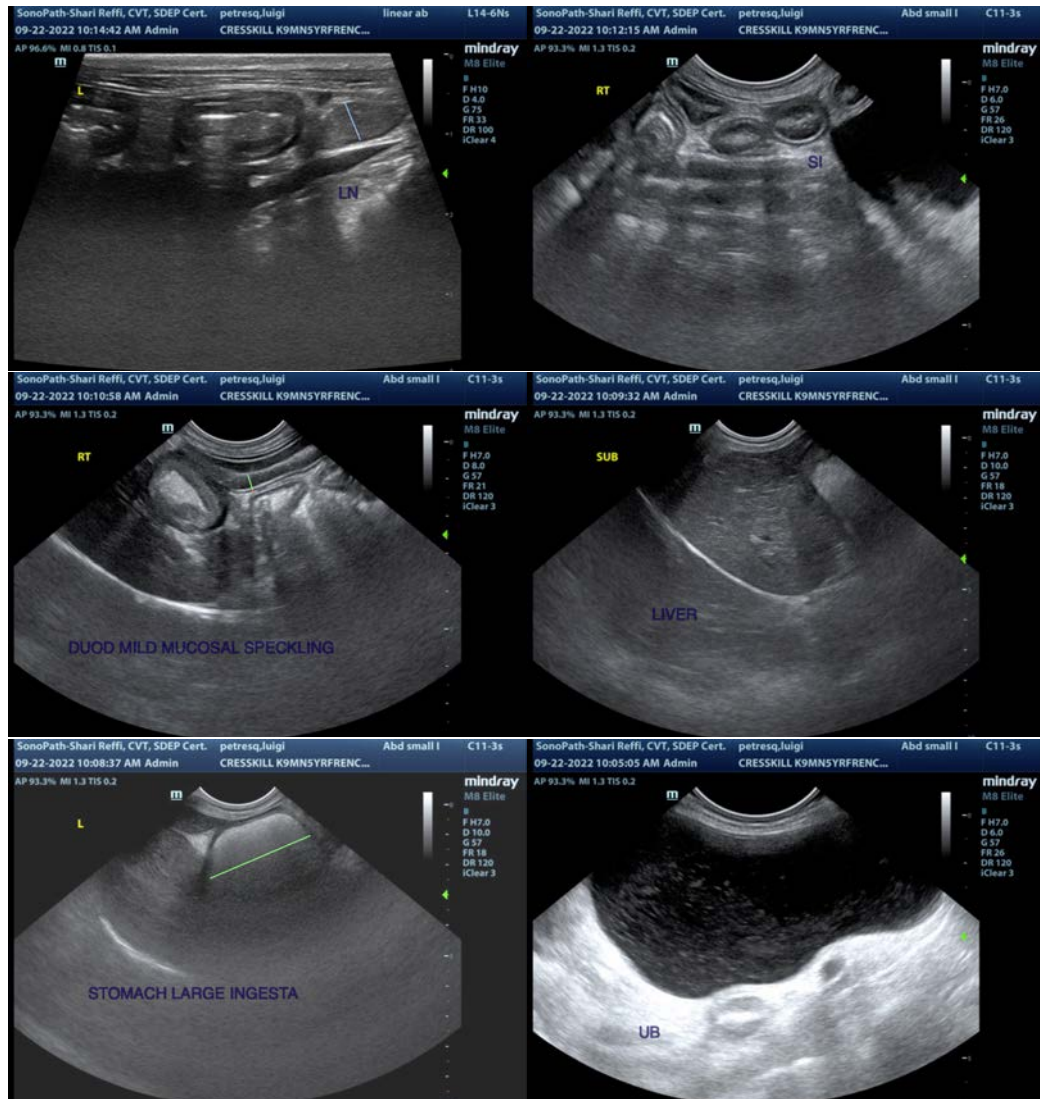
If albumin levels are low, additionally consider a liver function test to rule out liver disease and lack of albumin production. Additionally, consider a urine protein to creatinine ratio (on a non-active urine sediment) to look for evidence of proteinuria.

WEIGHT

16.2 Pounds

INTERPRETED BY

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



IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Cresskill AH

REFERRING VET

Dr. Khodari

INVOICE

41533

DATE

9/22/22



PATIENT

Luigi Pet Res Q

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

5 Years

WEIGHT

16.2 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

Cresskill AH

REFERRING VET

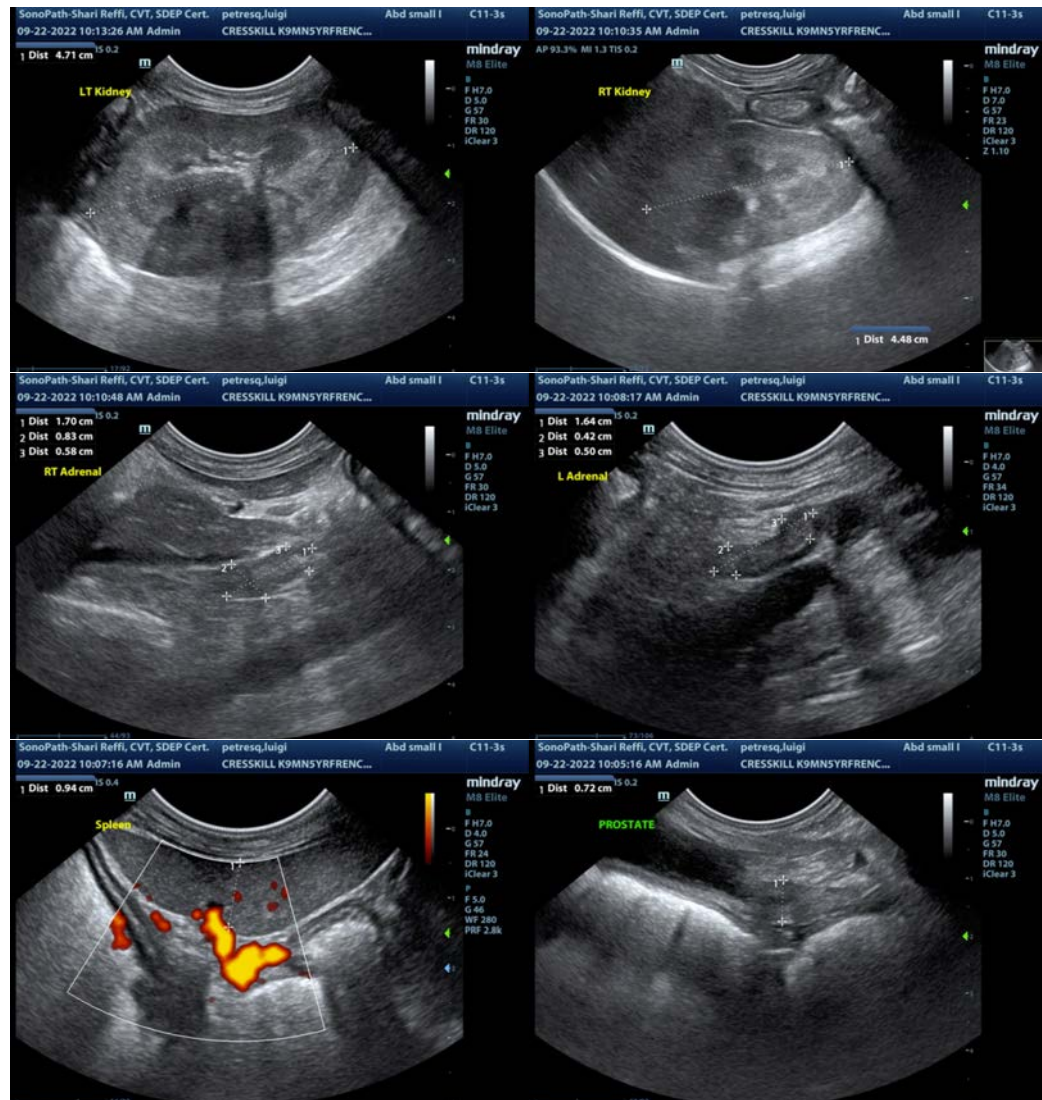
Dr. Khodari

INVOICE

41533

DATE

9/22/22



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)

kathleen.sennello@sonopath.com