



PATIENT PRESENTING CLINICAL SIGNS

Zeus Butwinick

History: Chief Concern / Provisional Diagnosis: ~Chronic, intermittent vomiting and diarrhea.~
Relevant Medical History and Physical Exam findings: ~Presented 9/7 on urgent care for V/D of a week duration. Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~depressed fecal bacterial numbers. ABD Rads: irregular appearance to pylorus/small intestine. Subtle mass effect~ Current medications (include full name, dosage and frequency): ~Sent home on Cerenia, Protegrity and Metronidazole. Did much better but started to back slide once finished Metronidazole~

SPECIES

Canine

BREED

Golden Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered 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

6 years

The prostate is normal in size 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

80 Pounds

The left kidney has a normal shape and size (7.43 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 (7.25 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.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

Adrenal Glands

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

The left adrenal gland is normal/borderline small in size measuring 0.42 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/borderline small in size measuring 0.51 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.

REFERRING VET

Dr. Kalivoda

Spleen

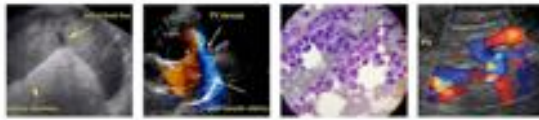
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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PATIENT *Liver*

Zeus Butwinick 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.

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Gastrointestinal

Golden Retriever

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.

SEX

Neutered Male

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 and the jejunum measured as normal (0.33 cm, 0.21 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

6 years

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with liquid fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

WEIGHT

80 Pounds

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. There is a mild lymphadenomegaly present. The mesenteric lymph nodes were visualized and were isoechoic measuring 1.13 x 2.23 cm, 1.06 cm and 0.79 cm. There was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

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PRIMARY FINDINGS:

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

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The ultrasonographic lesions are relatively mild. There is fluid dilated colon visible. This is consistent



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with the diarrhea reported. There is a mild lymphadenopathy present, which is more likely reactive than neoplastic change. A FNA of the mesenteric lymph node can always be considered. Unfortunately many causes for diarrhea and vomiting cannot be diagnosed by ultrasound alone.

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Canine

- Consider metabolic causes based on bloodwork, ACTH stim results (particularly in this individual with borderline small adrenal glands), liver function testing, GI panel (TLI/PLI, folate, cobalamin.)

BREED

Golden Retriever

With chronic intermittent symptoms I would strongly consider differentials such as food allergy, IBD and less likely intestinal neoplasia. Consider:

SEX

Neutered Male

- Fecal testing and empirical deworming.
- Probiotic therapy.
- Consider a diet trial with a novel protein/hydrolyzed prescription diet.
- Recommend GI panel and ACTH stimulation test (as recommended above).
- If symptoms are progressing consider obtaining GI biopsies.

AGE

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WEIGHT

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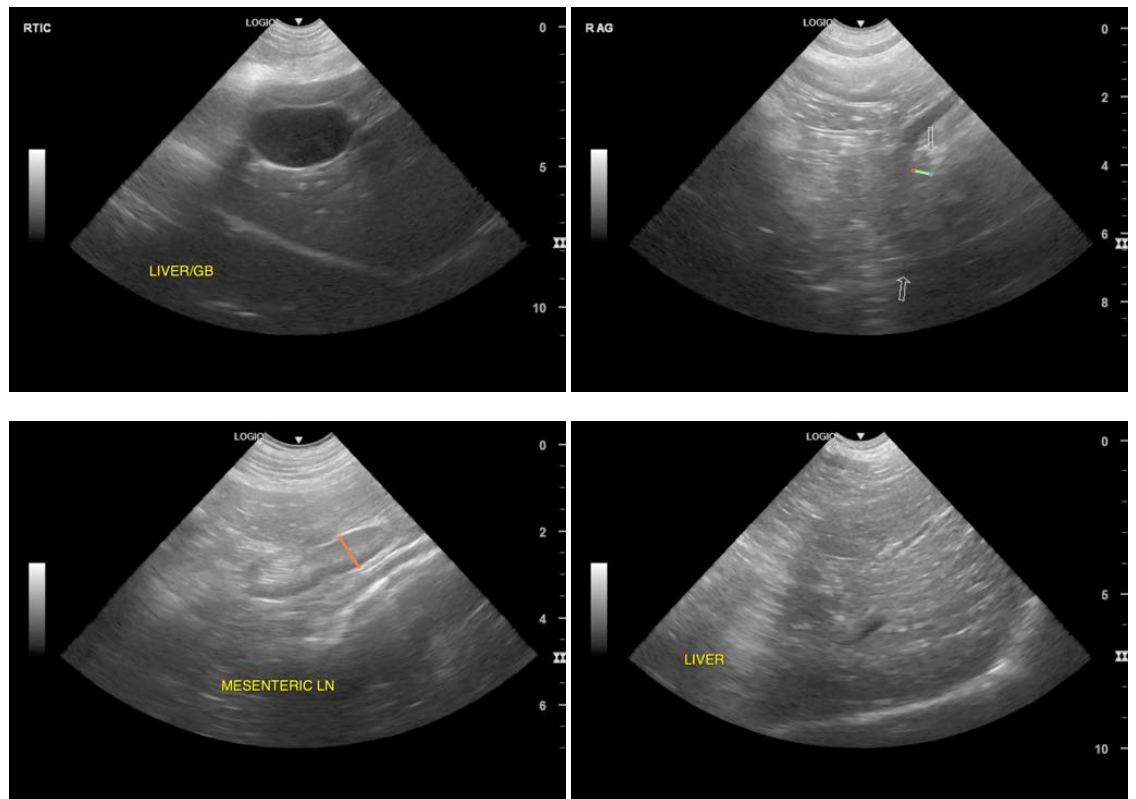
Dr. Kalivoda

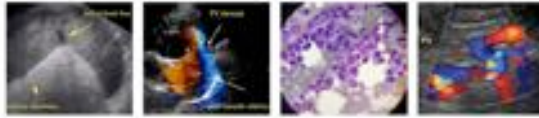
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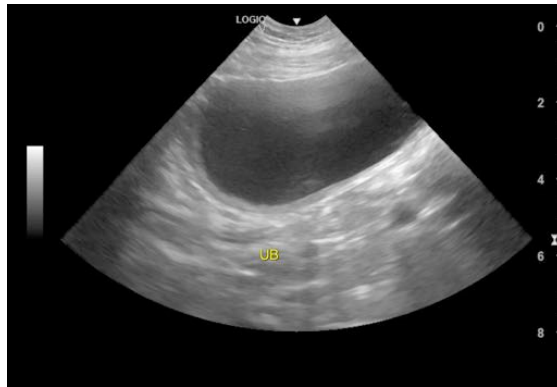
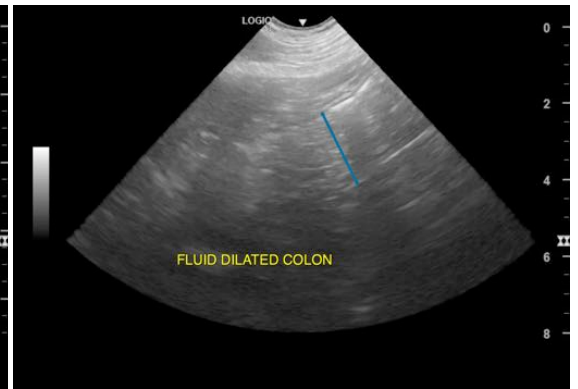
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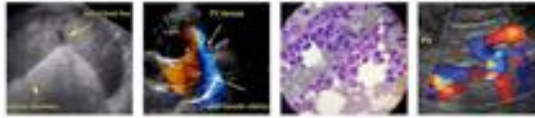
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The information and recommendations provided are based on the images presented by the referring



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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.

SPECIES

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Golden Retriever

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