



**PATIENT**

Anna Bernard

**PRESENTING CLINICAL SIGNS**

Chronic intermittent GI upset (anorexia, vomiting, occ. diarrhea). Current meds: Cerenia PRN  
Abnormal PE/Chem/CBC/UA Results: ACTH stim-wnl

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Poodle

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of cystoliths, polyps or a mass. A trivial amount of free floating sediment is noted.

**Kidneys**

**SEX**

Spayed Female

The **left** kidney measures 6.10 cm. The capsule is smooth and its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. Blood flow is considered within normal limits. The surrounding mesentery is not hyperechoic.

**AGE**

1 Year

The **right** kidney measures 6.02 cm. The capsule is smooth and its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. Blood flow is considered within normal limits. The surrounding mesentery is not hyperechoic.

**WEIGHT**

52 Pounds

**Aortic bifurcation/trifurcation**

No abnormalities observed.

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**Adrenal Glands**

The **left** adrenal gland measures 0.50 cm at the cranial pole, 0.42 cm at the caudal pole and 1.83 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

The **right** adrenal gland measures 0.61 cm at the cranial pole, 0.61 at the caudal pole and 2.23 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**Spleen**

**HOSPITAL NAME**

Westwood Regional

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

**REFERRING VET**

Dr. Giammanco

**Liver**

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. No abnormalities are observed with the hepatic vessels visualized.

**INVOICE**

37094

The gallbladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material within the GB or edema surrounding it. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

**DATE**

4/22/22



**PATIENT**

**Gastrointestinal**

Anna Bernard

The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis. The mesentery surrounding his stomach is very mildly hyperechoic.

**SPECIES**

Canine

A large amount of gas is also present in the duodenum. It is within normal limits in thickness, and the definition of the wall layers is preserved. However, fogging of the mucosa is present. Fogging of the jejunum is observed. There are no signs of abnormally dilated loops of bowel.

**BREED**

Poodle

The colonic wall is not thickened and mural detail is considered normal. The mesentery surrounding the small intestines is mildly, but diffusely, hyperechoic.

**SEX**

Spayed Female

There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.

**Pancreas**

**AGE**

1 Year

No overt abnormalities are observed with the parenchymal echogenicity or echotexture. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.

**Other**

**WEIGHT**

52 Pounds

**Lymph nodes:** No abnormalities are observed

**Abdominal effusion** is not visualized.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

- The gastrointestinal changes are very subtle and somewhat subjective, however, inflammation due to underlying inflammatory bowel disease, cannot be excluded.
- No other abnormalities are observed on today's ultrasound.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Westwood Regional

A TLI, serum cobalamin, and folate are suggested to assess for underlying maldigestion and malabsorption disease.

Deworming with a broad spectrum dewormer, such as fenbendazole, is recommended, even if Anna receives monthly heartworm prevention.

**REFERRING VET**

Dr. Giammanco

A veterinary prescription brand hypoallergenic diet, whether hydrolyzed or novel protein, should be fed. Multiple diets may be required, including canned food, as some individuals cannot digest dry. The kibble may be soaked if canned food is cost prohibitive.

A fibre supplement with psyllium is suggested.

If there is no response to deworming, diet trials, and fibre supplementation, endoscopy and biopsies of the upper and lower GI tract are suggested.

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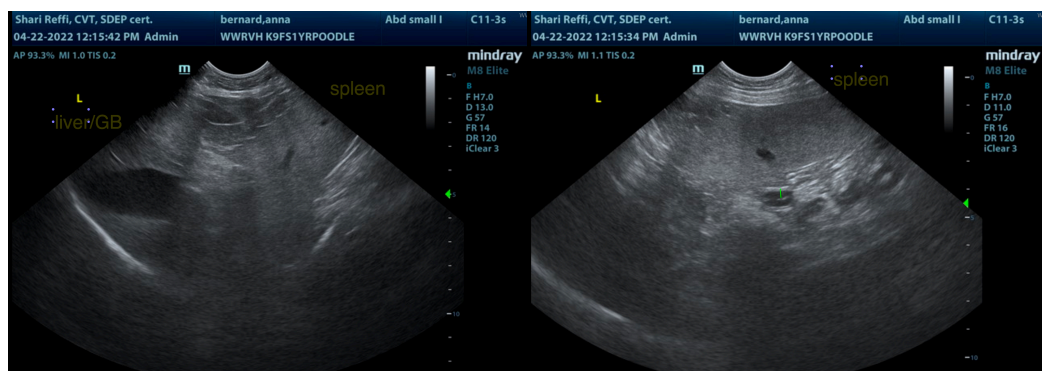
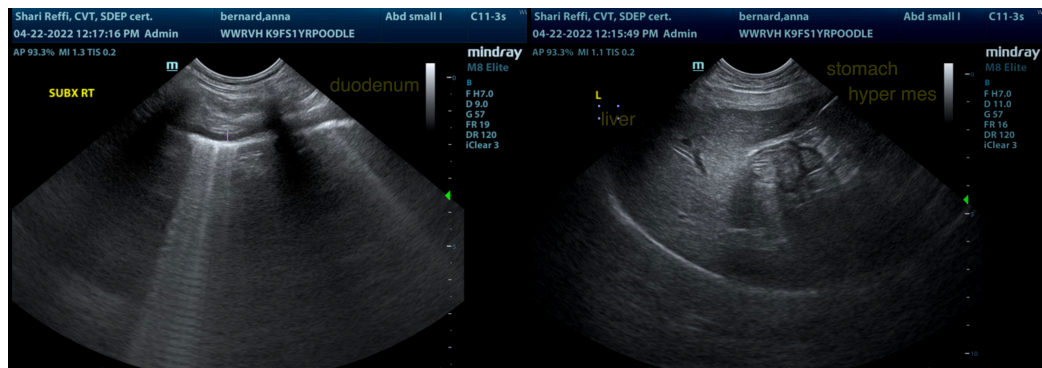
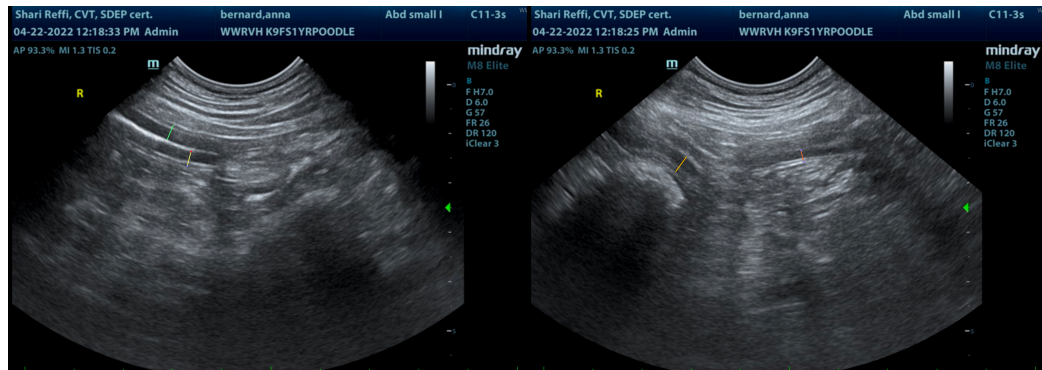
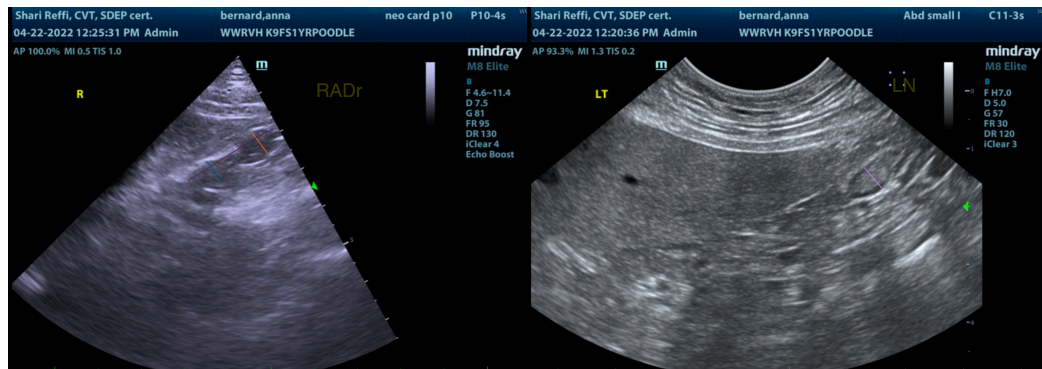
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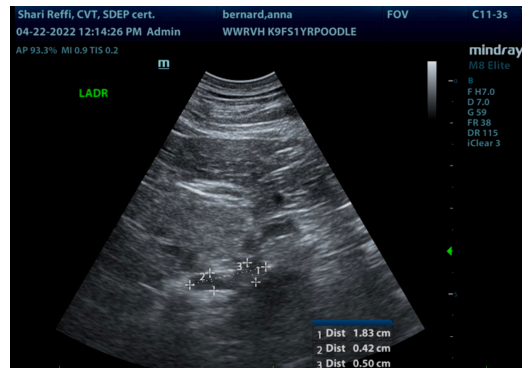
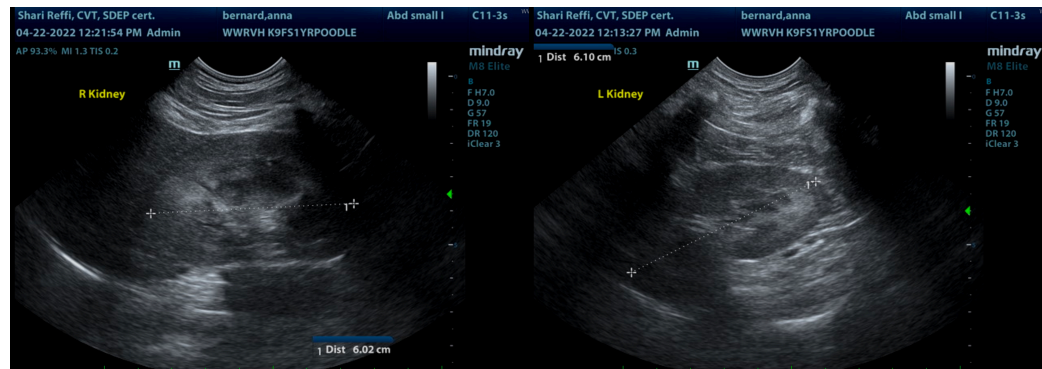
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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