



**PATIENT**

Winnie Cleffi

**SPECIES**

Canine

**BREED**

Sheepadoodle

**SEX**

Female

**AGE**

5 Months

**WEIGHT**

34.8 Pounds

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

American AH

**REFERRING VET**

Dr. Vogel

**INVOICE**

37728

**DATE**

5/17/22

**PRESENTING CLINICAL SIGNS**

On going loose stool to diarrhea since beginning of March with negative fecals and no change despite diet trials. Current meds: Metronidazole 250mg BID, proviable, panacur granules  
Abnormal PE/Chem/CBC/UA Results: No abnormalities. Waiting on Maldigestion Panel results and Recal PCR results

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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 sediment, cystoliths, polyps or a mass.

**Kidneys**

The **left** kidney measures 6.29 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 excellent. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 6.48 cm. Findings are similar to the left kidney.

**Aortic bifurcation/trifurcation**

No abnormalities observed.

**Adrenal Glands**

The **left** adrenal gland measures 0.40 cm at the cranial pole, 0.37 cm at the caudal pole and 2.57 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.

The **right** adrenal gland measures 0.63 cm at the cranial pole, 0.46 cm at the caudal pole and 2.06 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**

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.

**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, including a portosystemic shunt.

The gallbladder (GB) 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.

**Gastrointestinal**



|  |  |
|--|--|
| <b>PATIENT</b>                                 | Ingesta, gas and fluid are present within the lumen of the stomach. The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with its peristalsis. A foreign body is not visualized.  |
| Winnie Cleffi                                  |  |
| <b>SPECIES</b>                                 | Fluid and gas are present within the lumen of the duodenum. The duodenum is within normal limits in thickness and the definition of wall layers is preserved.  |
| Canine   | The small intestinal wall thickness is within normal limits and the definition of the wall layers is preserved. Gas, fluid and ingesta are present within multiple loops of jejunum, as well as very mild fogging of the mucosa of certain loops of small intestines (jejunum). An obvious foreign body is not visualized. Abnormally dilated loops of bowel are present, but not consistent with a foreign body or an obstruction. Decreased peristalsis is suspected.      |
| <b>BREED</b>                                   |  |
| Sheepadoodle                                   | The mesentery surrounding the GI tract is hyperechoic.   |
| <b>SEX</b>                                     | Gas and ingesta are present in the transverse colon.   |
| Female   | The colonic wall is not thickened and mural detail is considered normal. Soft stools are present in the descending colon.  |
| <b>AGE</b>                                     | <b>Pancreas</b>  |
| 5 Months                                       | No abnormalities are observed with the echogenicity or echotexture of either limb. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not appreciated.   |
| <b>WEIGHT</b>                                  | <b>Other</b>   |
| 34.8 Pounds                                    | <b>Lymph nodes (LNs)</b>   |
| <b>INTERPRETED BY</b>                          | A few LNs are hypoechoic, plump and mildly enlarged.   |
| Lisa Carioto, DVM,<br>DVSc, Diplomate<br>ACVIM | Multiple enlarged and plump mesenteric LNs are noted. They have a hyperechoic medulla and a more hypoechoic cortex. The surrounding mesentery is mildly hyperechoic. The largest measures 2.04 cm in diameter x 1.82 cm in length (see images below for measurements).   |
| <b>IMAGING PERFORMED BY</b>                    | <b>Abdominal effusion</b> is not visualized.   |
| Jessica Miller                                 | <b>ULTRASONOGRAPHIC FINDINGS</b>   |
| <b>HOSPITAL NAME</b>                           | <ul style="list-style-type: none"> <li>The gastrointestinal changes are suggestive of mild inflammation of the small intestines, stasis of the GI tract and secondary inflammation of the mesentery. Neoplasia is considered much less likely.</li> <li>Lymphadenomegaly, which is most likely due to reactive hyperplasia secondary to chronic diarrhea. However, an immune-mediated lymphadenitis cannot be excluded. Neoplasia is considered much less likely.</li> </ul> |
| American AH                                    |  |
| <b>REFERRING VET</b>                           | <b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>  |
| Dr. Vogel                                      | Results of the TLI, cobalamin, and folate concentrations are pending.  |
| <b>INVOICE</b>                                 | Fibre responsive diarrhea is common in puppies. Supplementation with psyllium is strongly recommended.   |
| 37728  |  |
| <b>DATE</b>                                    | Dysbiosis is suspected. A different probiotic may be tried despite the lack of improvement with previous products. A synbiotic (combination of a prebiotic (MOS) and probiotic) is suggested, as well  |
| 5/17/22  |  |



**PATIENT**

Winnie Cleffi

as a clay based product, particularly one containing montmorillonite.

**SPECIES**

Canine

Purina HA salmon may be tried as a hypoallergenic diet as it has passed growth trials. Hydrolyzed protein diets tend to be low in soluble fibre, therefore supplementation will definitely be required.

**BREED**

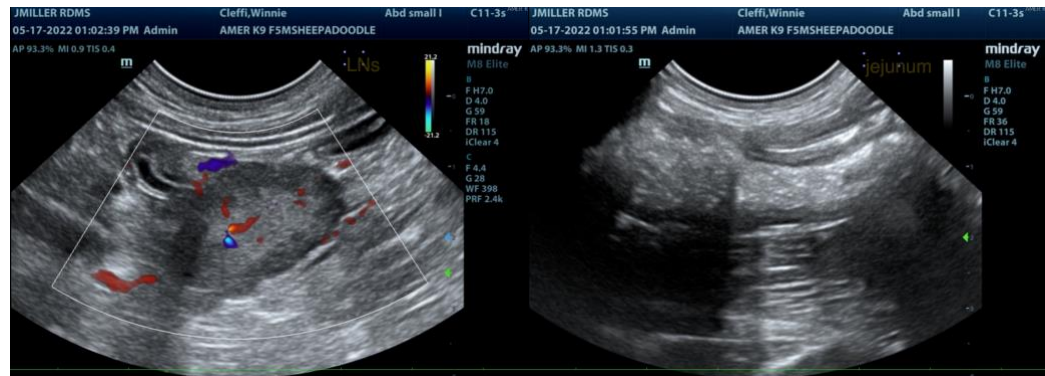
Sheepadoodle

A baseline cortisol may be considered if an improvement is not noted with the above treatments.

Fine needle aspirates of the lymph nodes may be considered if there is no improvement with the above recommendations. However, another option would be to perform an exploratory laparotomy to obtain full thickness biopsies of the GI tract and biopsies of the lymph nodes and spay Winnie at the same time.

**SEX**

Female

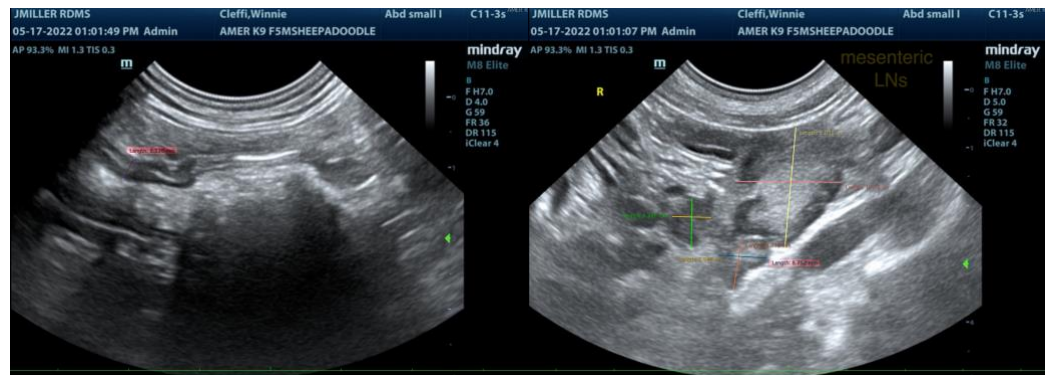


**AGE**

5 Months

**WEIGHT**

34.8 Pounds

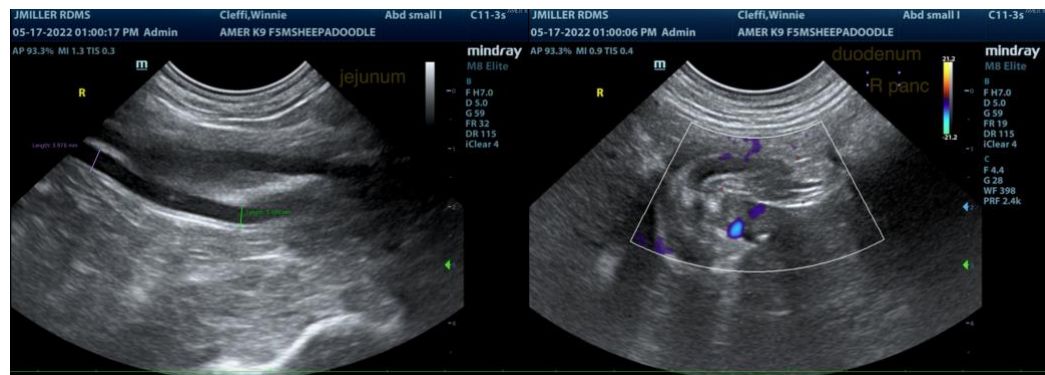


**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Jessica Miller



**HOSPITAL NAME**

American AH

**REFERRING VET**

Dr. Vogel

**INVOICE**

37728

**DATE**

5/17/22



**PATIENT**

Winnie Cleffi

**SPECIES**

Canine

**BREED**

Sheepadoodle

**SEX**

Female

**AGE**

5 Months

**WEIGHT**

34.8 Pounds

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING  
PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

American AH

**REFERRING VET**

Dr. Vogel

**INVOICE**

37728

**DATE**

5/17/22



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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

[Lisa.Carioto@sonopath.com](mailto:Lisa.Carioto@sonopath.com)