



PATIENT

Billy Fortunoff

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

9 Years

WEIGHT

8 Pounds

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Karen Zelinski

INVOICE

15265

DATE

5/18/22

PRESENTING CLINICAL SIGNS

History: Defecates every 2-3 days, has poor appetite some days and vomits approx. 2 x a week. Also had episode of trouble getting up approx. 1 week ago which lasted about 1 minute. Radiographs: large amount of feces in colon, prominent spleen. Current med: started Miralax last week.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder (UB) is not fully distended and is therefore difficult to assess the thickness of the wall. The contents of the UB are anechoic. The wall appears relatively 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.

Prostate

The prostate is homogenous and within normal limits (0.60 cm in diameter) for a neutered male.

Kidneys

The **left** kidney measures 3.15 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 3.41 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.

Aortic bifurcation/trifurcation

No abnormalities observed.

Adrenal Glands

The **left** adrenal gland measures 0.24 cm at the cranial pole, 0.35 cm at the caudal pole and 1.70 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 0.34 cm at the cranial pole, 0.36 cm at the caudal pole and 1.11 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. The liver's borders are smooth and sharp. A diffuse, mildly coarse or granular echotexture is observed. It is hypoechoic to the spleen. The walls of the portal veins are more prominent than what is considered normal. No obvious abnormalities are noted with the hepatic vessels.



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The gallbladder (GB) is mildly to moderately distended. There is no evidence of echogenic material within the GB or edema surrounding it. The GB wall is within normal limits in thickness and echogenicity. 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. The parenchyma surrounding the GB is hyperechoic.

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Gastrointestinal

A moderate amount of 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. Peristalsis is decreased.

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Yorkshire Terrier

The duodenum is within normal limits in thickness, however, a moderate amount of fluid, gas and ingesta are noted within its lumen. Peristalsis is decreased, i.e., a “to and fro” motion is observed.

SEX

Neutered Male

The small intestinal wall thickness is within normal limits and the definition of the wall layers is preserved. However, a very large amount of gas and ingesta are present within the GI tract and a diffuse decrease in peristalsis is observed, i.e., a “to and fro” motion. Striations of the mucosa are not evident.

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The colonic wall is not thickened, and mural detail is considered normal.

Pancreas

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

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Other

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Lymph nodes

No abnormalities are observed

Abdominal effusion is not visualized.

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ULTRASONOGRAPHIC FINDINGS

- Hypoadrenocorticism cannot be excluded based on the width of the adrenal glands.
- A diffuse, but mild ileus of the gastrointestinal tract is suspected. The latter may be associated with hypoadrenocorticism, however, underlying inflammatory bowel disease cannot be excluded.
- A very subtle reactive hepatopathy cannot be excluded based on the changes observed.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A baseline (random) cortisol is strongly recommended to exclude hypoadrenocorticism.

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The following are recommended depending on the results of the baseline cortisol concentration.

- Deworm with fenbendazole, even if he receives monthly heartworm prevention.
- Diet trial (veterinary prescription brand with a hypoallergenic diet, for example, a hydrolyzed or novel protein diet)
- If signs of GERD, 10–14-day trial with famotidine or omeprazole (0.7-1 mg/kg PO q12h)

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- Additional soluble fibre, i.e., psyllium, should be tried, if an improvement is not observed with the above suggestions.
- +/- TLI, serum cobalamin, folate, to exclude dysbiosis, depending on response to the above suggestions
- Endoscopy and biopsies of the upper and lower GI tract diet, if no response to deworming and diet trials

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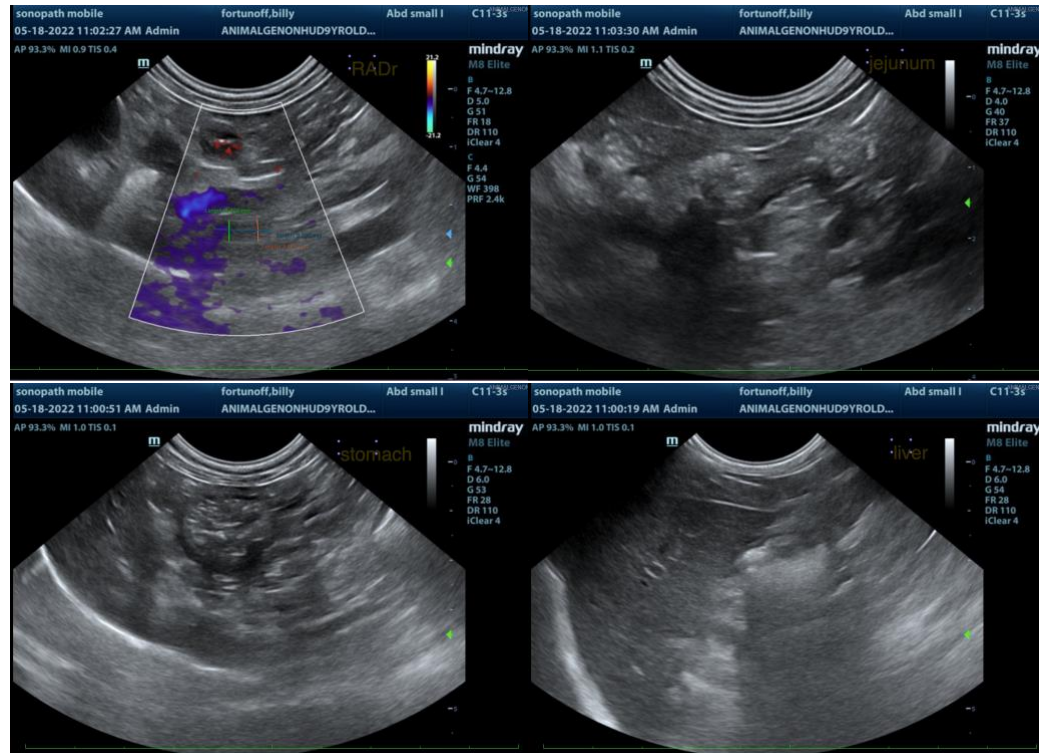
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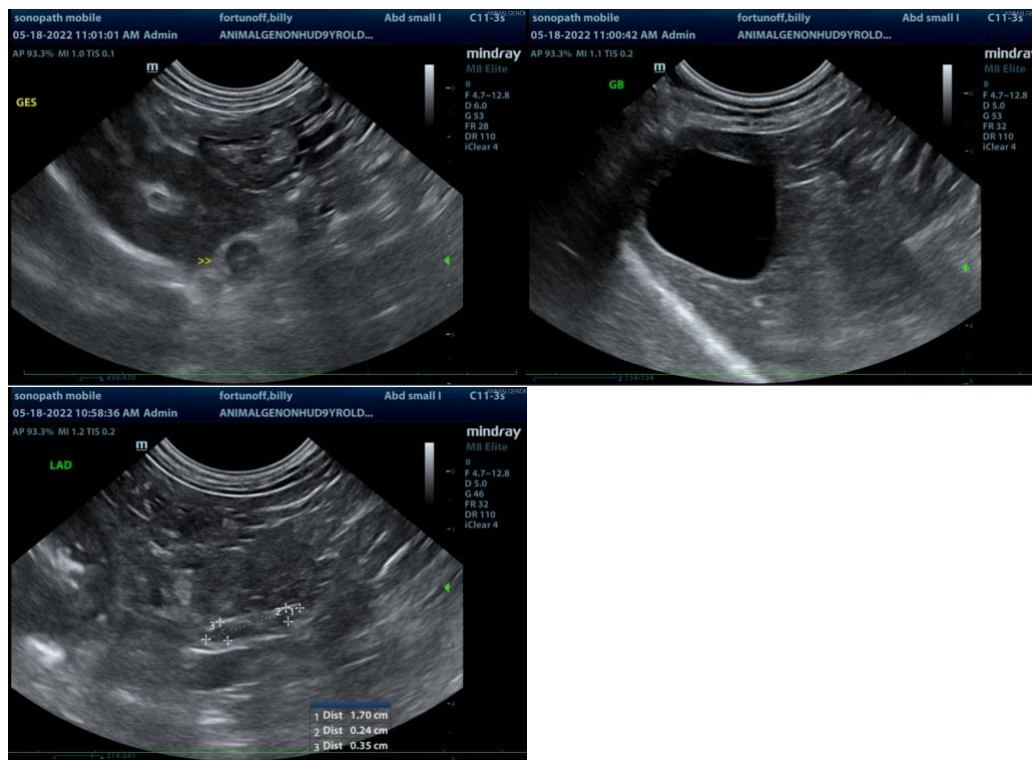
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Lisa.Carioto@sonopath.com