

**PATIENT**

Dale Faiola

**SPECIES**

Canine

**BREED**

Lab X

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

73 Pounds

**INTERPRETED BY**Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM**IMAGING  
PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**Patterson Dog & Cat  
Hospital**INVOICE**

39796

**DATE**

7/22/22

**PRESENTING CLINICAL SIGNS**

Excessive v/d night and am following dental prophy w/ extractions.

Abnormal PE/Chem/CBC/UA Results: Mass effect right cranial abdomen, liver or stomach, with displacement of viscera and spleen.

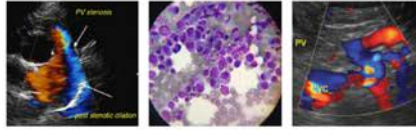
**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**The **urinary bladder** is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.The **prostate** is homogenous and measures 1.34 cm; within normal limits for a neutered male.**Kidneys**The **left kidney** measures 6.43 cm. The capsule is smooth and the cortex is within normal limits, i.e., it is hypoechoic to the spleen. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.The **right kidney** measures 7.14 cm. Findings are similar to the left kidney.**Aortic bifurcation/trifurcation** No abnormalities observed.**Adrenal Glands**The **left adrenal gland** measures 0.66 cm at the cranial pole, 0.69 cm at the caudal pole. 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 0.62 cm at the cranial pole, 0.70 cm at the caudal pole. 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**

Subjectively, the spleen is mildly enlarged, however, it is within normal limits in architecture, echotexture, and echogenicity, i.e., it is hyperechoic to the liver and kidney. 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 within normal limits in echogenicity, i.e., it is hypoechoic to the spleen and isoechoic to the kidney. Focal lesions are not observed and no abnormalities are observed with the hepatic vessels.

The **gallbladder (GB)** wall is within normal limits in thickness and echogenicity. A small amount of free floating and gravity-dependent echogenic material is present within the GB. 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.

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***Gastrointestinal***

A small to moderate amount of gas is 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.

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Duodenum: Wall thickness is at the high end of the normal reference range. The definition of the wall layers is preserved. A moderate amount of gas and small amount of fluid are present in the lumen, with a “to and fro” motion, i.e., a mild ileus is suspected.

**BREED**

Lab X

Jejunum: No abnormalities are observed with the wall thickness or definition of the wall layers, however, a few segments show mild mucosal fogging. A small to moderate amount of gas is present with decreased or ineffective peristalsis, i.e., a “to and fro” motion.

**SEX**

Neutered Male

Transverse colon: A large amount of gas is present, however, abnormally dilated loops of bowel are not observed.

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The colonic wall is mildly thickened (0.21 cm), yet mural detail is conserved. Very mild fogging of the mucosa and muscularis is observed. A large amount of gas and semi-formed stools are present in the colon.

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***Pancreas***

No abnormalities are observed with the architecture, contours, echogenicity or echotexture of the pancreas. The pancreas is almost isoechoic to the surrounding mesentery, i.e., signs of active pancreatitis are not present.

**Other**

**Lymph nodes** No abnormalities are observed

**Abdominal effusion** is not visualized.

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**ULTRASONOGRAPHIC FINDINGS**

There is no evidence of an abdominal mass.

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- **Spleen:** Splenomegaly, which may be due to splenic contraction secondary to stress. There are no abnormalities in echotexture or echogenicity. The splenomegaly may have given the impression of a mass effect on the radiograph.
- **Gastrointestinal tract:** Mild inflammation and gas, with a mild decrease in peristalsis, i.e. slight ileus, likely due to anesthesia and Dale’s vomiting and diarrhea overnight. Stress and/or associated with general anesthesia.
- **Gallbladder:** Gallbladder sludge is most likely clinically insignificant, however, gastroesophageal reflux disease (GERD), can occur in some patients. Obtaining a history regarding signs of GERD (prior to the recent vomiting and diarrhea episode) from the client is suggested.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The following may be considered

An anti-emetic (maropitant, metoclopramide, or if very severe, ondansetron) for 24-48 hours

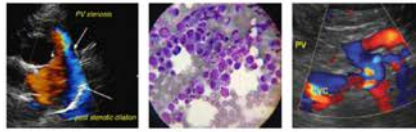
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A clay based paste, containing montmorillonite and a synbiotic, may be administered during episodes of acute diarrhea.

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**PATIENT**

Addition of psyllium (soluble fibre) to his current diet for a few days

Dale Faiola

Small, frequent meals

**SPECIES**

Ensure Dale remains well hydrated

Canine

Analgesia (gabapentin, +/- methadone) if signs of pain associated with dental extractions. Avoid NSAIDs due to vomiting and diarrhea.

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Wishing Dale a speedy recovery.

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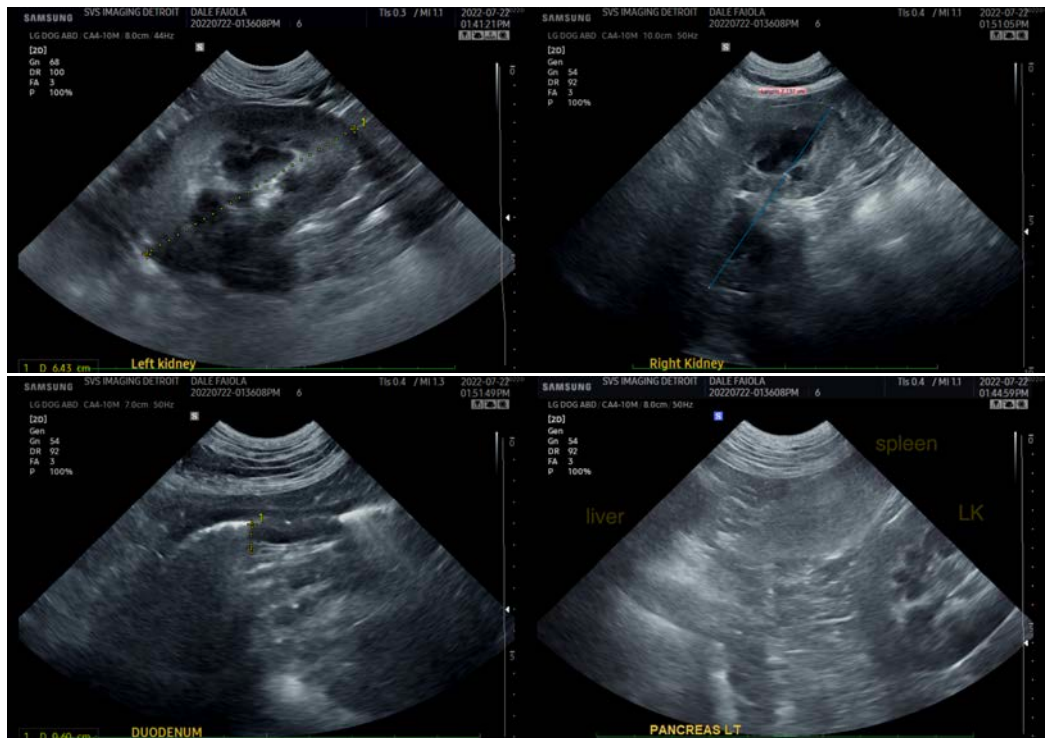
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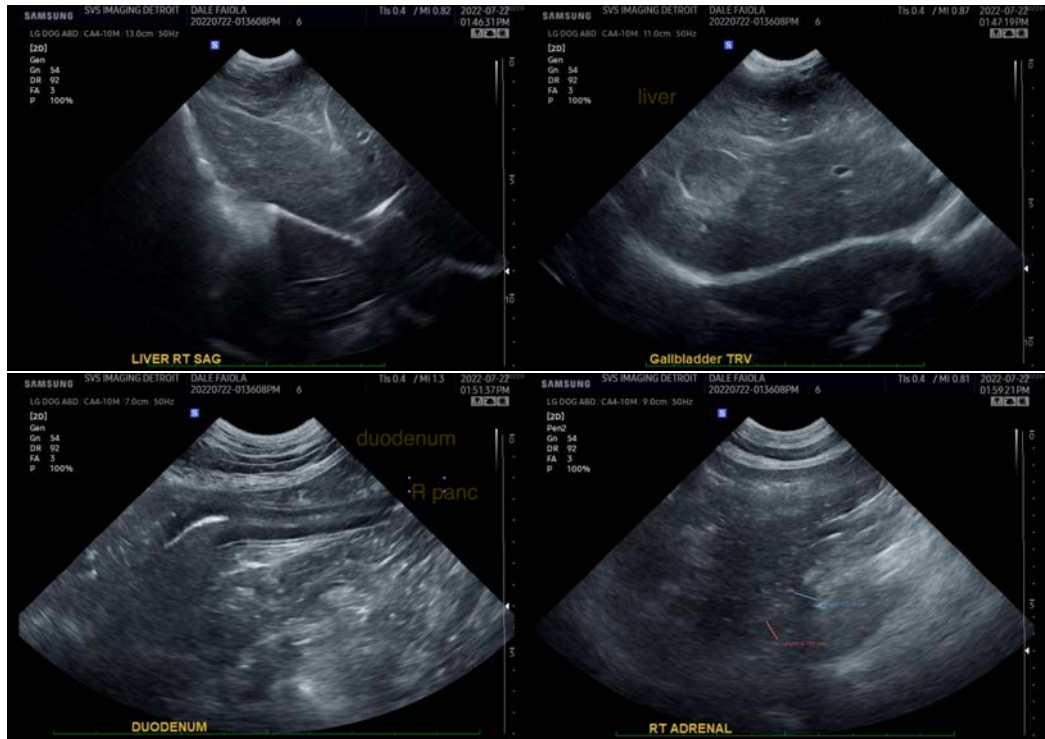
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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ACVIM

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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