



PATIENT PRESENTING CLINICAL SIGNS

Ellie Framarin
Had routine dental 1/4/23, pukey 1/6/23, okay until Monday. Became very dull, missing meals. ADR since.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED
Beagle
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.

SEX
Spayed Female
The left kidney has a normal shape and size (4.27 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE
8
The right kidney has a normal shape and size(4.7 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT
22.1
Adrenal Glands
The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

INTERPRETED BY
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

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.

IMAGING PERFORMED BY

Chelsea Pastor

Liver

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.

HOSPITAL NAME

Fredon AH

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

REFERRING VET

Dr. Michelle Roche

Gastrointestinal

The stomach is significantly dilated with fluid and irregular shadowing material, most consistent with irregular ingesta and gas. In some areas, this material appears adherent to the stomach wall, making a distinction between ingesta and soft tissue in some regions challenging. No definitive foreign bodies or mass effects are visualized, but they cannot definitively be ruled out. The majority of the gastric wall appears to be of normal thickness at 0.45 cm with some variability due to the present of rugal folds. The distinction of the gastric wall layers is adequate.

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DATE

1/11/23



PATIENT

Ellie Framarin

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. Jejunum wall measures 0.29 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SPECIES

Canine

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

BREED

Beagle

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.

SEX

Spayed Female

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

AGE

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ULTRASONOGRAPHIC FINDINGS

- Significantly distended stomach with shadowing ingesta and fluid – correlate with feeding history and abdominal radiographs. If this patient was adequately fasted, then consider such differentials as delayed gastric emptying or a partial outflow tract obstruction.

WEIGHT

22.1

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

The stomach on today's scan appears very prominent and dilated with fluid, ingesta, and gas shadowing areas. This material in some region adheres to the gastric wall, making differentiation with tissue sometimes difficult (power doppler in these regions could help further with differentiation). Correlate with feeding history and abdominal radiographs. If the patient was adequately fasted, consider serial radiographs over time. If the stomach is not emptying, then my concern for an outflow tract obstruction would be much higher. Alternately, this could be ileus or a recent meal, and less clinically significant. Additionally, you could consider reimaging or 24 hours or less if not doing well.

IMAGING PERFORMED BY

Chelsea Pastor

Correlate these findings with current lab work, looking for any evidence of acute kidney injury or liver issues secondary to anesthesia, thoracic radiographs looking for any evidence of aspiration pneumonia, esophagitis, etc.

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SPECIES

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**IMAGING
PERFORMED BY**

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HOSPITAL NAME

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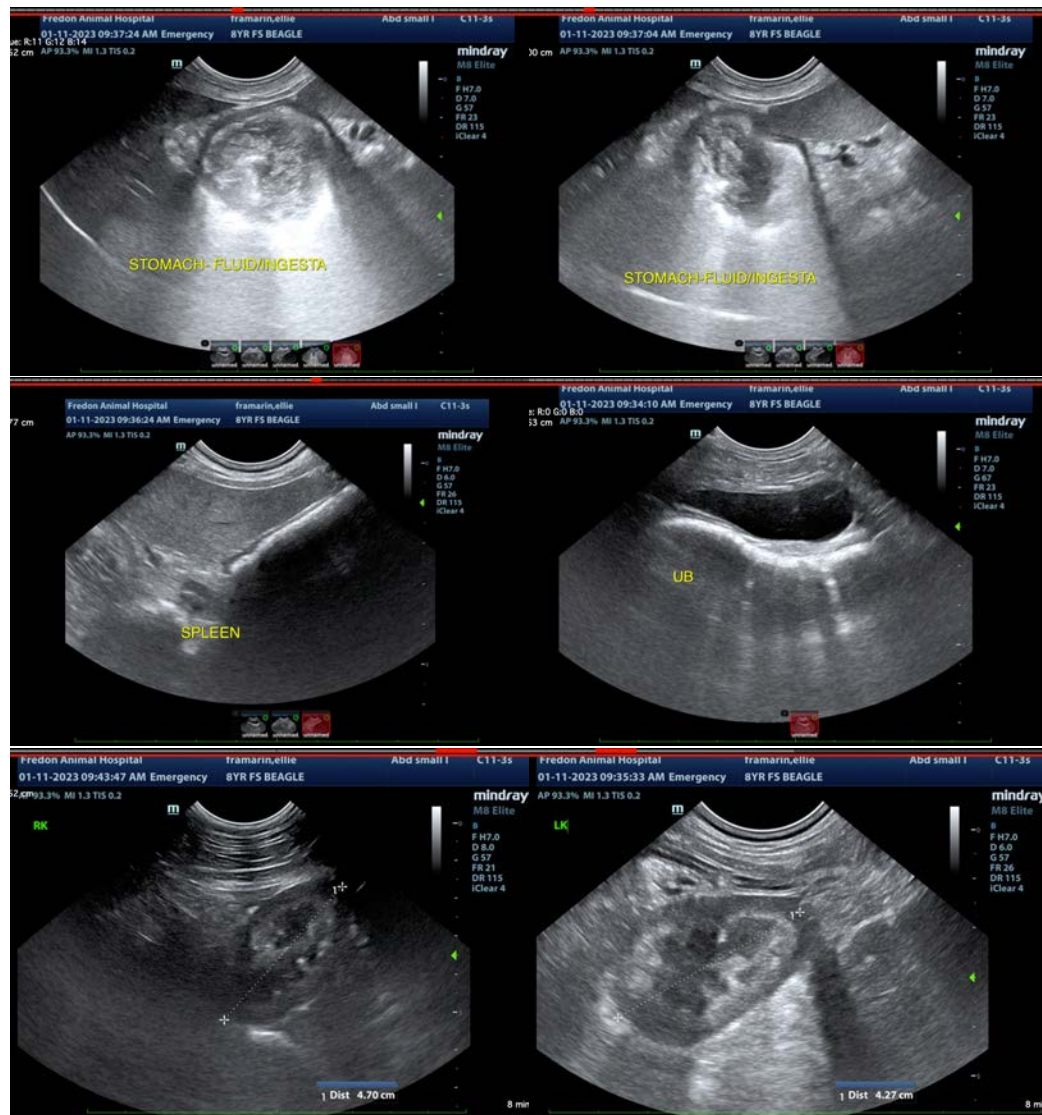
Dr. Michelle Roche

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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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

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