

PATIENT

Marshall Sobol

SPECIES

Canine

BREED

Doodle

SEX

Neutered Male

AGE

5 Years

WEIGHT

40 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Mountain AH

REFERRING VET

Dr. MacKenzie

INVOICE

34942

DATE

1/20/22

PRESENTING CLINICAL SIGNS

Has a history of no appetite for 5 days now. Has been in hospital daily on IVF and home at night as emergency clinic unavailable. No known foreign body or toxin ingestion but may have eaten some salmon skin about a week ago. Very gassy. No vomiting.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The right kidney has a normal shape and size (7.15 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The left kidney has a normal shape and size (5.8 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.46 cm. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.70 cm. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The spleen is subjectively normal in size with no focal parenchymal abnormalities. The blood flow through the hilus and splenic parenchyma appears normal.

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.

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

Gastrointestinal

The stomach appears contains minimal luminal contents. The stomach wall appears somewhat prominent and subjectively thickened, measuring 0.98 cm in diameter, but there is a lot of variability



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with rugal folding. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. There are few loops of bowel with mild to moderate distention, but all areas appear to have normal wall thickness and appear to be following a typical curvilinear path with distinct wall layering. The duodenum measures as normal. The jejunum measures as normal at 0.2 cm. Visualized peristalsis appears appropriate. There is no focal mass lesion observed, and there is no definitive foreign material. There is a loop of bowel cranial to the left kidney that is suspect, as it has shadowing material within it and a small amount of surrounding inflammation and free fluid. This area of bowel most closely resembles colon, but I cannot exclude the possibility of abnormal appearing small intestine due to inflammation and foreign material.

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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.

Pancreas

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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.

Free Abdomen

WEIGHT

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There is scan free fluid visualized cranial to the left kidney. No lymphadenomegaly. The omentum is relatively of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Kathleen Sennello
DVM, MS, Diplomate
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- Occasional areas of mild small intestinal fluid dilation – This is not consistent with an obstructive pattern, but more consistent with enteritis.
- Shadowing material visualized within an inflamed bowel loop with surrounding scant fluid. An obvious obstruction is not visualized, and no obstructive pattern is seen. This resembles colon, but the surrounding inflammation is concerning, and a small intestinal lesion/foreign material cannot be excluded as a possibility. Correlate with abdominal radiographs.
- Subjectively thickened gastric wall – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive foreign body is not seen on today's scan, and there is not a dramatic obstructive pattern seen, but, there is concern due to the duration of symptoms and the inflammation surrounding, and shadowing of a briefly visualized area of bowel. With concern that the possibility of foreign material would need to be considered. Correlate this with abdominal radiographs. You could consider giving a small amount of barium to see if it passes, or if there is a suggestion of a concerning area on radiographs, you could consider exploratory with the idea of ruling out a foreign object and obtaining GI biopsies. In a young dog like this that is not getting better after 5 days I would be more inclined to consider exploratory surgery but this is a judgement call.

INVOICE

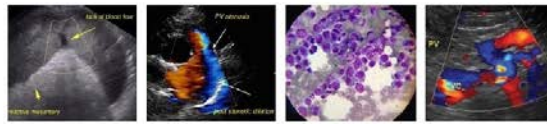
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Ideally, Addison's disease should be ruled out, particularly if there are any concerning lab work changes. The adrenal glands appear normal on today's scan.

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Recommend 3-view thoracic radiographs to rule out esophageal disease.



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A GI panel could be considered with a quantitative PLI, TLI, cobalamin and folate to look for evidence of pancreatitis (not visualized on today's scan), dysbiosis, B12 deficiency, etc., but I typically reserve this panel for dogs with chronic GI disease.

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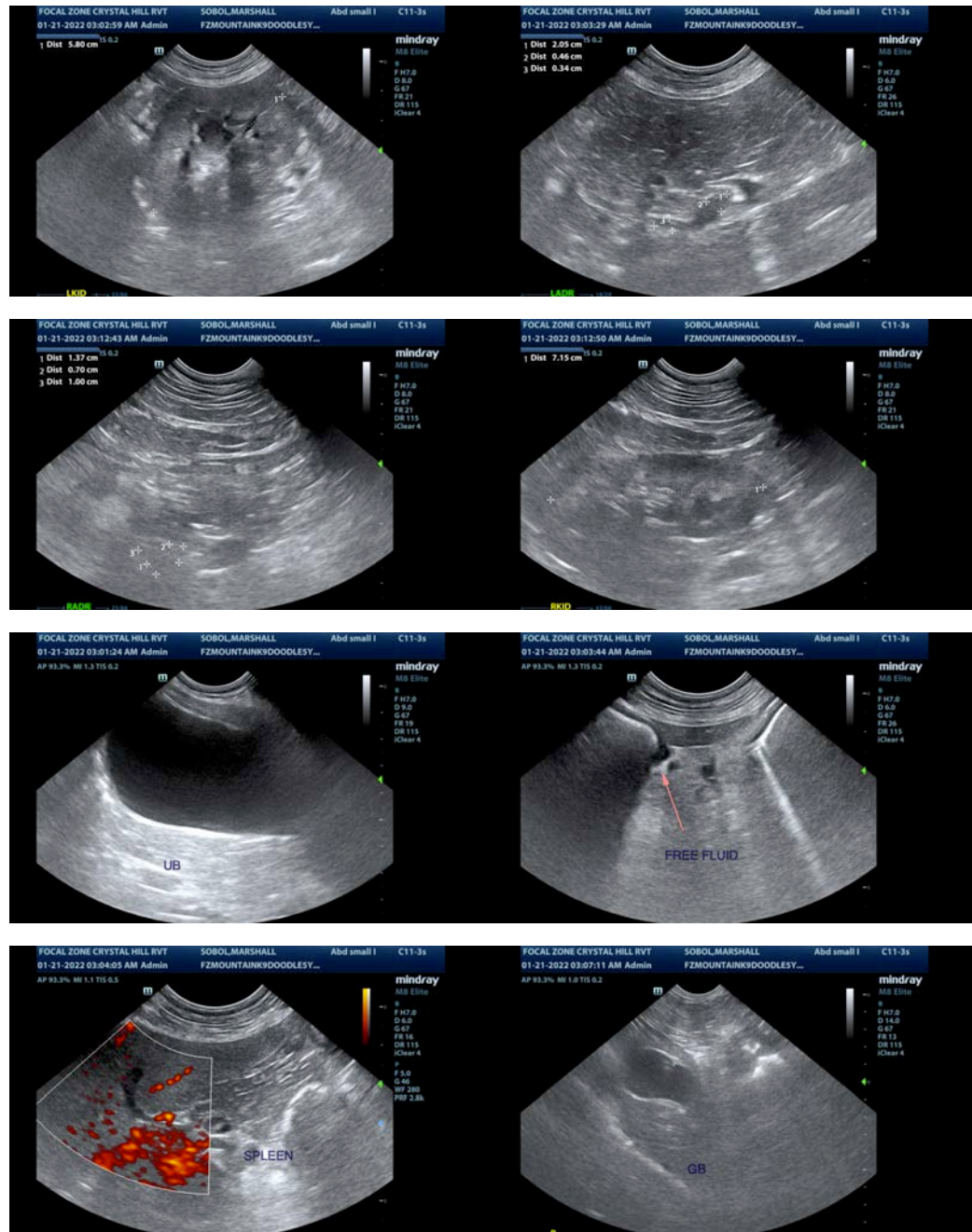
Dr. MacKenzie

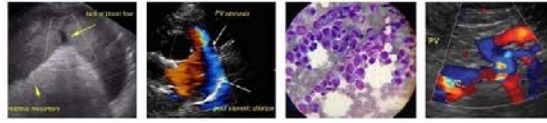
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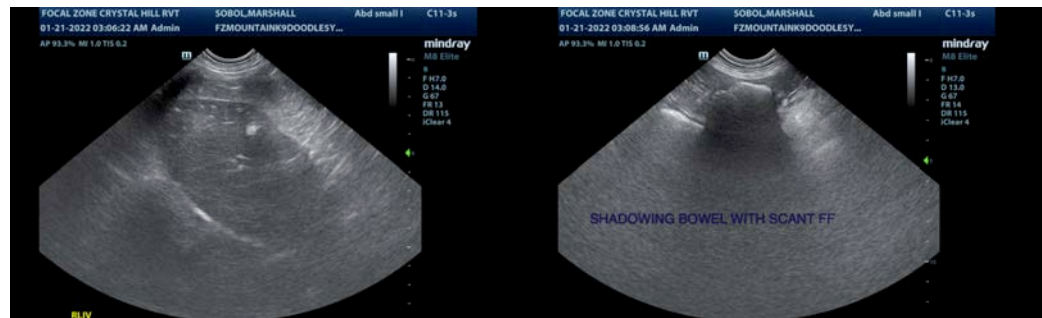
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Internal Medicine)

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.

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info@sonopath.com

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