



## PATIENT

Mochi Johnson

## PRESENTING CLINICAL SIGNS

## SPECIES

Mochi Johnson, urinating frank blood and vomiting several times throughout the day for about a week and ALKP of >2000.

Canine

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

## BREED

### Urinary System

Pit X

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

Neutered Male

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.

## AGE

Geriatric

The left kidney has a normal shape and size (6.4 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.

## WEIGHT

Neutered Male

The right kidney has a normal shape and size (7.2 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.

## INTERPRETED BY

Kathleen Sennello DVM,  
MS, Diplomate ACVIM

### Adrenal Glands

The left adrenal gland is normal in size measuring 0.54 cm at the caudal pole. 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.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

The right adrenal gland is normal in size measuring 0.37 cm at the caudal pole. 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.

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North Hills VC

### 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.

## REFERRING VET

Dr. David Bagget

### Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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1/25/22



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### **Gastrointestinal**

The stomach is moderate dilated with fluid and irregular shadowing material, most consistent with fluid and gas. It largely measures at a normal thickness of <0.7 cm with some variability due to the presence of rugal folds. Some areas of wall appear somewhat prominent, measuring at just over 0.7 cm, but with intact wall layering. In the area of the pylorus, there is fluid distention with the possibility of some irregular mucosa. Some wall measurements are as high as 0.87 cm, but this can sometimes be artifactual due to the plane of imaging.

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. Duodenum wall measured 0.47 cm. Jejunum wall measured 0.36 cm. Visualized peristalsis appears appropriate.

There were no focal lesions consistent with obstruction or a mass effect observed.

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**

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**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes. One is visualized measuring 0.85 cm. One of the sublumbar lymph nodes has a diameter of 1.0 cm. The omentum is generally of normal echogenicity.

### **Other**

A brief view of the heart was submitted. No significant pericardial effusion was seen.

## PRIMARY FINDINGS

- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Mild/moderate gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Moderate gastric distention with fluid and borderline wall thickening/irregularity – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.



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**SECONDARY FINDINGS**

**SPECIES**

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- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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**SEX**

Neutered Male

**AGE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No definitive lesions are visualized to explain the vomiting and hematuria reported. The stomach wall is questionably thickened and irregular in some images. The significance of this is unclear. Consider treatment for gastroenteritis including a bland diet, Sucralfate, an antacid, and nausea medication. If vomiting is controlled with medical therapy, consider a recheck ultrasound in approximately two weeks to reassess the wall.

The urinary bladder appears relatively normal, although it is difficult to visualize the prostate, which likely means it is intrapelvic and unlikely to be large. Nonetheless, I would recommend reevaluation of this area when the gastric wall is reevaluated. Recommend urinalysis, culture and clotting profile.

Consider 3-view thoracic radiographs to rule out aspiration pneumonia or other concurrent intrathoracic disease, esophageal disease, etc.

**WEIGHT**

Neutered Male

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Kathleen Sennello DVM,  
MS, Diplomate ACVIM

**IMAGING BY**

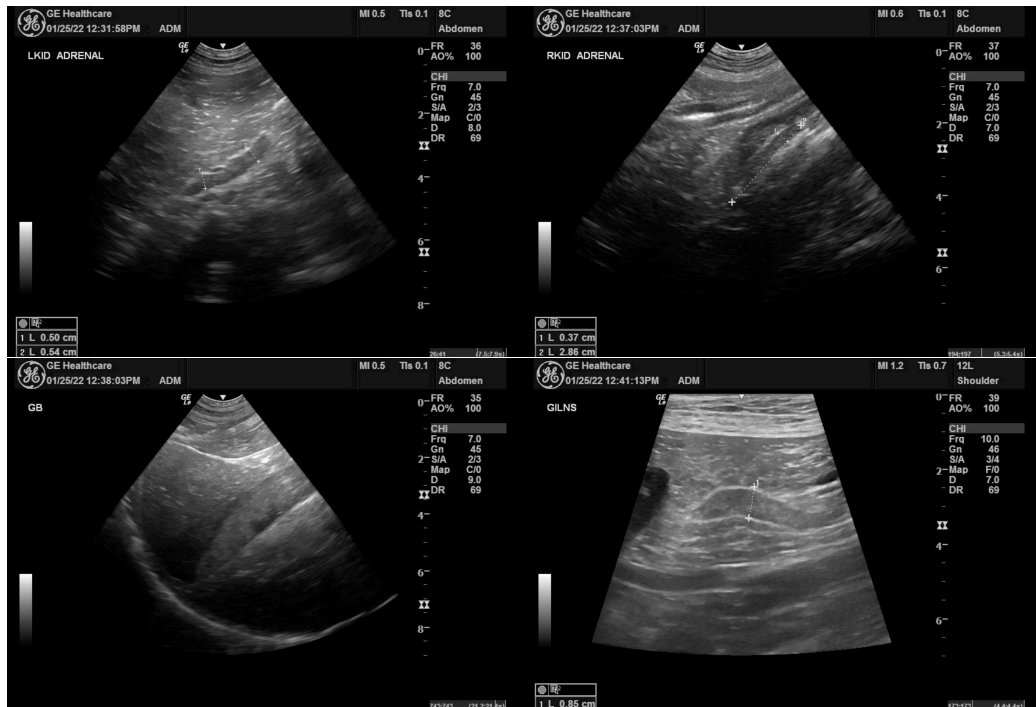
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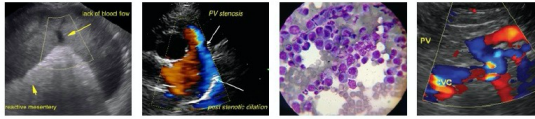


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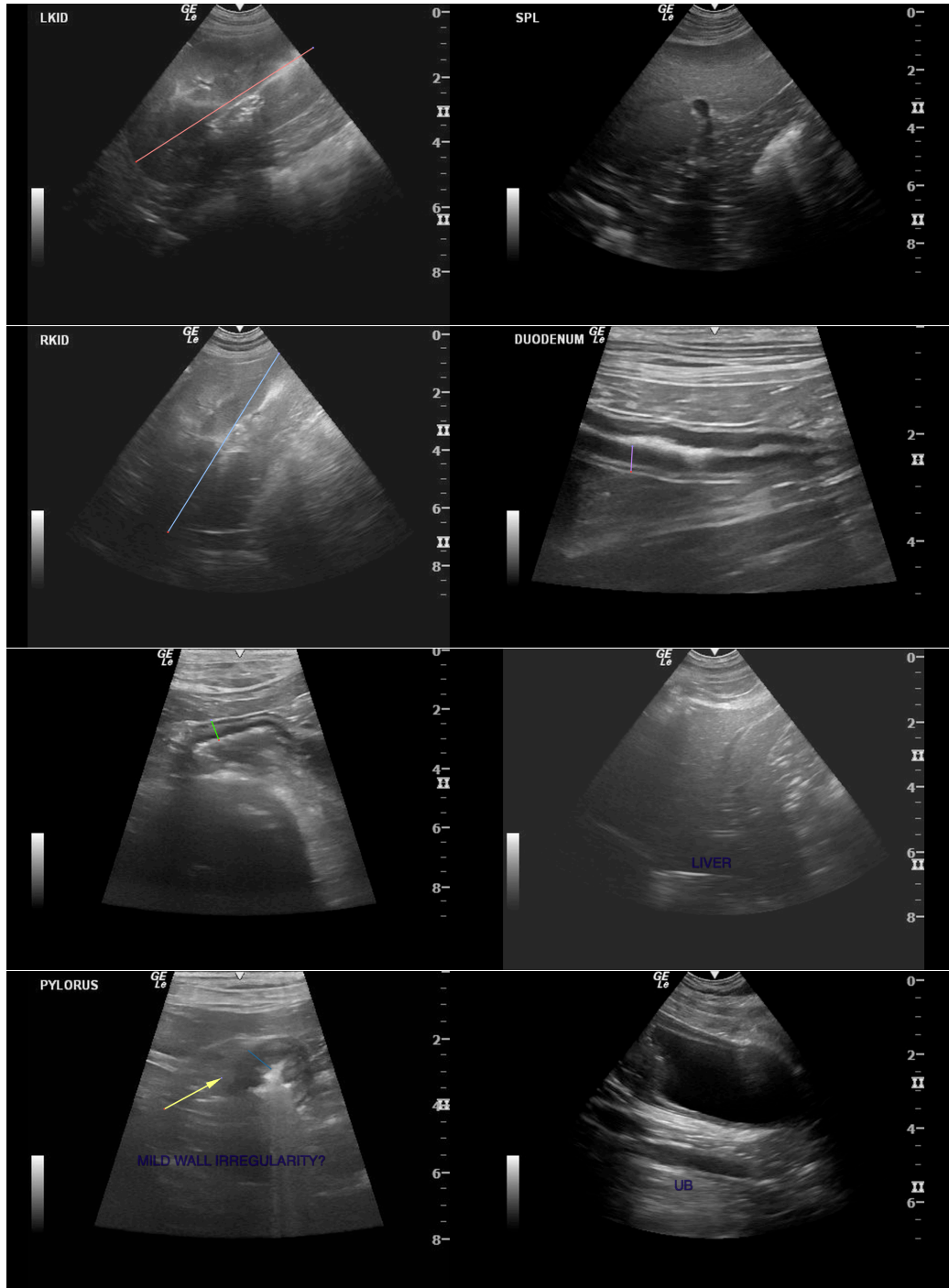
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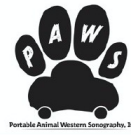
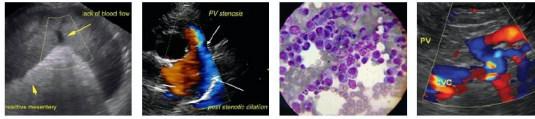
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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.

## BREED

Pit X

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)  
kathleen.sennello@sonopath.com

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