



PATIENT

Ben Boivin

SPECIES

Canine

BREED

Bernese Mtn Dog

SEX

Neutered Male

AGE

3 Years

WEIGHT

38 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sandy Jameson

HOSPITAL NAME

Sylvan Lake VC

REFERRING VET

Dr. Sandy Jameson

INVOICE

44510

DATE

1/25/23

PRESENTING CLINICAL SIGNS

Marked weight loss and muscle loss over last few months. Not eating well seems not interested in a lot of normal activities, no energy. BW revealed glucose low, ALB low, Neutrophils slightly high. Did resting cortisol and it was normal as Internal Medicine recommend, we rule out atypical Addison's. Today ultrasound it seemed like the abdominal contents were pushed caudally by the contents of the thorax. IE: the liver was not under the rib cage, stomach/spleen caudally noted as well. HR was 150 and resps were high and during sedation HR 120 and resps remained high.

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 left kidney has a normal shape and size (6.39 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.

The right kidney has a normal shape and size (4.38 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.

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 is visualized.

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 is visualized.

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.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The vasculature appears dilated and congested. No focal nodules or cystic lesions are observed.

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.



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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. 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.

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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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, 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.

Thorax

Cranial to the diaphragm, there is a large amount of fluid evident with hypoechoic nodules, which appear associated with the body wall and likely pulmonary tissue. They vary in size from approximately 0.5-2.5 cm.

ULTRASONOGRAPHIC FINDINGS

- Prominent hepatic vasculature – Findings are suggestive of congestion. Consider such differentials as heart disease, an obstructive thoracic mass effect, etc.
- Pleural effusion and abnormal nodular tissue cranial to the diaphragm – Findings are concerning for diffuse nodules associated with the body wall, pulmonary tissue, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdomen appears fairly normal with no large mass lesions or lymphadenopathy noted. There is evidence of effusion and abnormal tissue cranial to the diaphragm with hypoechoic nodules and suspected nodular pulmonary tissue visualized. Recommend 3-view thoracic radiographs, possibly a contrast CT scan, and if clinically appropriate, thoracocentesis with fluid analysis and cytology +/- fine needle aspirate of the abnormal tissue.



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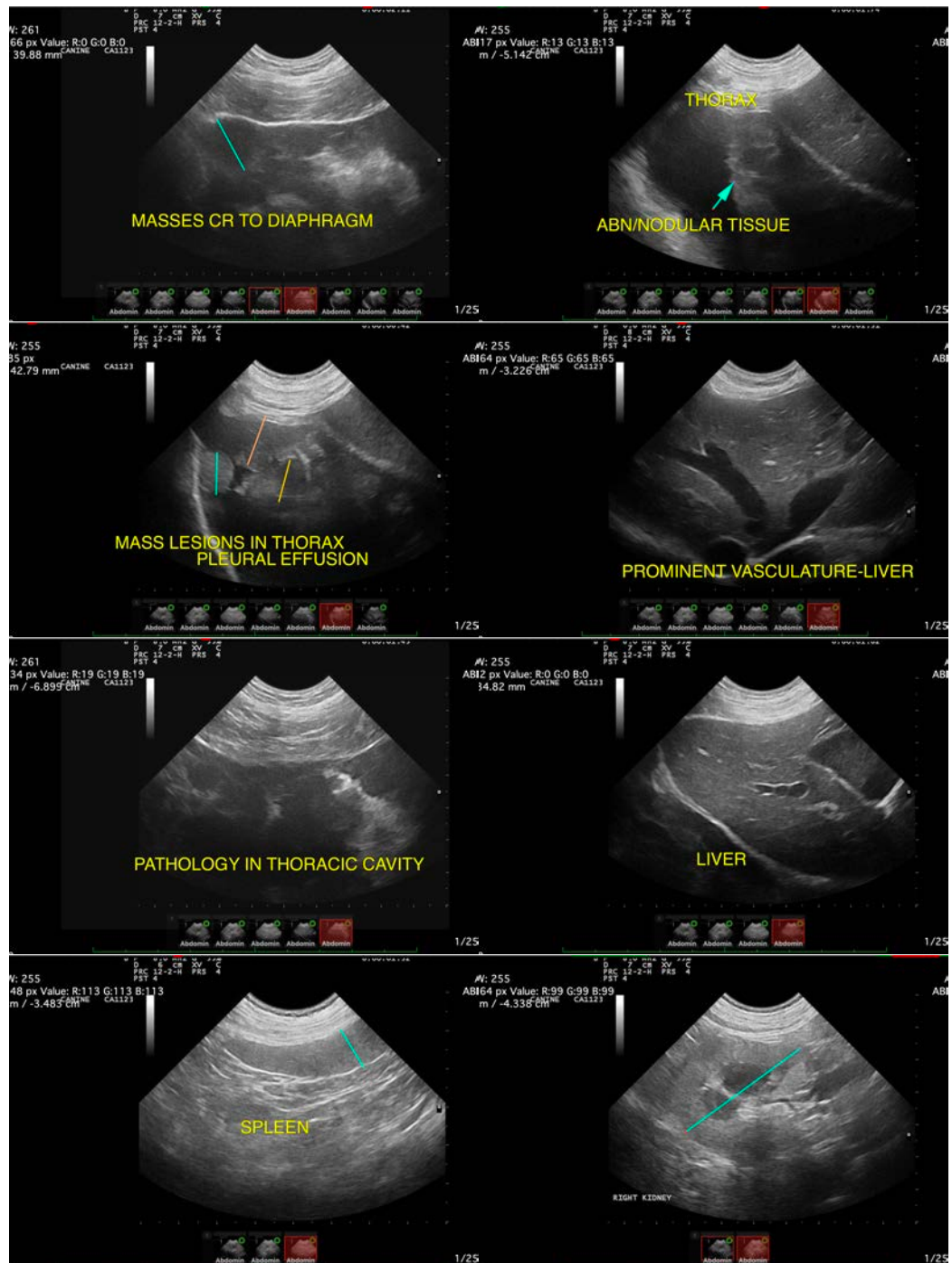
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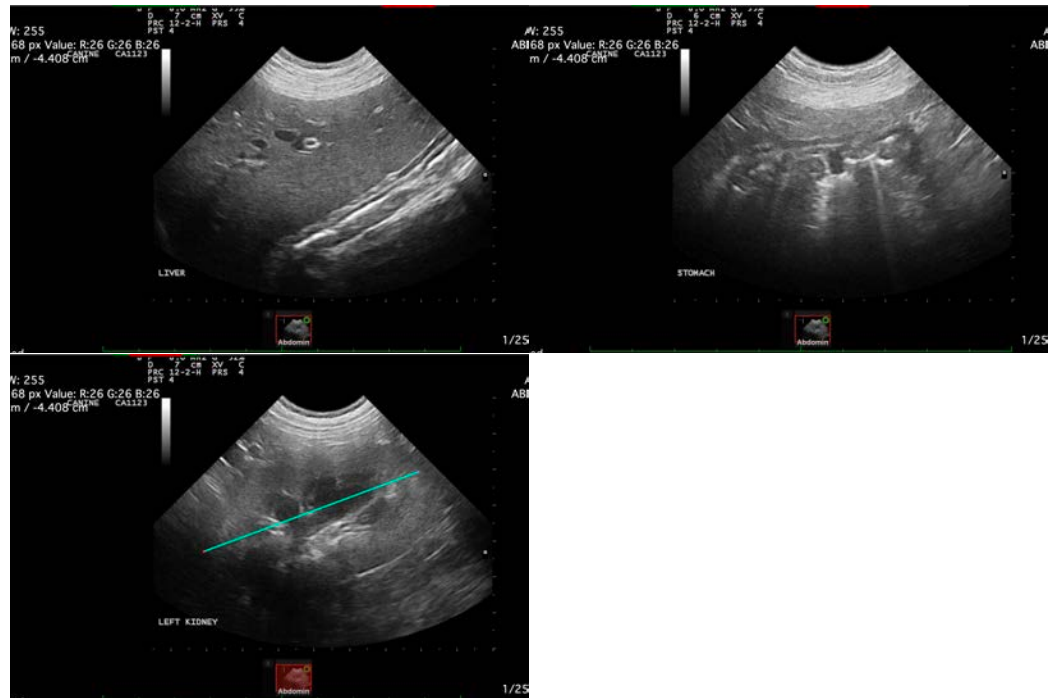
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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