



DATE PRESENTING CLINICAL SIGNS

1/6/26 **Patient History:** Presenting complaint: referral.

PATIENT **Current Medications:** Cerenia, Gabapentin, Unasyn, Protonix, Buprenorphine, Sucralfate.
Labwork Results: Labwork attached.

Maeby Tester **Date of Previous IntraPet Ultrasound:** No previous.
Sedation: Not required to complete full diagnostic ultrasound.

SPECIES **Stat Report:** Not requested.
Imaging Performed by: Rachel Brillhart, RDMS.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Australian Cattle Dog

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 (6.16 cm) with rare pinpoint non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

AGE

1/5/21

WEIGHT

47.4 lbs

The right kidney has a normal shape and size (5.99 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is borderline "plump", measuring 0.63 cm at the cranial pole and 0.86 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.

HOSPITAL NAME

Animal Emergency
Hospital

The right adrenal gland is borderline "plump", measuring 0.83 cm at the cranial pole and 0.82 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.

Spleen

REFERRING VET

Dr. Reynolds

The spleen is subjectively normal in size (2.08 cm), 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

INVOICE

72972

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 mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

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.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate 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.) There is a focal section of small intestine in the mid caudal abdomen that appears mildly fluid distended to the level of focal shadowing intraluminal material, most consistent with partially obstructive foreign material, measuring at 2.87 cm. There is scant free fluid and focal inflammation in this region.

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

There is scant free fluid noted. No significant lymphadenopathy noted. The omentum is hyperechoic around the partially obstructive bowel loop.

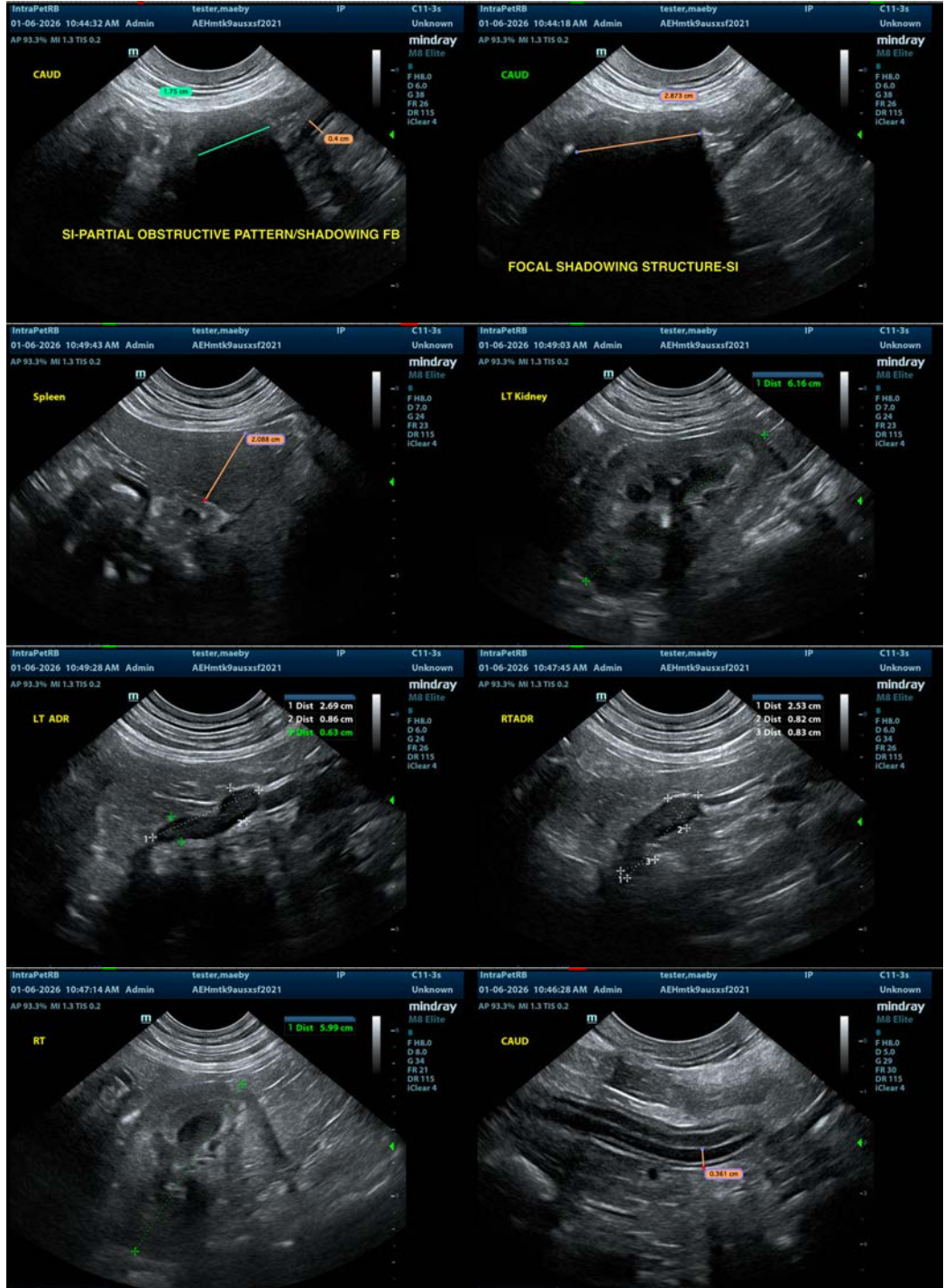
ULTRASONOGRAPHIC FINDINGS

- Focal obstructive pattern and shadowing intraluminal material visualized within the small intestine- Findings are most consistent with an obstructive/partially obstructive foreign body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal section of small intestine that is moderately fluid distended with focal intraluminal shadowing material and surrounding inflammation and free fluid. Findings are suggestive of an obstructive/partially obstructive foreign body. If this fits with your clinical assessment, consider surgical explore to further evaluate.

No focal lesions are visualized associated with the liver or gallbladder to explain the elevation in liver enzymes reported. This could be a reactive hepatopathy, but the bilirubin elevation is somewhat unusual. Consider biopsies of the liver at the time of surgery to further evaluate (histopathology, culture and copper levels). Recommend hydration prior to surgery due to the suspected prerenal azotemia present. Correlate with urinalysis findings to evaluate for true renal disease.





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.

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