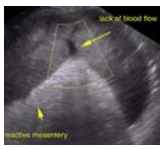
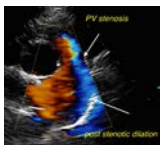
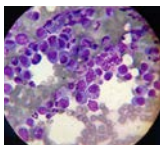
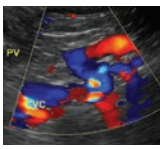
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Pie Jordan

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

5 Years

WEIGHT

79.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Corinne Weston

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Corinne Weston

INVOICE

42062

DATE

10/14/22

PRESENTING CLINICAL SIGNS

Patient started V+ early this morning around midnight, has had 4-5 instances of V+ preious to O bringing P in. O noted an increase in her requests to go outside, but relatively unproductive trips. Increase in water consumption. Excessive panting, and overall restlessness. Slow to eat and only eats 1/2 to 3/4 of her meal which is very abnormal.

Abnormal PE/Chem/CBC/UA Results: Diagnostics Chem 17- mild hypercholesterolemia (329 mg/dL) CBC- mild neutrophilia (13.48 K/uL), eosinopenia (0.01 K/uL) EPOC- mild hyperglycemia (132 mg/dL) Fecal & Giardia testing- results pending Abdominal radiographs 3 view- Gas filled loops of SI and gas filled colon with soft tissue opaque material- likely fecal material.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder appears empty with no visible urine within the lumen. Visualization and evaluation is greatly impaired by the lack of urine distention.

The left kidney has a normal shape and size (6.0 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 (6.99 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.52 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.

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

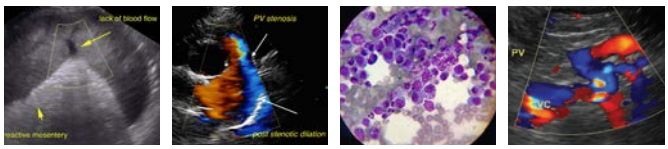
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Pie Jordan

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

5 Years

WEIGHT

79.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Corinne Weston

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Corinne Weston

INVOICE

42062

DATE

10/14/22

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. Duodenum wall measures 0.53 cm. Jejunum wall measures 0.40 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, 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.

Other

On the transverse view of the right kidney, there is a shadowing structure that appears medial to the right kidney. This could be obliqued bowel, etc., but focally thickened small intestine or stomach wall is possible.

ULTRASONOGRAPHIC FINDINGS

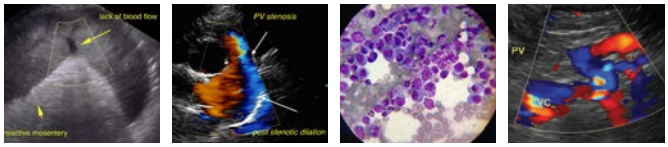
- Empty urinary bladder – The patient likely recently urinated.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Questionable structure medial to the right kidney – Consider reevaluation of this area if concerned.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal. There is no evidence of an obstruction pattern. No mass lesions or nodules are visualized. On one transverse view of the right kidney there is a questionable object that appears medial to it. This is likely an obliqued view and could be a normal structure. Consider reevaluation of this area if there is concern.

An obvious cause for the acute vomiting is not visualized. Recommend hospitalization with fluids, antiemetics, rehydration, etc., and continued monitoring with serial radiographs. If the patient continues to vomit and is not feeling well, consider either reimaging or exploratory to obtain GI biopsies and evaluate for foreign material. Additionally, consider a baseline cortisol and 3-view thoracic radiographs.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Pie Jordan

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

5 Years

WEIGHT

79.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Corinne Weston

HOSPITAL NAME

Willamette VH

REFERRING VET

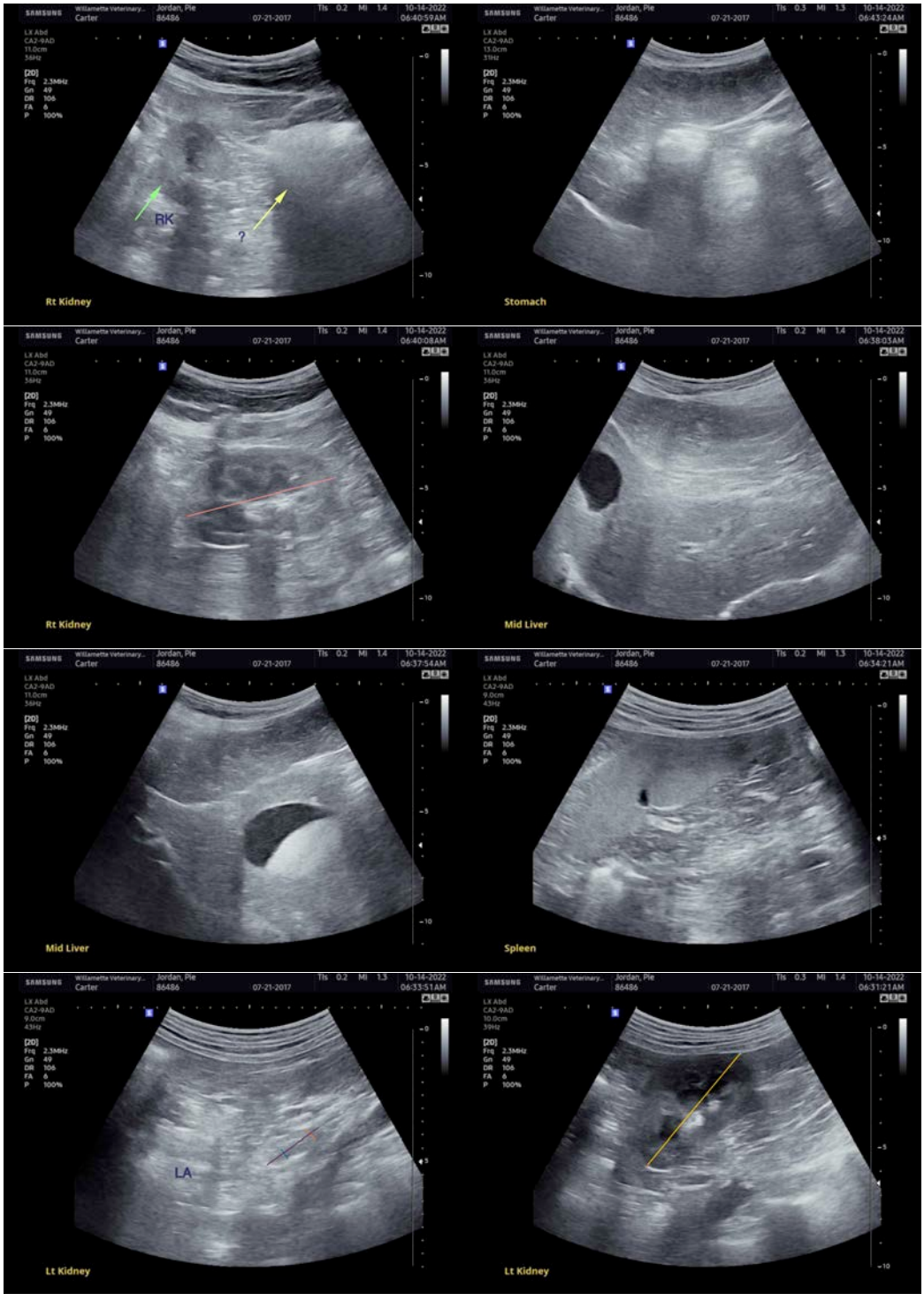
Dr. Corinne Weston

INVOICE

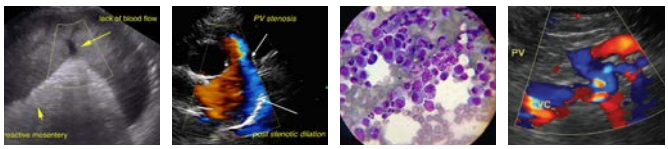
42062

DATE

10/14/22



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Pie Jordan

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

5 Years

WEIGHT

79.1 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Corinne Weston

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Corinne Weston

INVOICE

42062

DATE

10/14/22

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)

kathleen.sennello@sonopath.com