



PATIENT

Jake Colling

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact Male

AGE

5 Months

WEIGHT

44 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Mountain AH

REFERRING VET

Dr. McKenzie

INVOICE

26520

DATE

10/21/21

PRESENTING CLINICAL SIGNS

Oct 18/21 vomiting eats - chokecherries, rocks, sticks etc Sat no vomit - Sun vomit x 1 - Mon x 3 -- eats and vomits continued to Wed 6:30 and 8:30 pm fed 2 tbsp each time and kept it down 6:20 am today 1.5 tbsp and no vomit currently on : Famotidine q 24 hrs + Sucralfate tid ---- Sub C fluids Tues pm-- IV wed day and thurs

Abnormal PE/Chem/CBC/UA Results: please see attached rads and report

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 prostate is normal in size (0.65 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The right kidney has a normal shape and size (7.13 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 (6.86 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 0.38 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 0.57 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

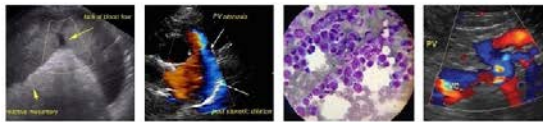
The spleen echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The spleen is subjectively normal in size with no focal parenchymal abnormalities. The blood flow through the hilus and splenic parenchyma appears normal.

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



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The stomach appears contains minimal luminal contents. It measures at a normal thickness of XX cm 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.

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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. Jejunum wall measured 0.3 cm. Duodenum wall measured 0.37 cm. Visualized peristalsis appears appropriate. No focal shadowing material was visualized. There are a few areas where the bowel appeared mildly corrugated or took a sharp turn with very mild fluid distention. The findings are most consistent with multifocal enteritis, but foreign material cannot be 100% ruled out.

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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

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There no lymphadenomegaly present. 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

INTERPRETED BY

Kathleen Sennello
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ACVIM (Small Animal
Internal Medicine)

The left and right testicles are visualized and appear normal.

ULTRASONOGRAPHIC FINDINGS

- Focal areas of mild small intestinal fluid dilation and corrugation – most consistent with multifocal enteritis likely due to the ingestion of foreign material. A partial obstruction cannot be excluded. Correlate with abdominal radiographs.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming metabolic causes have been ruled out with routine bloodwork and an ACTH stimulation test (if indicated), then I would most consider primary GI causes for vomiting and anorexia noted.

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If primary GI disease is suspected in young patients with acute signs, I would most strongly consider dietary indiscretion, ingestion of foreign material, Gi parasitism, Addison's disease and pancreatitis, acute colitis/gastroenteritis. Serial radiographs for evaluation of progressive obstruction/partial obstruction/foreign material is warranted.

REFERRING VET

Dr. McKenzie

Recommend symptomatic therapy and close monitoring, if symptoms persist, re-evaluate and consider surgery/endoscopy to obtain biopsies and evaluate for foreign material.

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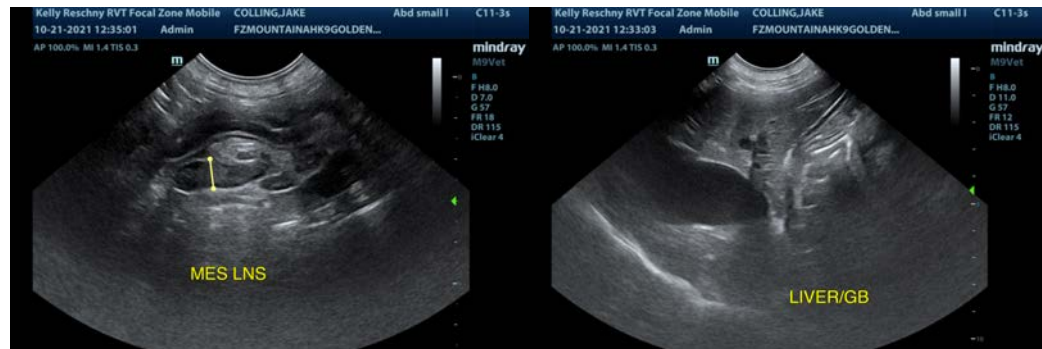
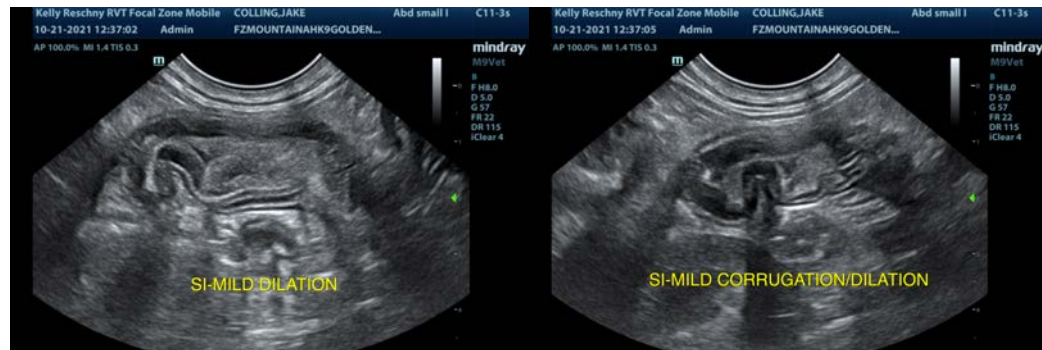
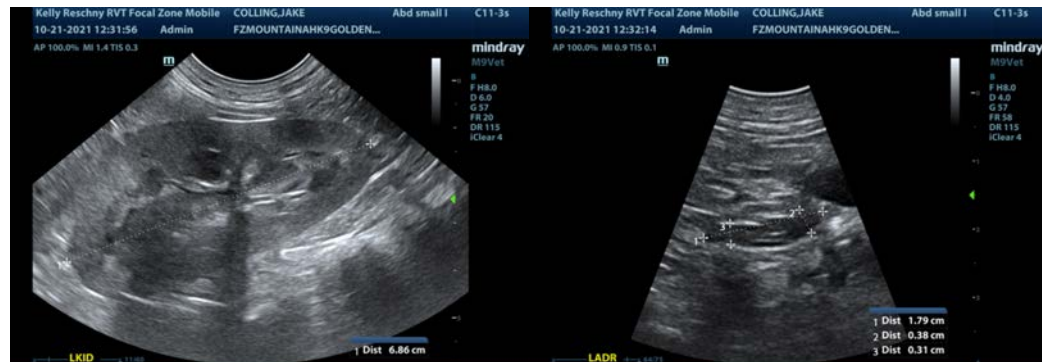
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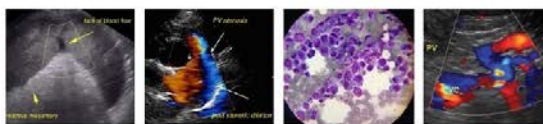


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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