



**PATIENT**

Sammy Dacey

**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

32 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Scott

**HOSPITAL NAME**

HoHoKus VH

**REFERRING VET**

Dr. Gannon

**INVOICE**

92198

**DATE**

10/6/21

**PRESENTING CLINICAL SIGNS**

History of dental disease, on Proin, slightly PU/PD.

HCT 36%, SDMA 23, Creat 2.8, BUN 42, albumin 2.4, urine specific gravity 1.013.

I/D Diet. Negative culture in 6/20.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The bladder wall is diffusely irregular and thickened at 0.6 cm. The area of the ureteral papilla, trigone and proximal urethra to a level of 2.0 cm appears normal with no evidence of mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (1.3 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 left kidney has a normal shape and size (4.9 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 right kidney has a normal shape and size (4.3 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 0.55 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 right adrenal gland is normal in size measuring 0.74 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**

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.



**PATIENT** *Liver*

Sammy Dacey

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 gallbladder lumen is moderately distended. The wall of the gallbladder 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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**Gastrointestinal**

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

**SEX**

Neutered male

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 and the jejunum measured as normal (0.36 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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**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.

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**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.

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**ULTRASONOGRAPHIC FINDINGS**

**PRIMARY FINDINGS:**

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- Mildly irregular and thickened urinary bladder wall. The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.

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- Mild gallbladder sludge. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

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- Moderate ingesta in the gastric lumen. There is shadowing debris and fluid in the stomach. This is most consistent with a recent meal. If the patient was adequately fasted then consider



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differentials such as delayed gastric emptying or a partial outflow tract obstruction (not observed).

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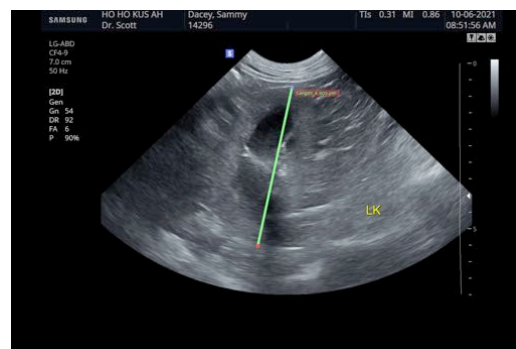
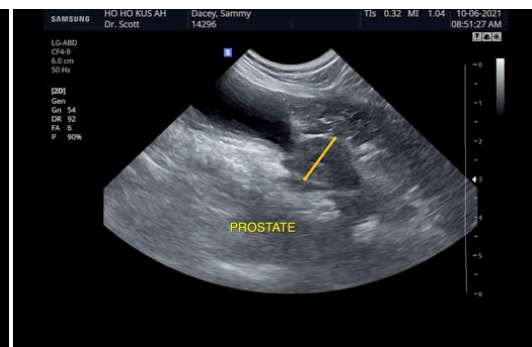
**DATE**

10/6/21

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The ultrasonographic lesions observed were relatively mild. The bladder wall appears somewhat thickened and irregular. A negative urine culture is reported 5 months ago, but I would consider a recheck culture or at least a urinalysis and re-culture if there is bacteria observed. Unfortunately many causes of kidney disease cannot be definitively diagnosed by ultrasound alone. Consider:

- Close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc..
- Urinalysis/culture to look for underlying infection
- Blood pressure evaluation
- Urine protein:creatinine ratio to look for proteinuria
- PCR on urine/serum for leptospirosis (if not on antibiotics)/serology if recent antibiotic history





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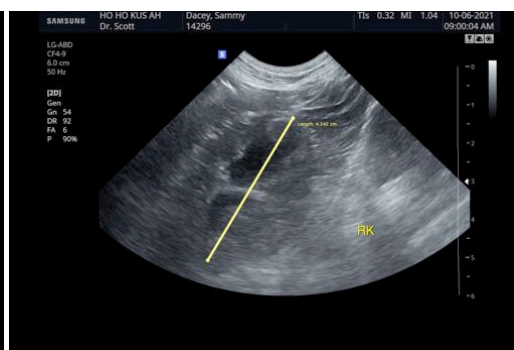
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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