

PATIENT

Smittle Jackson

PRESENTING CLINICAL SIGNS

presented on 10/3 for shaking/nervous/hiding for 3 hours. Acutely vomit multiple times 2 days prior, mostly clear but no more vomiting since. RADS taken 10/3 and 10/5- NSF by radiologist. ADR. just not feeling well- LABS- mildly increased ALT, just seems painful somewhere.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Lab Retriever

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

Neutered Male

The prostate is normal in size (1.17 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.

AGE

6 Years

The left kidney has a normal shape and size (7.47 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.

WEIGHT

60 Pounds

The right kidney has a normal shape and size (7.2 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.63 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.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

The right adrenal gland is normal in size measuring 0.64 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.

HOSPITAL NAME

North Fork VH

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.

REFERRING VET

Dr. Kristi Whitten

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

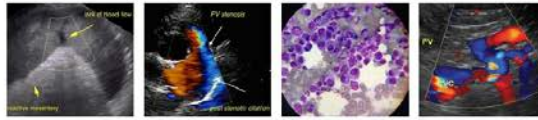
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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a large amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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10/6/21



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Gastrointestinal

SPECIES

Canine

The stomach is severely 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.

BREED

Lab Retriever

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 measured 0.34 cm. Jejunum wall measured 0.33 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Neutered Male

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.

AGE

6 Years

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.

WEIGHT

60 Pounds

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. Mild mesenteric lymphadenopathy is present. Mesenteric lymph nodes measure 0.66 and 0.76 cm. The omentum is of normal echogenicity.

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PRIMARY FINDINGS

- Large, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Large gallbladder sludge – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

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SECONDARY FINDINGS

- Large amount of shadowing material in the gastric lumen – correlate this with feeding history. If patient is not eating well or fasted, then this could represent foreign material, delayed gastric emptying, or a partial obstruction. Correlate with abdominal radiographs.

REFERRING VET

Dr. Kristi Whitten

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears somewhat heterogeneous and large. This is difficult to correlate with acting painful and a mild ALT elevation. Sometimes the lab findings and ultrasound findings don't correlate. You could consider a liver function test or a fine needle aspirate of the liver.

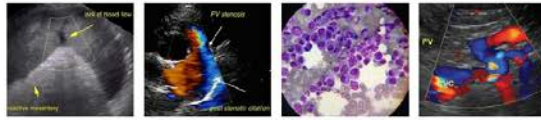
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Additionally, the stomach is dilated with shadowing ingesta. If this patient has just had a meal, this could be incidental, but if not, there is concern for possible foreign material, delayed gastric emptying, etc. Some bowel loops were additionally dilated. No clear obstruction was visualized. You could consider running a GI panel with a PLI, TLI, cobalamin and folate to further look for evidence of pancreatitis or underlying gastrointestinal disease. Additionally, carefully palpate for neck or back pain, as this can

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Smittle Jackson often cause referred pain to the abdomen.

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Lab Retriever

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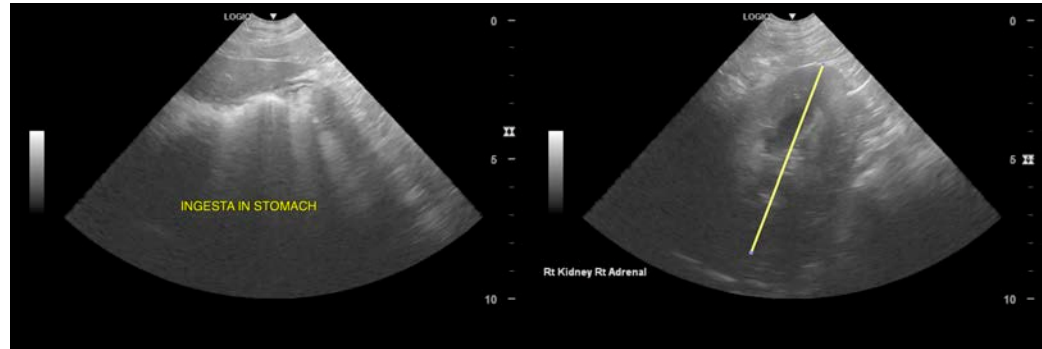
Neutered Male

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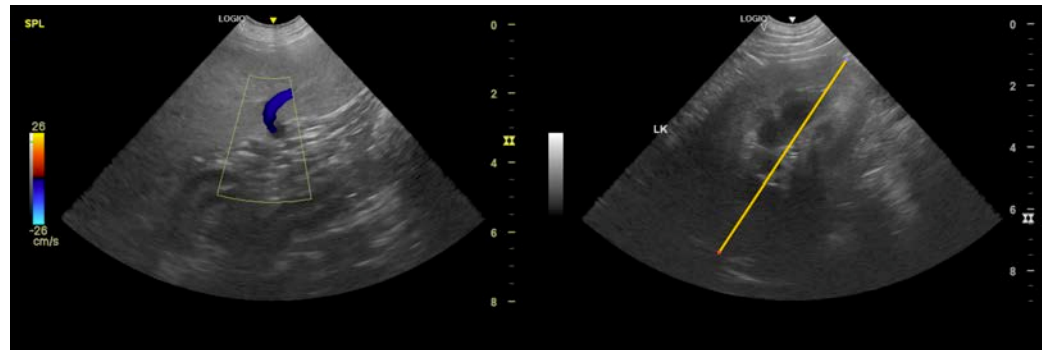
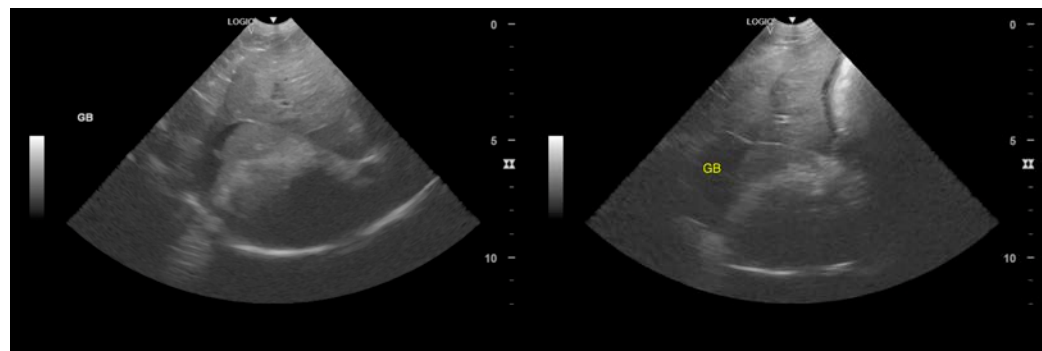
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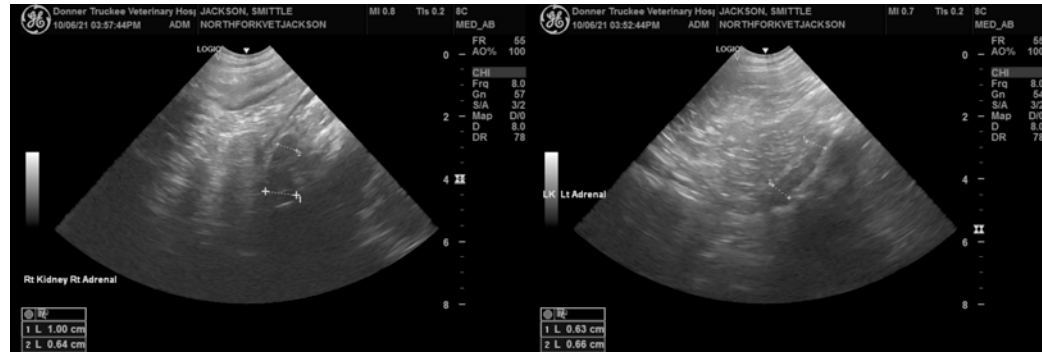
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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