



PATIENT PRESENTING CLINICAL SIGNS

Boss Frank
Chronic vomiter, usually once per week about mid day. Will also vomit with stressful changes at home or in travel. Have started adding additional small meals. Always has a good appetite. For the last 5 days he has vomited daily. Has had Cerenia on occasion as needed. No other meds. Normal stools.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Border Collie

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.

SEX

Intact Male

The prostate is large in size (3.16 cm x 5.98 cm) and slightly irregular. The parenchyma is heterogenous with numerous small cortical cysts. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

AGE

10 Years

The left kidney has a normal shape and size (5.47 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.

WEIGHT

42 Pounds

The right kidney has a normal shape and size (6.07 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 normal in size measuring 0.59 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

Crystal Hill

The right adrenal gland is normal in size measuring 0.57 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

Trinity Church MVS

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. Dam

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.

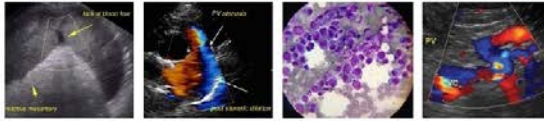
INVOICE

41883

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

DATE

10/6/22



PATIENT *Gastrointestinal*

Boss Frank The stomach is mildly to moderately distended with shadowing ingesta. The gastric wall appears hypoechoic and severely thickened, measuring 1.3 cm, with complete loss of layering. Some areas of intact normal gastric wall are visualized with a wall thickness of 0.30 cm.

SPECIES

Canine

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 measures 0.31 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Border Collie

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.

SEX

Intact Male

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.

AGE

10 Years

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.

WEIGHT

42 Pounds

Other

Both testicles are visualized and appear within normal limits.

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ULTRASONOGRAPHIC FINDINGS

- Large, heterogeneous, cystic prostate – most consistent with benign prostatic hypertrophy +/- prostatitis.
- Focal area of gastric wall with severe thickening and complete loss of layering – Findings are very concerning for infiltrative disease (small cell neoplasia, carcinoma, etc.), although other differentials such as leiomyoma, leiomyosarcoma, severe edema, severe gastritis, etc., are possible.

IMAGING PERFORMED BY

Crystal Hill

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

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The gastric wall appears focally severely thickened. Consider a fine needle aspirate of the gastric wall (see image labeled "FNA here"). If this is unsuccessful, consider surgical biopsies of the gastric wall.

REFERRING VET

Dr. Dam

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

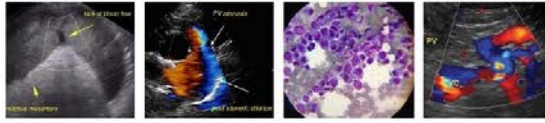
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The prostate is large, heterogeneous, and cystic. This is likely consistent with benign prostatic hypertrophy +/- prostatitis. Recommend a urinalysis and culture to look for evidence of prostatitis, and consider neutering if the gastric wall issue can be resolved.

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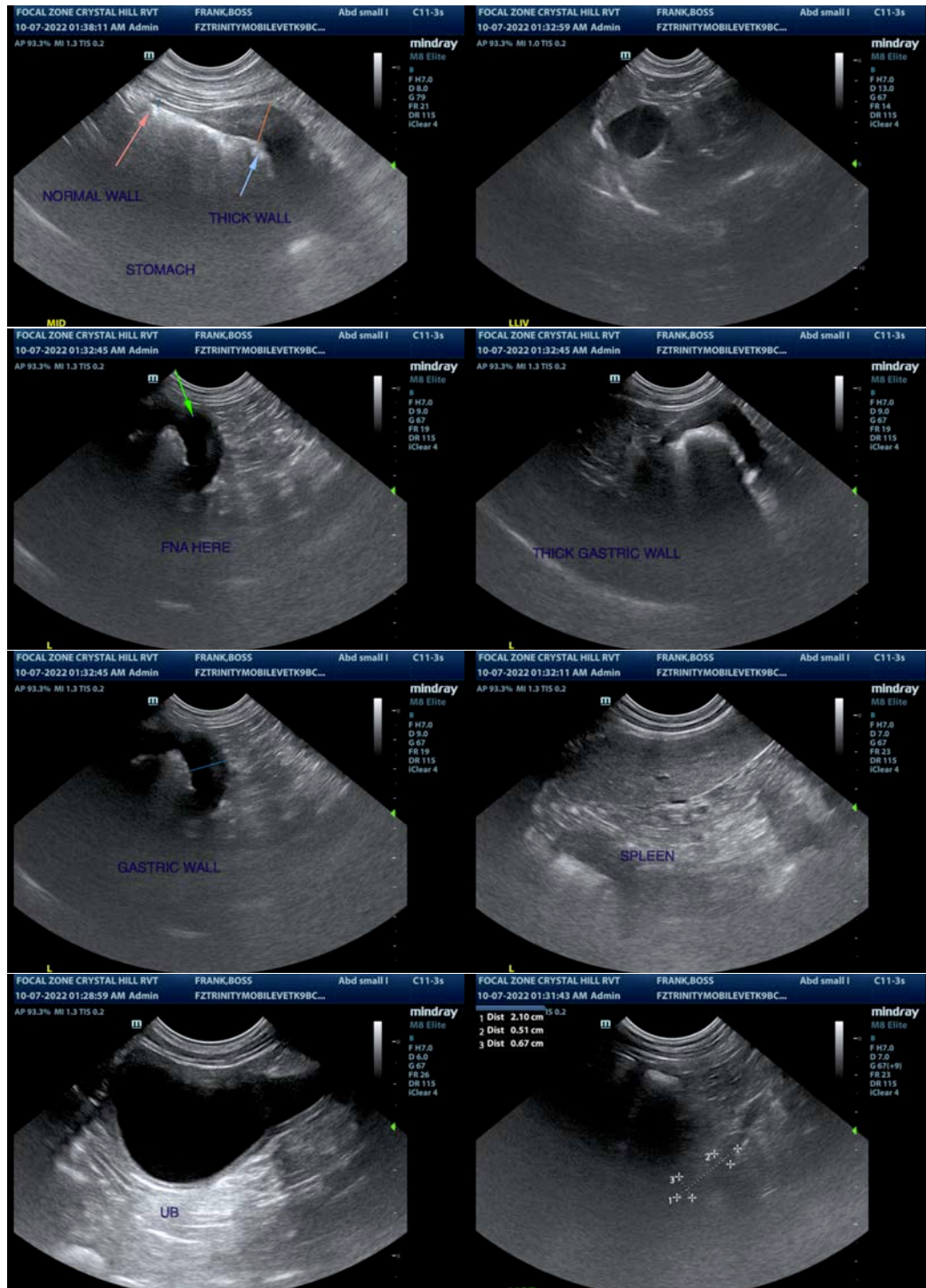
Dr. Dam

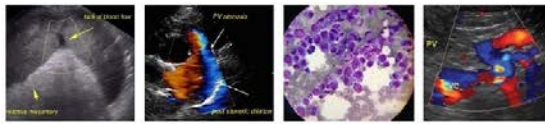
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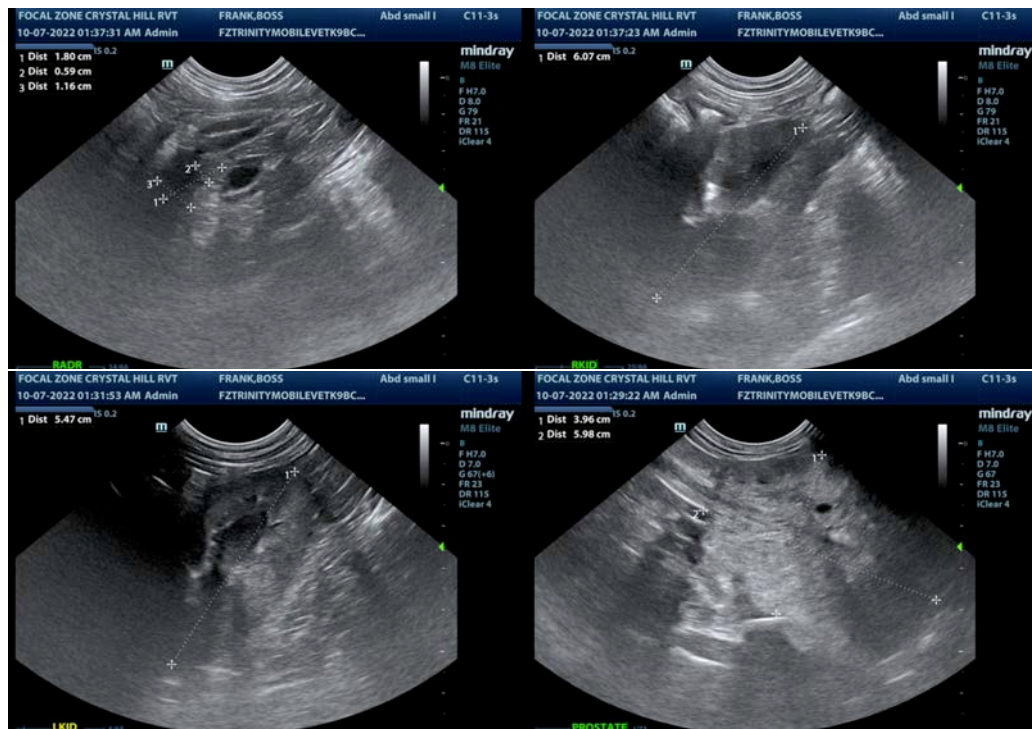
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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