



**PATIENT PRESENTING CLINICAL SIGNS**

Frances Carrera

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

Male

**AGE**

9 weeks

History: PAWS Request Form: Chief Concern / Provisional Diagnosis: ~Outwardly healthy 4 mo old pup is a replacement from breeder for previous P who died at 1 7 1/2 yr old dt congenital kidney dz (1 kidney missing, the other dysplastic). O wants to do everything possible to ensure this P has no congenital abnormalities. The 2 dogs share the same mother.~ Consult with IDEXX (Dr Hayes) regarding the abnormalities in the BW, could just be age related but can not r/o possible Addison's. requesting bicavity US to determine presence of all organs and normal architecture Relevant Medical History and Physical Exam findings: ~Outwardly healthy on PE, O reports no abnormalities at home at this time~ Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~ HCT/RBC parameters can be WNL for age. Lymphocytosis is common in puppies this age dt antigenic stimulation. Monocytosis less common in puppies, Dr Hayes recommended trending and also consider baseline Cortisol to r/o Addison's. Basophilia is not uncommon and can be due to the same as elevations in Eosinophils but recommend trending~ Chemistry: SDMA WNL for age, Phos elevation likely dt age/growth, Low Cr not unusual for age, Hyperglycemia is very mild and WNL for stress, K+ is more difficult to assess, consider Baseline cortisol to r/o: Addison's. Na WNL, Hypoalbuminemia can be WNL but recommend checking BL cortisol to r/o Addison's. ALT/ALKP both WNL for age. CK may be WNL dt stress/needle poke~ ~ Current medications (include full name, dosage and frequency): ~none at this time~ Relevant Radiograph Findings(email radiographs if available): ~no radiographs at this time~ Abnormal PE/Chem/CBC/UA Results: SEDATED - torb/alfaxalone

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**WEIGHT**

12.8 Pounds

**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.

**INTERPRETED BY**

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

The prostate is large in size (0.78 cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

The left kidney has a normal shape and size (5.14 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.

**HOSPITAL NAME**

MountainView AH

The right kidney has a normal shape and size (5.22 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.

**REFERRING VET**

**Adrenal Glands**

**INVOICE**

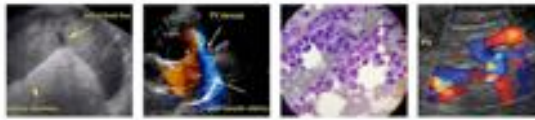
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The left adrenal gland is normal in size measuring 0.31 cm at the caudal pole It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**DATE**

11/11/21

The right adrenal gland is normal in size measuring 0.36 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.



**PATIENT** *Spleen*

Frances Carrera 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.

**SPECIES**

Canine

*Liver*

**BREED**

Goldendoodle

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. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

**SEX**

Male

*Gastrointestinal*

**AGE**

9 weeks

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.

**WEIGHT**

12.8 Pounds

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 (0.38 cm) and the jejunum measured as normal (0.28 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

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.

**IMAGING PERFORMED BY**

*Pancreas*

Loetitia Saint-Jacques, RVT

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.

**HOSPITAL NAME**

MountainView AH

*Free Abdomen*

**REFERRING VET**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There was mildly prominent mesenteric lymph nodes visualized at 0.66 and 1.0 cm. The omentum is of normal echogenicity.

*Other*

**INVOICE**

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The left and right testicles are visualized and measured 1.6 cm on the left and 0.5 cm on the right.

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**PATIENT      ULTRASONOGRAPHIC FINDINGS**

Frances Carrera

**PRIMARY FINDINGS:**

Mild mesenteric lymphadenopathy. The prominent abdominal lymph nodes is a typically a normal finding in young dogs.

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

Goldendoodle

No significant anatomic abnormalities were visualized. Small anatomic structures like small ectopic ureters and small, portosystemic shunts are not always visualized on ultrasound and can require advanced imaging.

**SEX**

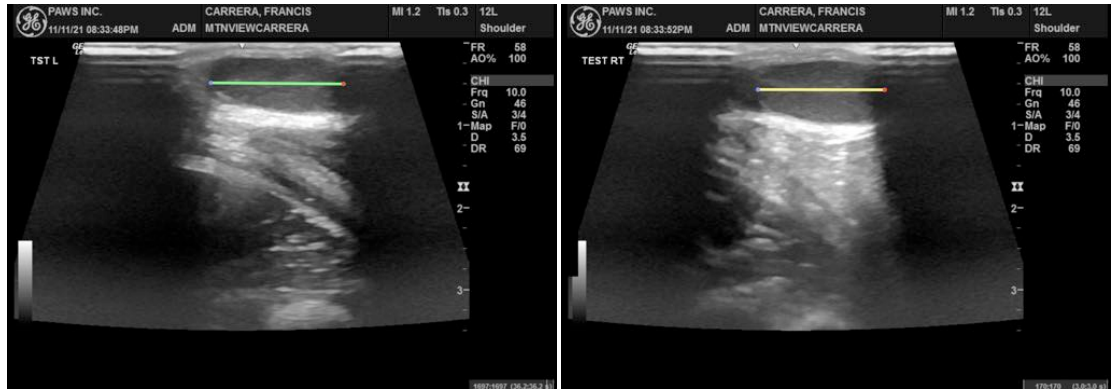
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**AGE**

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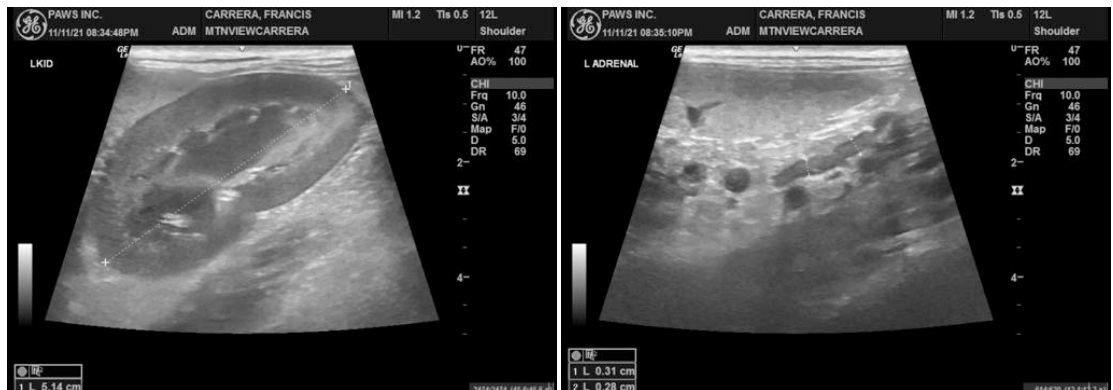
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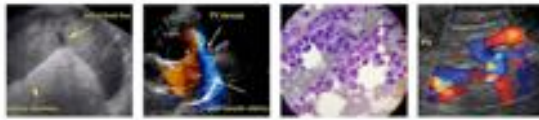
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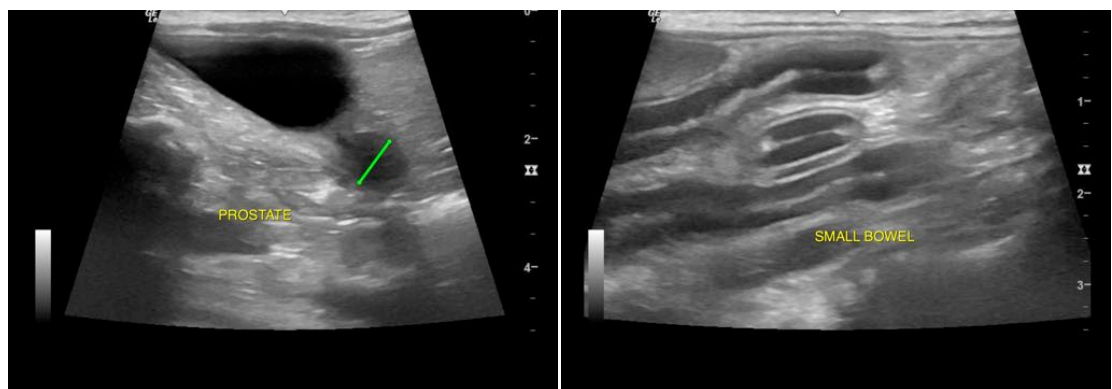
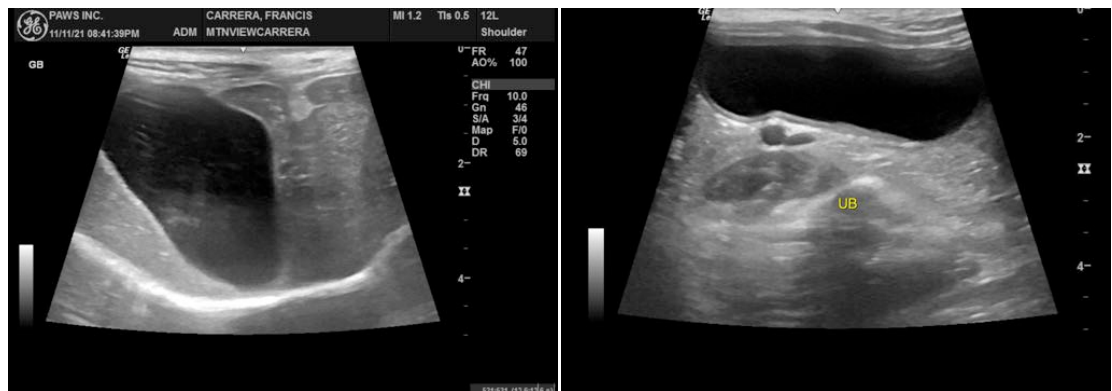
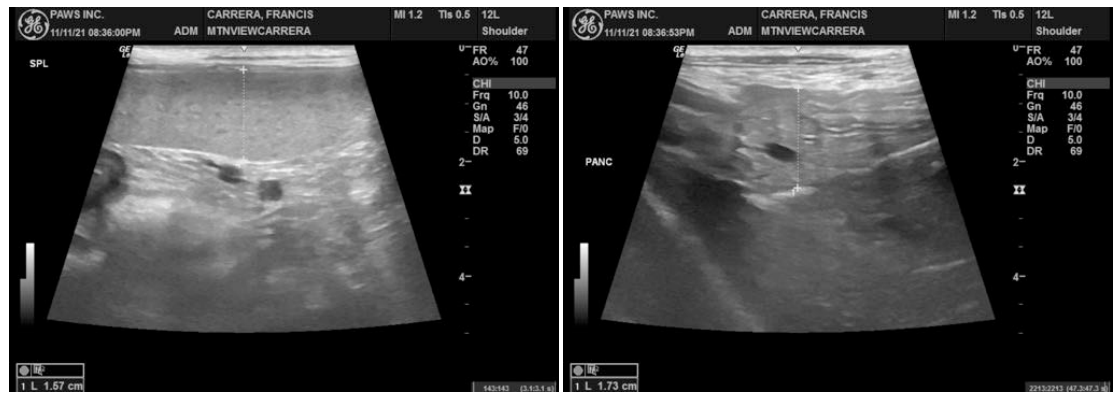
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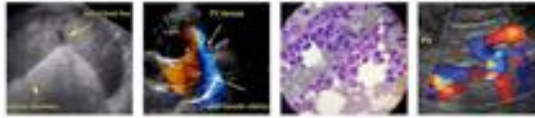
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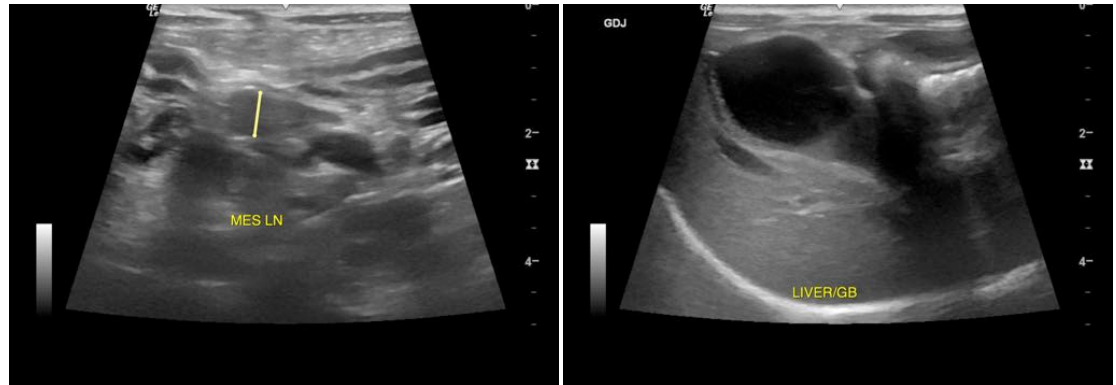
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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