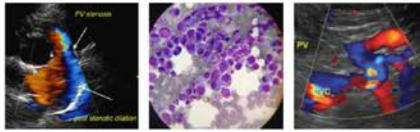


IMAGING PERFORMED BY

SVS Mobile Imaging 262-366-5970
fredgromalak@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Ruger Leibsle

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact Male

AGE

18 Weeks

WEIGHT

40.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Korosec,
Elkhorn Vet Clinic

INVOICE

42863

DATE

11/17/22

PRESENTING CLINICAL SIGNS

Presented for wellness exam with no symptoms. On exam a freely movable, non painful, smooth mass was palpated in middle to caudal abdomen. A brief AUS was done showing liver, spleen, kidneys, and bladder all WNL. Area of SI wall looked thickened and measured 0.4cm to 0.7cm. Caudal abdomen showed a 4cm x 5cm thin walled echogenic structure with anechoic center. FNA done with clear fluid/cytology cant proteinaceous background. Is abdominal exploratory surgery indicated?

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 large in size (0.97 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.

The left kidney has a normal shape and size (7.3 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.

The right kidney has a normal shape and size (7.24 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.49 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 0.28 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.

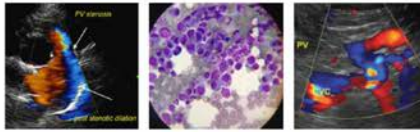
Spleen

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.

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 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.

IMAGING PERFORMED BYSVS Mobile Imaging 262-366-5970
fredgromalak@gmail.com

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Ruger Leiblsle

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact Male

AGE

18 Weeks

WEIGHT

40.4 Pounds

INTERPRETED BYKathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)**IMAGING PERFORMED BY**

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VETDr. Korosec,
Elkhorn Vet Clinic**INVOICE**

42863

DATE

11/17/22

Gastrointestinal

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.

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 0.37 cm. Visualized peristalsis appears appropriate. There is a large cystic structure in the caudal abdomen that may be arising from the small intestine **see other.

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

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

There is a scant amount of free fluid. There are prominent mesenteric lymph nodes measuring 0.88 cm and 1.03 cm in diameter. The omentum is of normal echogenicity.

Other

Both testicles are imaged and appear within normal limits.

There is a large, primarily hypoechoic, fluid-filled structure with a distinct, relatively discrete, hyperechoic wall visualized cranial to the urinary bladder in the mid caudal abdomen. The origination of this lesion is unclear, but it appears to be arising off the bowel, most consistent with an intestinal mural cyst or an omental cyst.

ULTRASONOGRAPHIC FINDINGS

- Prominent mesenteric lymph nodes- this is likely normal for a puppy
- Large mid/ caudal cystic structure- suspect benign intestinal mural cyst

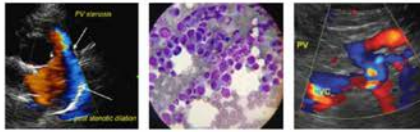
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large cystic structure visualized in the caudal abdomen. This most likely is originating from the intestine based on the appearance of the lesion and is most consistent with an intestinal mural cyst, although an omental cyst is possible. This is likely a benign lesion, but surgical removal may be necessary. If the patient is asymptomatic, you may have the option to continue to monitor until the time of neutering and combine the procedures (?). If that is the case, I would rescan prior to surgery to ensure that the lesion is still present.

The scant amount of free abdominal fluid and prominent mesenteric lymph nodes are likely within normal limits for a young dog.

IMAGING PERFORMED BY

SVS Mobile Imaging 262-366-5970
fredgromalak@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Ruger Leiblsle

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact Male

AGE

18 Weeks

WEIGHT

40.4 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

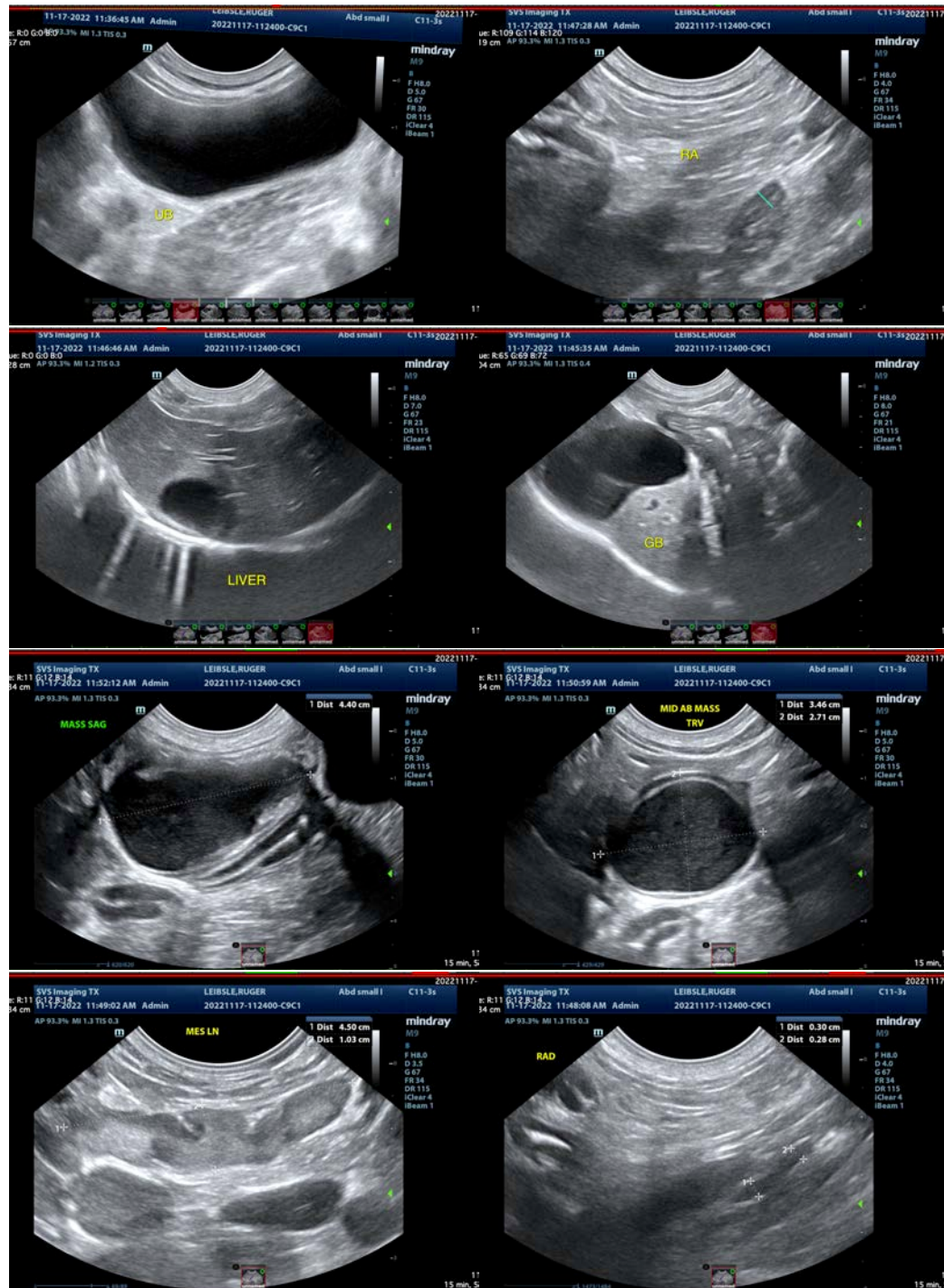
Dr. Korosec,
Elkhorn Vet Clinic

INVOICE

42863

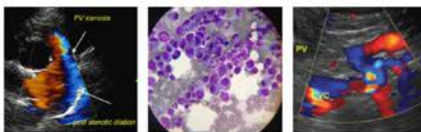
DATE

11/17/22



IMAGING PERFORMED BY

SVS Mobile Imaging 262-366-5970
fredgromalak@gmail.com



SonoPath

Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Ruger Leibsle

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact Male

AGE

18 Weeks

WEIGHT

40.4 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

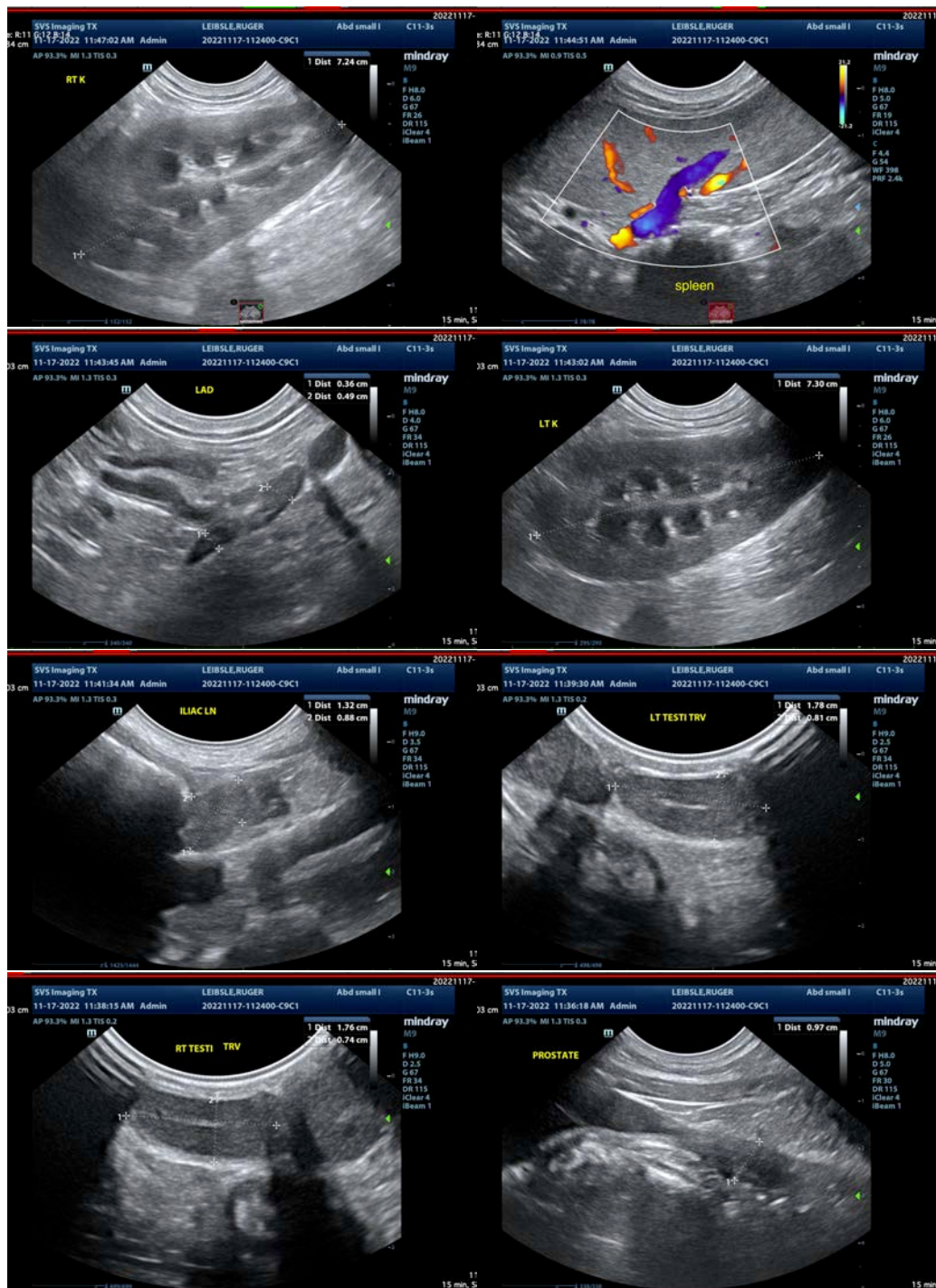
Dr. Korosec,
Elkhorn Vet Clinic

INVOICE

42863

DATE

11/17/22



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)

kathleen.sennello@sonopath.com