



PATIENT PRESENTING CLINICAL SIGNS

Andy Gale -Lethargic, unsettled, pacing, twitching a lot, drinking more, not hungry -Resp rate increased, abdominal movement increased, back muscles tight, abdominal discomfort I think. Has been on Tramadol.

SPECIES Abnormal PE/Chem/CBC/UA Results: Please see attached bloodwork and radiographs. Waiting on Spec cPLi results.
Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED Cocker Spaniel
Urinary System

SEX 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.

Neutered Male 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.

AGE The left kidney has a normal shape and size (5.16 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 The right kidney has a normal shape and size (5.67 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 0.51 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

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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. Dowell/Dr. Van
Leeuwen

Liver

The liver is large and irregular. 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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PATIENT 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.

Andy Gale

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

11 Years

WEIGHT

14 kg

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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.

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. Duodenum wall measures 0.40 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate to severe pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent lymph nodes in the cranial abdomen, one measuring 0.70 cm and measuring 0.52 cm. The omentum is severely inflamed in the right cranial abdomen in the region of the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Large, hypoechoic, severely inflamed tissue lateral to the duodenum – most consistent with moderate to severe pancreatitis.
- Large, irregular, 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.
- Mild cranial abdominal lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is severe inflammation in the right cranial abdomen in the region of the right limb and body of the pancreas. There is irregular hypoechoic tissue that runs adjacent to the duodenum, caudal to the stomach, and is fairly isoechoic to the liver, making it difficult to differentiate what I suspect is



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hypoechoic pancreatic tissue from hepatic tissue. The pancreatic tissue is solid and almost mass-like. Recommend aggressive treatment for pancreatitis as well as a fine needle aspirate of the pancreas. If there has been no improvement in 48-72 hours, consider rescanning the abdomen to further evaluate for the development of pancreatic abscesses, etc.

SPECIES

Canine

The liver is large, irregular, and heterogeneous. Some of the ALP elevation reported could be secondary to the inflamed pancreas. Once the inflammation has improved, consider reevaluation of liver enzymes. If they are persistently elevated, consider a liver function test +/- fine needle aspirate of the liver.

BREED

Cocker Spaniel

The right adrenal gland was not able to be visualized due to severe inflammation in the region. I suspect the prominent lymph nodes in the region are reactive, but an underlying neoplastic process cannot be ruled out.

SEX

Neutered Male

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

AGE

11 Years

WEIGHT

14 kg

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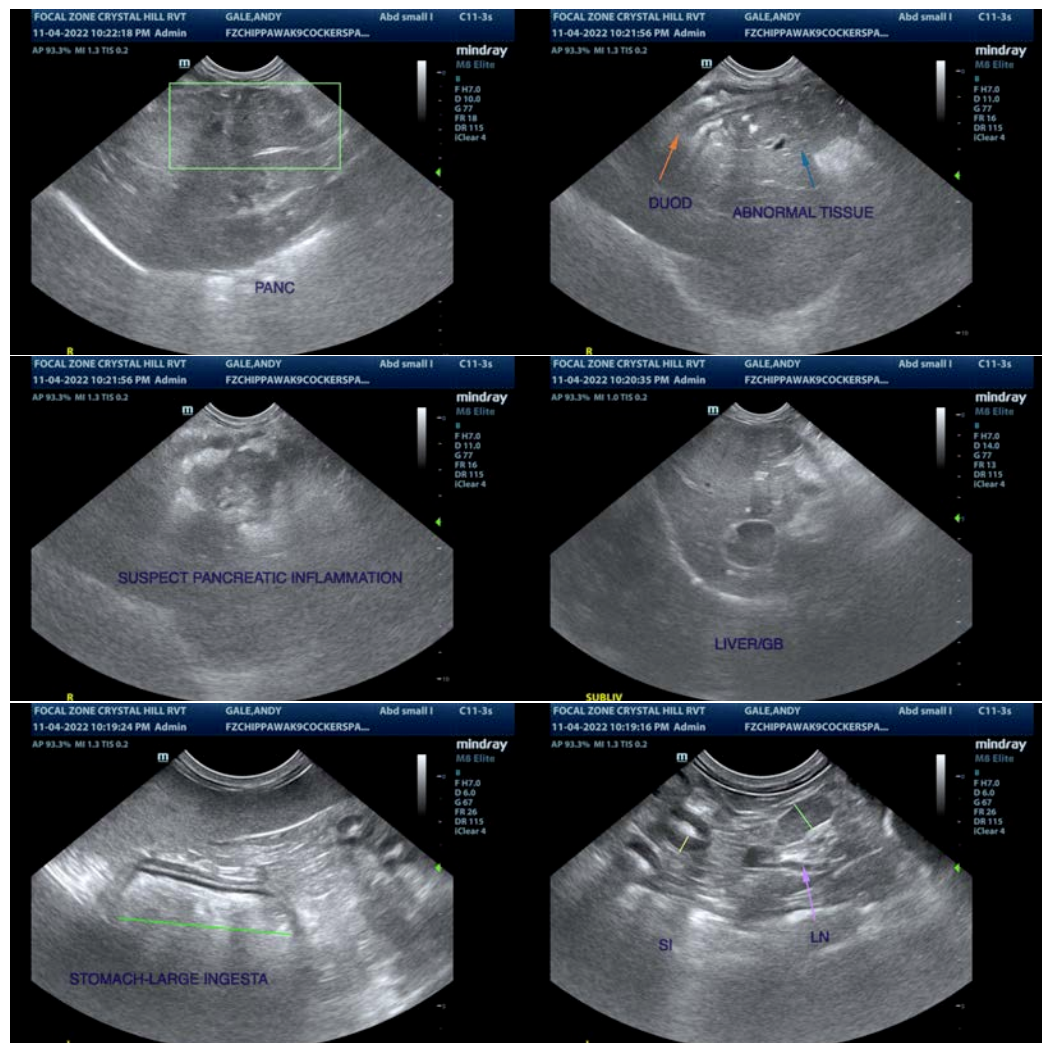
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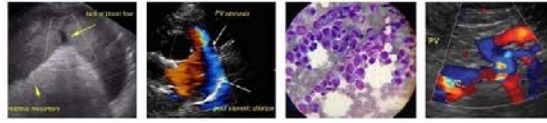
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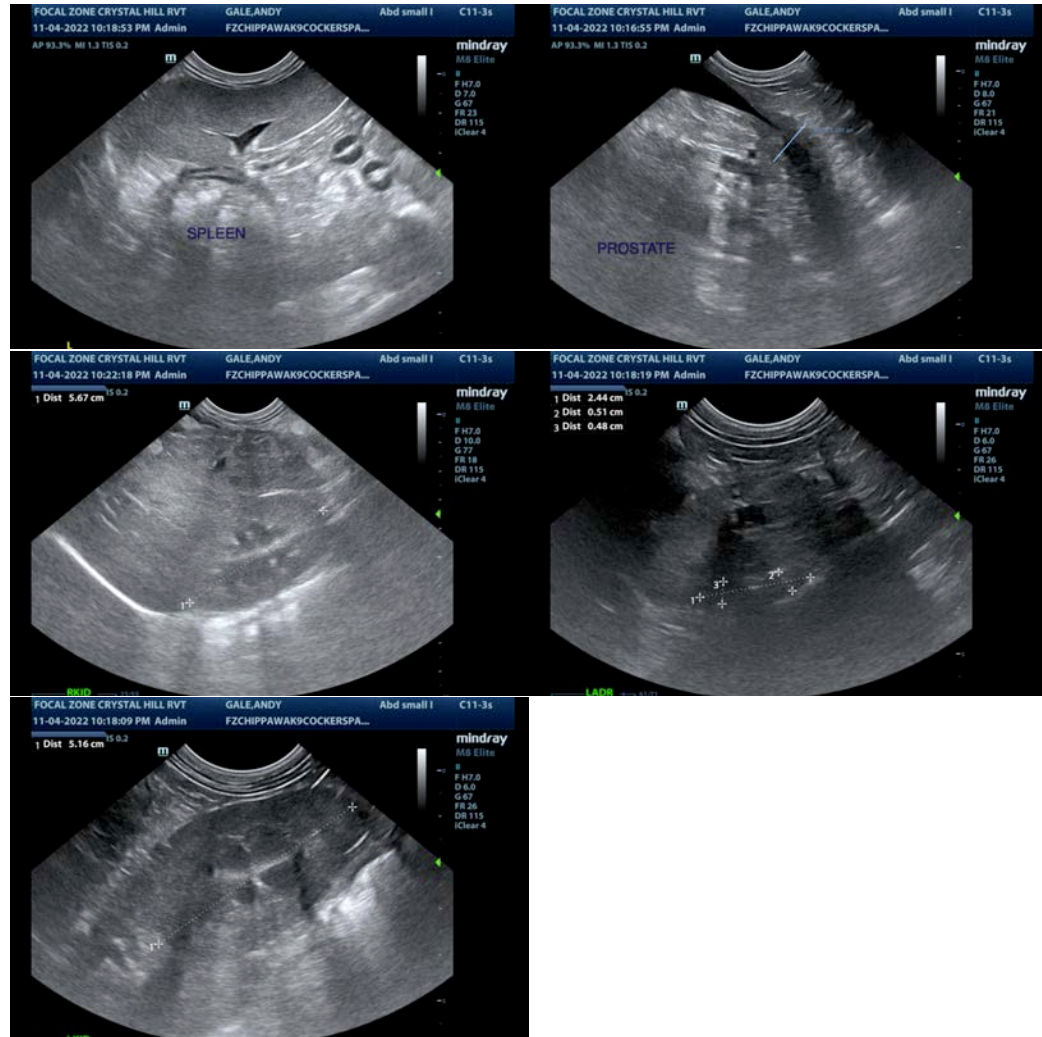
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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