



PATIENT PRESENTING CLINICAL SIGNS

Taz Croll

Acute vomiting this morning. Long piece of plastic present. Diarrhea this morning. Owner gave 3mL pepto-bismol this morning, vomited afterwards. Last fed yesterday evening. - mild dehydration - mild tachycardia - moderate abdominal discomfort and distension Current Medications: butorphanol

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: rads: FINDINGS: There is no evidence of tracheal narrowing, deviation or collapse. The cardiopulmonary structures are within normal limits without evidence of pulmonary infiltrate, cardiovascular distention, soft tissue nodules, intrathoracic lymphadenopathy, or pleural effusion. Abdominal serosal detail is good. The stomach contains gas and a small amount of fluid/soft tissue opaque material and is normal in size and position. The pylorus and proximal duodenum fill normally with gas on the left lateral view. Small intestinal structures are gas and fluid filled without evidence of pathologic bowel dilation or plication. The colon contains gas and fluid opaque fecal material and is normal in diameter and position. There is no evidence of radiopaque foreign material associated with the gastrointestinal tract. The liver, spleen, both kidneys, and the urinary bladder are normal in size and shape. Visualized osseous structures are within normal limits. CONCLUSIONS: There is no apparent radiographic abnormality to account for the reported vomiting. In the absence of radiographic changes, etiologies of vomiting such as nonspecific gastritis/gastroenteritis or pancreatitis are relatively more likely. Systemic disease could also be considered. The presence of persistent soft tissue opacity foreign material in the gastrointestinal tract is not completely excluded as this is frequently difficult to detect on survey radiographs.

BREED

Yorkie X

SEX

Intact Male

AGE

17 Weeks

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT

3.6 kg

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The prostate is normal in size (0.76 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.

The left kidney has a normal shape and size. (4.27 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 (3.77 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 0.24 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 0.41 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Region Vet
Emergency Clinic

REFERRING VET

Dr. Vercaigne

INVOICE

43087

DATE

12/1/22



PATIENT *Spleen*

Taz Croll
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

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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.

BREED

Yorkie X

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.

SEX

Intact Male

Gastrointestinal

The stomach contains a mild amount of fluid. 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.

AGE

17 Weeks

Most of the visualized areas of duodenum, jejunum, and ileum have a relatively uniform diameter with minimal fluid distention. In these areas, wall thickness is normal and the bowel loops follow a curvilinear path with distinct wall layering, maintaining the typical 1:3 muscularis/mucosa layer ratio. The duodenum measures as normal at 0.31 cm. The jejunum wall measures 0.18 cm. There are a few areas of bowel where there is focal dilation. One such area has fluid and some shadowing ingesta. The wall appears somewhat thickened in this region, measuring at 0.30 cm, but no definitive obstruction is visualized.

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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

Kelly Reschny

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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a prominent mesenteric lymph node measuring 0.62 cm. The omentum is generally mildly hyperechoic.

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ULTRASONOGRAPHIC FINDINGS

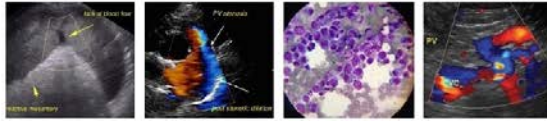
- Mildly fluid dilated stomach – This is most consistent with fluid and some ingesta, although non-obstructive foreign material cannot be ruled out.
- Focal areas of fluid dilation in the small bowel – Some of these regions are suspected to have ingesta/ingested foreign material with a mild shadow, but a clear obstruction is not visualized.
- Echogenic debris visualized in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Mild mesenteric lymphadenopathy – This is a normal finding for a young dog.

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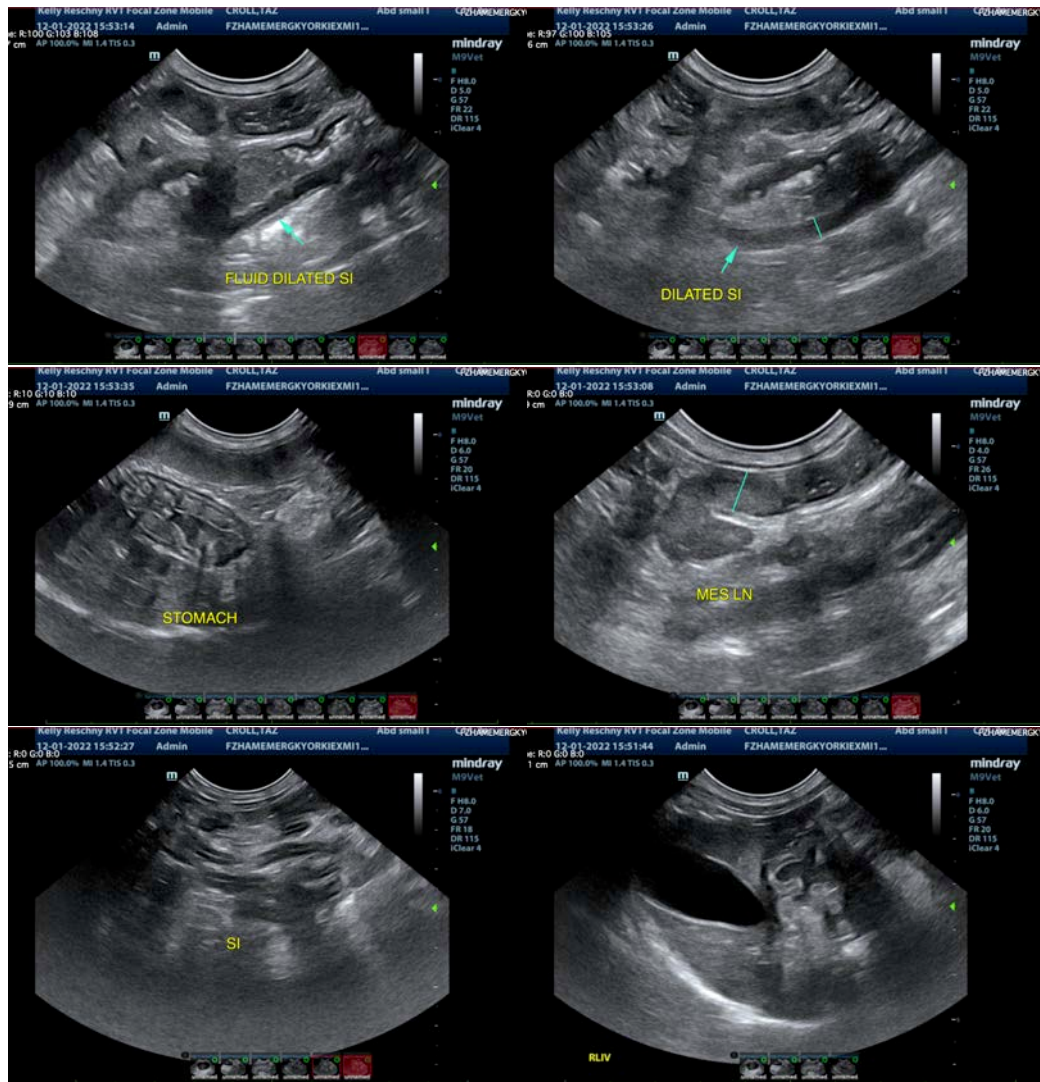
REFERRING VET

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a small amount of fluid visualized within the stomach, and much of the small bowel appears normal. There are a few areas that appear somewhat dilated with a small amount of intraluminal soft shadowing material. This could be consistent with passing ingesta, foreign material, etc. Recommend rehydration and supportive care, and consider reevaluation in 12-24 hours, sooner if the patient is declining, as I cannot definitively say if this is not passing material or more concerning. Linear plastic material could be challenging to identify ultrasonographically.

There is a small amount of echogenic debris visualized in the urinary bladder. Recommend urinalysis and culture.

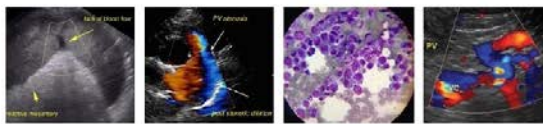


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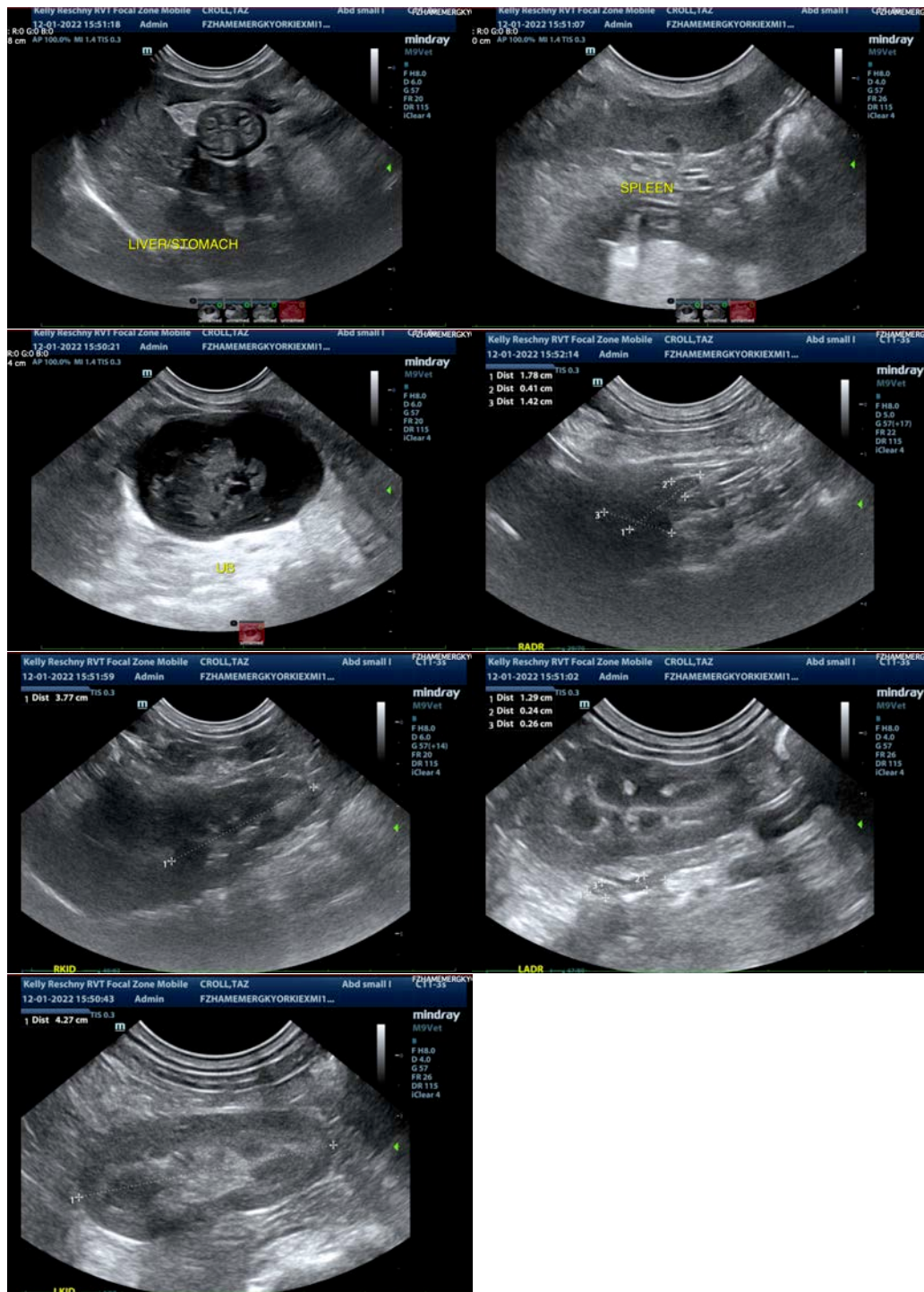
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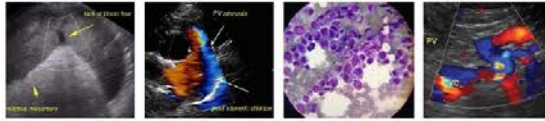
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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

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