



PATIENT PRESENTING CLINICAL SIGNS

Lucus Simmons vomiting, anorexia; R/O FB
Abnormal PE/Chem/CBC/UA Results: Na 140, K 3.1, Cl 97, phos 5.1, glu 140, ALKP 220, HCT 61

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

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.

Lab X

SEX

The prostate is normal in size 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.

Neutered Male

AGE

The left kidney has a normal shape and size (7.09 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.

4 Years

WEIGHT

The right kidney has a normal shape and size (7.5 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.

76 Pounds

Adrenal Glands

INTERPRETED BY

The left adrenal gland is normal in size measuring 0.54 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.

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

The right adrenal gland is normal in size measuring 0.68 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.

IMAGING PERFORMED BY

Diane McFadden

Spleen

HOSPITAL NAME

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.

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Liver

REFERRING VET

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.

Dr. Kim

INVOICE

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

33178

DATE

12/2/21



PATIENT

Gastrointestinal

Lucus Simmons

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.

SPECIES

Canine

Some of the visualized areas of small bowel have a relatively uniform diameter with minimal fluid distension. Other areas are significantly distended with hyper non-progressive motility and significant distention. In these areas, there is some shadowing of what I suspect is a combination of ingesta and possible foreign material. The bowel wall appears somewhat irregular and thickened and mildly corrugated. A distinct focal obstruction was not visualized, but there is concern for possible foreign material.

BREED

Lab X

SEX

Neutered Male

The distal colon is visualized and appears normal and exhibits normal intact wall layering, and is subjectively of normal thickness. More cranial aspects of the colon are somewhat obscured by gas shadowing and mild fluid dilation.

Pancreas

AGE

4 Years

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

WEIGHT

76 Pounds

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild 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.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

- Areas of dilated, corrugated, and somewhat thickened small intestine with shadowing areas concerning for possible foreign material. A focal site of obstruction is not clearly visualized. Imaging is somewhat equivocal. Correlate with radiographs and clinical picture.
- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Newton Vet Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is significant fluid dilation of the bowel and areas with corrugation, wall thickening, and evident enteritis. Additionally, there is shadowing in the bowel, which could be consistent with passing ingesta/foreign material, or could be consistent with a full or partial obstruction. Unfortunately, a clear pinpoint site of obstruction was not visualized. Options moving forward include:

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Dr. Kim

- Rehydration and supportive medical care with frequent serial radiographs with the intention to go to surgery if an obstructive pattern does not resolve.
- Additionally, if clinical picture is strongly supportive as well as abdominal radiographs, exploratory could be considered with the option to obtain GI biopsies at the same time.

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Based on the level of enteritis present I am concerned that surgical exploration with biopsies may be the best course of action.

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PATIENT

Lucus Simmons

SPECIES

Canine

BREED

Lab X

SEX

Neutered Male

AGE

4 Years

WEIGHT

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**IMAGING
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HOSPITAL NAME

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REFERRING VET

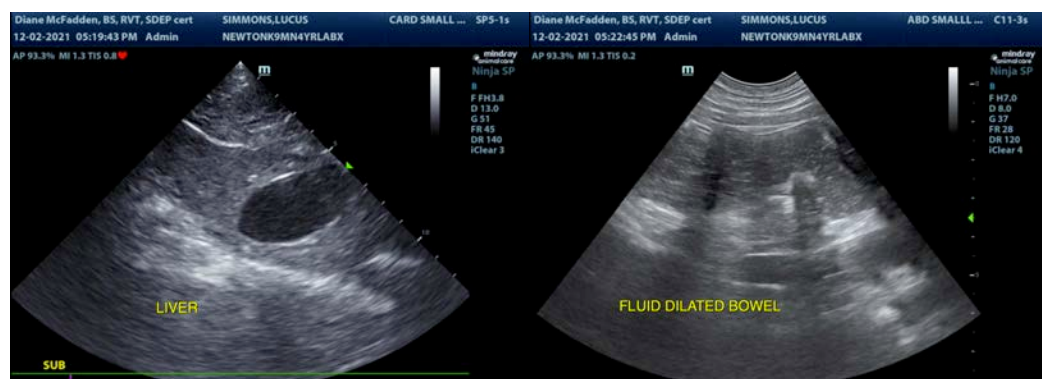
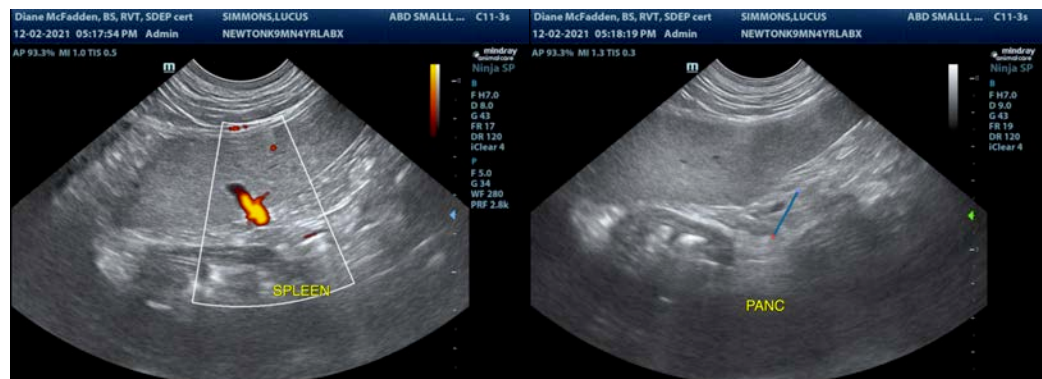
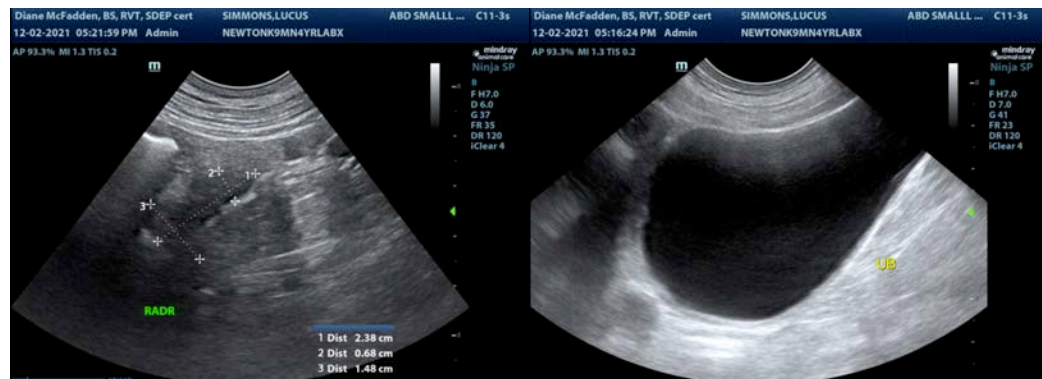
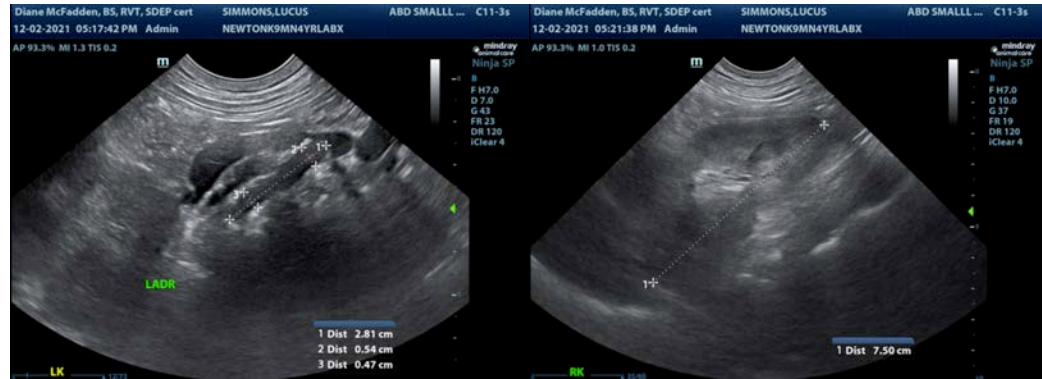
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Lucus Simmons

SPECIES

Canine

BREED

Lab X

SEX

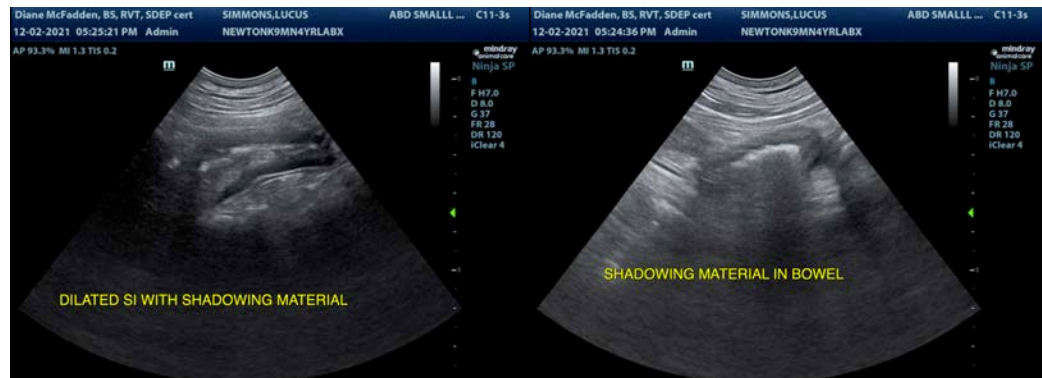
Neutered Male

AGE

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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.

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