



PATIENT

Lyle Cutolo

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

~5-7 Years

WEIGHT

39 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional

REFERRING VET

Dr. Hartwick

INVOICE

43670

DATE

12/22/22

PRESENTING CLINICAL SIGNS

Newly acquired stray a few months ago presents for Vomiting, drooling, licking floor and gassy. Patient was seen at E.R. clinic on 12/17/22 - treated with famotidine and SQ fluids, started pumpkin rice diet, introduced IAMS dry again on 12/20/22, continued to vomit mucus, food, foam multiple times overnight. Appetite had been normal until today; would not eat, normal stool. History of PICA (had a FB in May of 2022, history of sensitive G.I. tract. Today had SQ fluids, Cerenia, and famotidine. Normally eats his pork-based treats, possible human food, eats anything. R/O FB, G.I. disease (IBD), and vital

Abnormal PE/Chem/CBC/UA Results: 12/21/22: CBC: WBC 5.51, mild neutropenia, all else ok.

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 normal/borderline large (1.35 cm) 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 (5.96 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 (5.33 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 0.59 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 0.67 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.



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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.

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Canine

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.

BREED

Beagle

Most of 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 0.31 cm. Visualized peristalsis appears appropriate. There is a focal area of moderately fluid dilated bowel with no peristalsis visualized, but no evidence of an obstruction is visible in this area.

SEX

Neutered Male

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.

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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 an occasional prominent mesenteric lymph node visualized. One near the spleen measures 0.87 cm. The omentum is of normal echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- Borderline large prostate – The prostate appears normal in shape. This could be consistent with a dog neutered after puberty.
- Mild to moderate focal fluid distention of the small intestine – This could be consistent with focal ileus, enteritis, or with an unseen obstruction.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No obvious focal obstruction or foreign material was observed on today's scan, although there are some types of foreign body that are difficult to observe with ultrasound. Recommend treatment for general gastroenteritis and serial imaging. If an obstructive pattern persists or foreign material persists on radiographs, then consider surgical evaluation.

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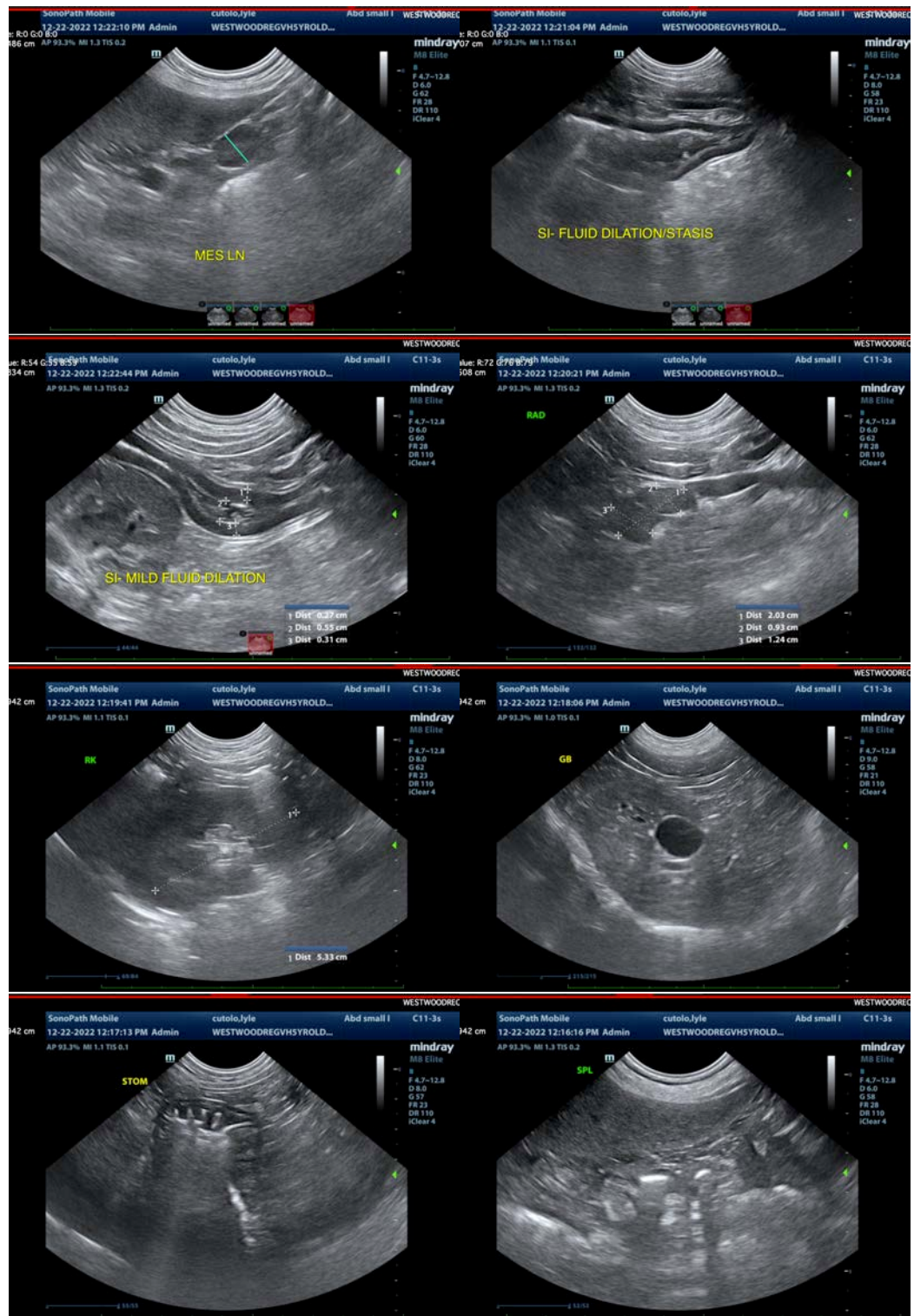
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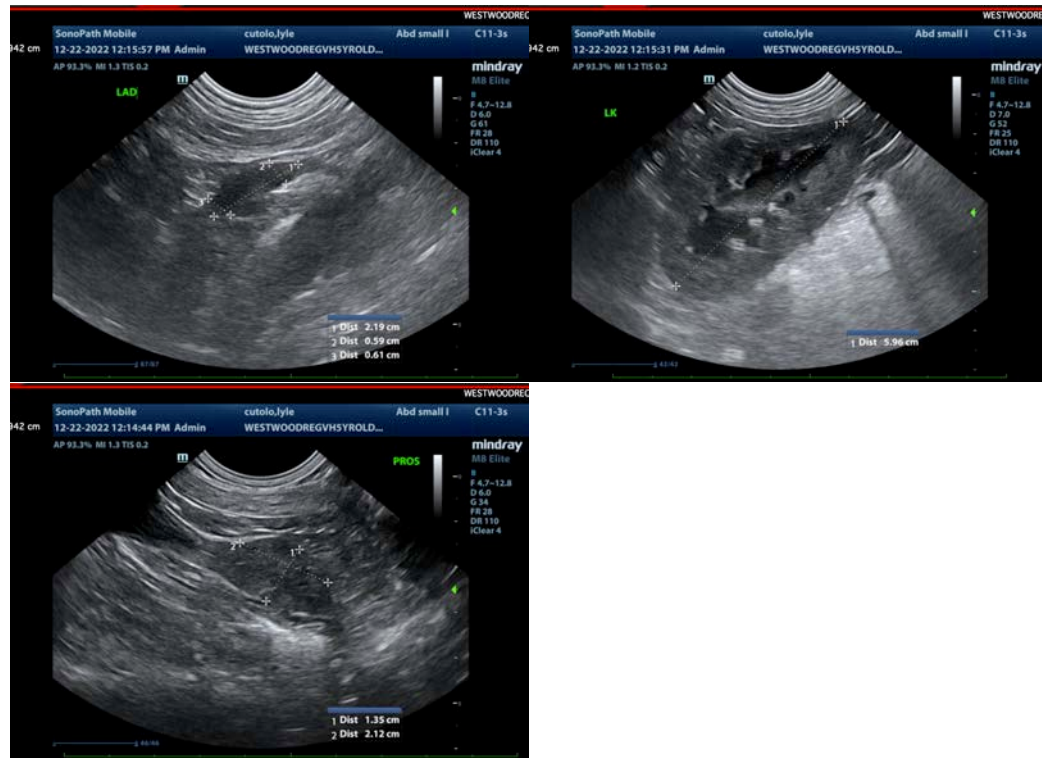
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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