



PATIENT

Cooper Pizzute

PRESENTING CLINICAL SIGNS

Patient presents for inappetence.

SPECIES

Canine

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.

BREED

Maltese

The prostate is borderline large and hyperechoic, measuring 1.2 cm. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

SEX

Intact Male

The left kidney has a normal shape and size (2.1 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.

AGE

2 Years

The right kidney has a normal shape and size (3.06 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.

WEIGHT

5.5 Pounds

Adrenal Glands

The left adrenal gland is normal in size measuring 0.23 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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kelly Vazquez

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.

HOSPITAL NAME

New Bridge VP

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.

REFERRING VET

Dr. Glennon

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.

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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.

DATE

2/10/22



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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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. While there are no focal mass lesions or obstructions visualized, the duodenum does appear somewhat corrugated and inflamed.

SPECIES

Canine

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.

BREED

Maltese

Pancreas

The pancreas is prominent and hypoechoic as 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.

SEX

Intact Male

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective 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.

AGE

2 Years

Other

WEIGHT

5.5 Pounds

Both the left and right testicles are visualized and appear within normal limits (right testicle 1.71 cm, left testicle 1.78 cm).

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Medicine)

- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large, hyperechoic prostate – Prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia. However, given the lack of lower urinary tract symptoms, these differentials are considered less likely in this patient.
- Mild duodenal corrugation – Findings are most consistent with focal inflammation/irritation.

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

New Bridge VP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious lesions are visualized in the abdomen to explain the inappetence noted. The pancreas is somewhat prominent. These changes are most consistent with mild active pancreatitis or previous episode of pancreatitis. The duodenum in that area appears somewhat corrugated/inflamed. Consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to further evaluate for pancreatic or small intestinal disease.

REFERRING VET

Dr. Glennon

The pancreas is somewhat large and hyperechoic, but there are no focal lesions. Recommend urinalysis and culture to rule out urinary tract infection and prostatitis. Current changes are most consistent with benign prostatic hypertrophy.

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The liver today appeared relatively normal, but if inappetence continues or there are any consistent bloodwork changes, consider a liver function test to look for any evidence of a portosystemic shunt, although none was visualized on today's scan. Additionally, consider screening for Addison's disease and diagnostics/treatment for GI parasites.

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REFERRING VET

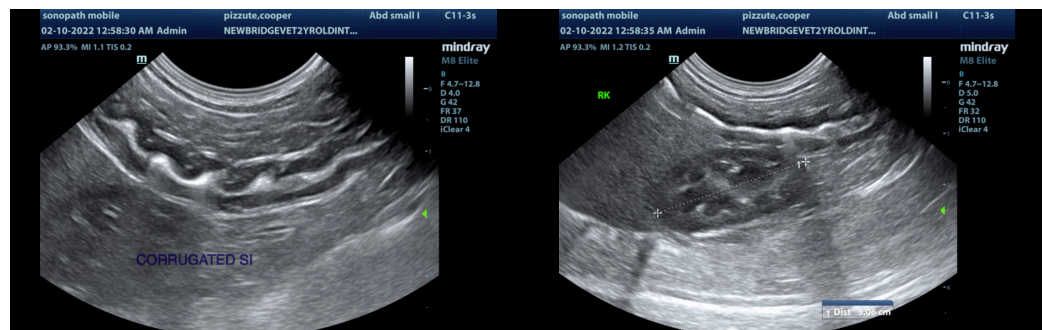
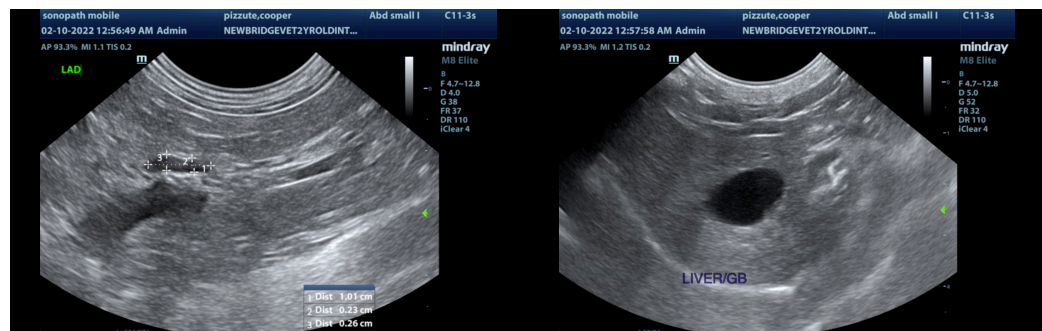
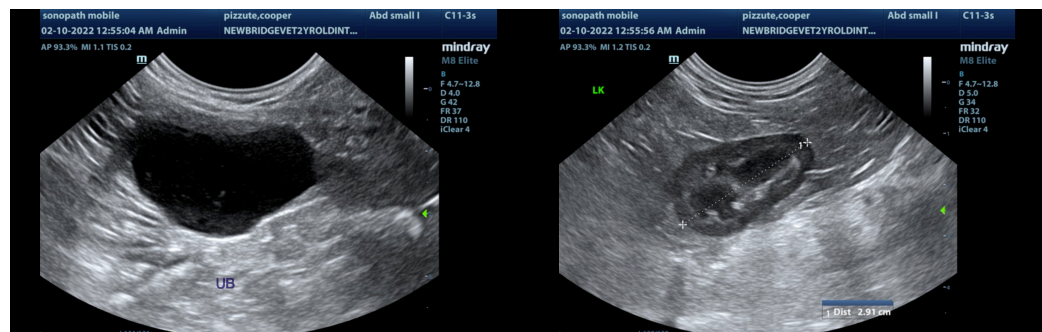
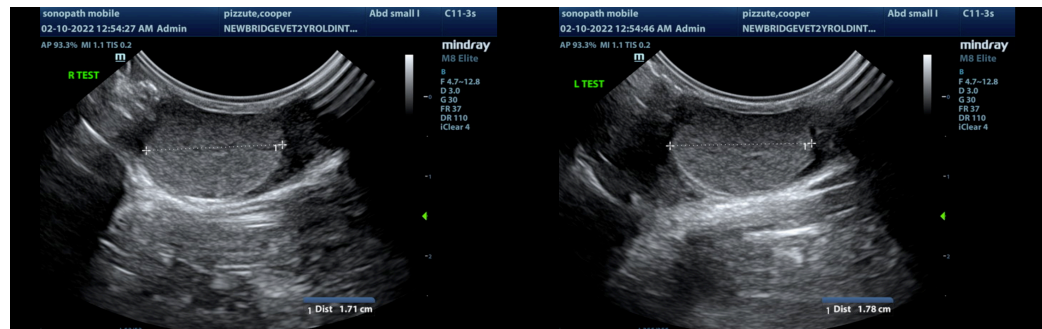
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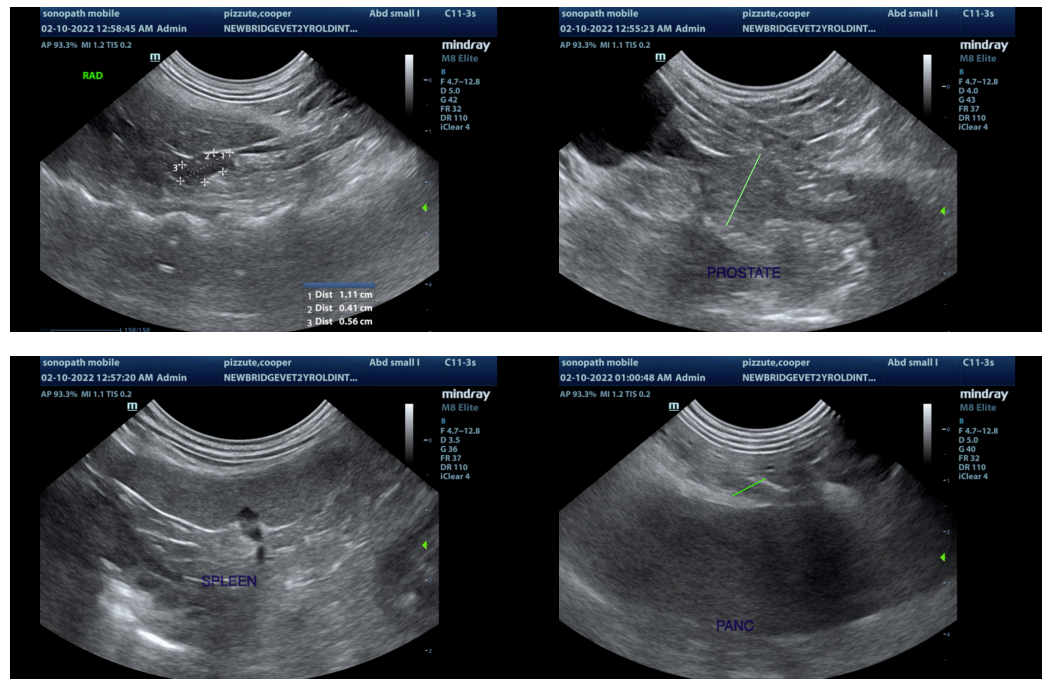
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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