



PATIENT

Wailani Hazelwood
Dr. Pet

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Lab Retriever

Wailani is a 6 year old FS black labrador retriever, owned by Dr. Hazelwood, presenting for routine ultrasound; last ultrasound done 12/2020 – please compare. She does have history of gagging that is becoming more progressive – consultation with internist is scheduled in a few weeks. Recent radiographs in January showed unremarkable neck, generalized moderate bronchial lung pattern with cranioventral lung field more affected, and unremarkable abdomen. Last lab work completed 08/2021 was WNL – likely repeating soon. She is otherwise doing well at home. She takes Fluoxetine, Ocuglow vision supplement, and Fortiflora/Welactin off and on. Physical Exam Findings/Reason for Ultrasound: Yearly wellness screening ultrasound Please compare to ultrasound 12/2020 if indicated. Lab Work Attached for Review? Yes Radiographs Attached for Review? Yes, report

SEX

Spayed Female

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.

AGE

7 Years 7 Months

The left kidney has a normal shape and size (6.54 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

55 Pounds

The right kidney has a normal shape and size (5.94 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.60 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 BY

Loetitia Saint-Jacques,
LVT

The right adrenal gland is normal in size measuring 0.52 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.

HOSPITAL NAME

Advanced Pet Care of NV

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. Alexiz Hazelwood

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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. 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.

BREED

Lab Retriever

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. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Spayed Female

AGE

7 Years 7 Months

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.

WEIGHT

55 Pounds

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are visible mesenteric lymph nodes measuring 0.51, 0.56, and 0.62 cm. Sublumbar lymph nodes are normal at 0.30 cm (on the right) and 0.26 cm (on the left). The omentum is of normal echogenicity.

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Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

IMAGING BY

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ULTRASONOGRAPHIC FINDINGS

- Mild gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.
- Visible mesenteric lymph nodes – These are within normal limits and measurements provide a baseline.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Alexiz Hazelwood

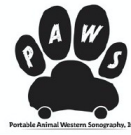
Today's scan is relatively normal for an approximately 7.5 year old Labrador. No significant lesions were visualized to explain the gagging reported in the history.

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Portland Animal Western Sonography, Inc.

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

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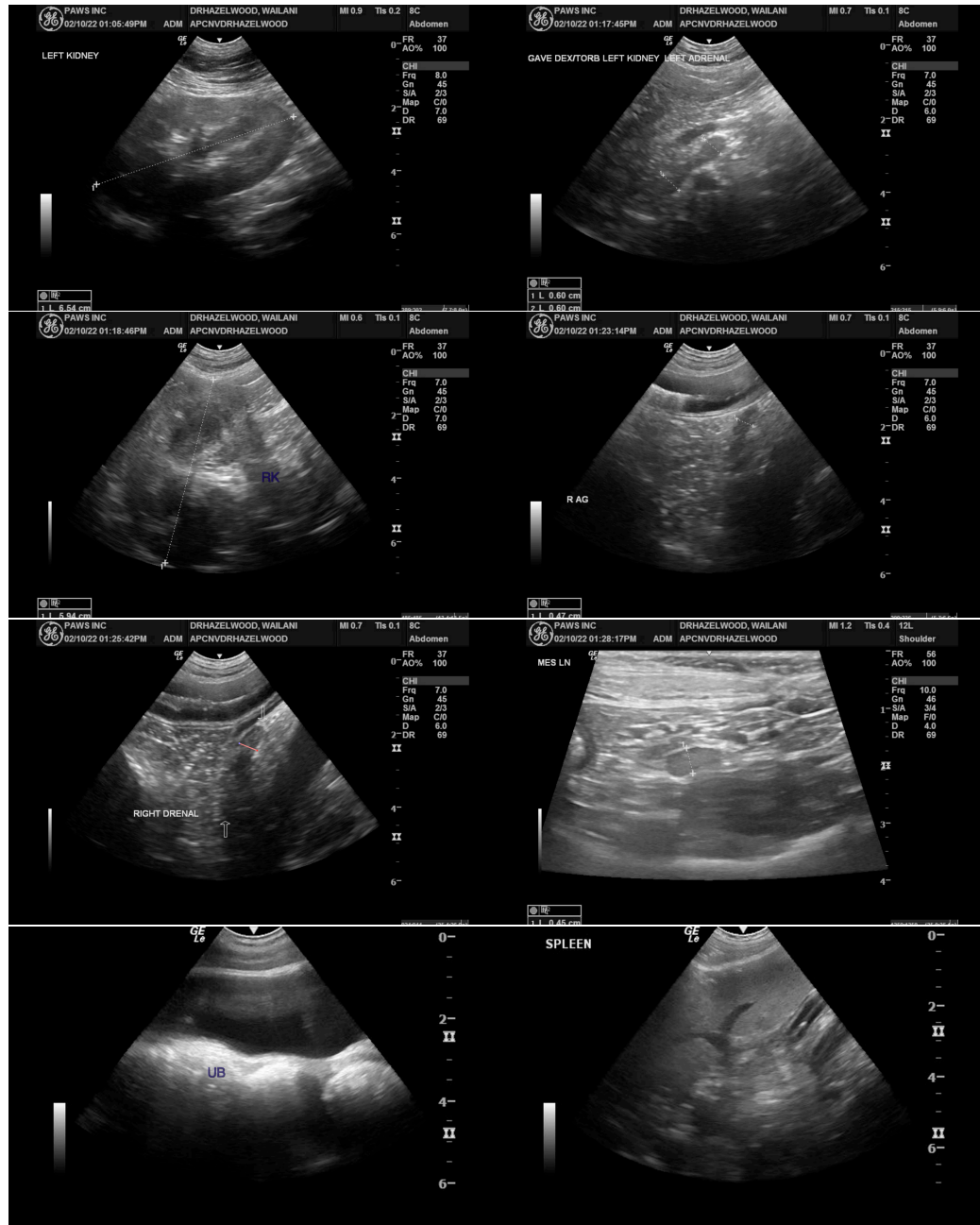
Dr. Alexiz Hazelwood

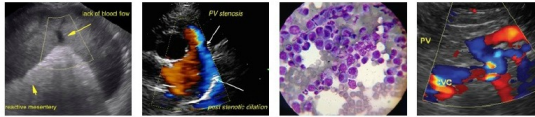
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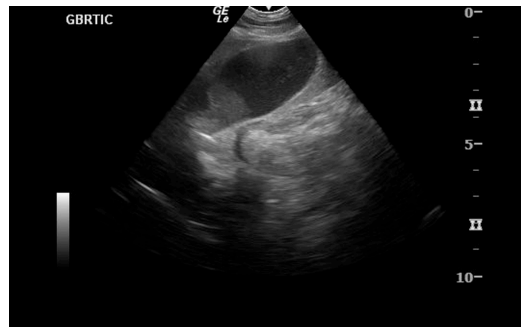
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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