

PATIENT

Stella Milbeck Fox

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Boxer

Chief Concern / Provisional Diagnosis: ~GI issues r/o: pancreatitis vs other (IBD, lymphoma)~

Relevant Medical History and Physical Exam findings: ~intermittent drooling vomiting, anorexia diarrhea. Evedated pancreatic enzymes. Rad report did not have pancreatitis as DfDx and recommend abd US (thickening in SI)~

Abnormal PE/Chem/CBC/UA Results: LABs attached- sedated w/ butrophanol- started having nystagmus during AUS- attached ECG and saw about 6 VPCs during a 16min read. Owner declined full echocardiogram. ECG will be reviewed by one of the Drs at MountainView.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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

6 Years 3 Months

The left kidney has a normal shape and size (6.98 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

50 Pounds

The right kidney has a normal shape and size (4.5 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. There is a 1.56 cm cystic structure on the kidney.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.64 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 0.69 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 BY

Loetitia Saint-Jacques,
LVT

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.

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Liver

The liver is subjectively normal in size, and hypoechoic with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

REFERRING VET

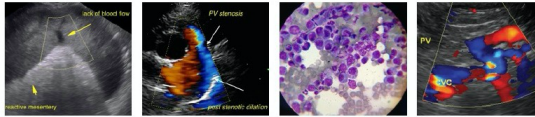
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2/10/22



PATIENT

Stella Milbeck Fox 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.

SPECIES

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Gastrointestinal

The stomach contains minimal luminal contents. Wall thickness is slightly subjectively increased at 0.73 cm. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No focal lesions are observed, but subjectively the stomach wall appears mildly thickened.

BREED

Boxer

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased (duodenum wall measures 0.45 cm, jejunum wall measures 0.38 cm). Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Visualized peristalsis appears appropriate. There is a focal area of small intestine with complete loss of layering and thickened wall. In this area, wall thickness is 0.63 cm, and the diameter of the bowel is 1.52 cm. This section of small intestine is approximately 3-4 cm in length.

SEX

Spayed Female

AGE

6 Years 3 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.

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.

WEIGHT

50 Pounds

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a moderate mesenteric lymphadenopathy present with a mesenteric lymph node measuring 0.99 cm and 0.54 cm. The omentum is generally of normal echogenicity.

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A brief view of the heart was submitted. Recommend cardiac ultrasound due to the reported arrhythmia and a possible scant amount of pericardial effusion visualized.

IMAGING BY

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LVT

PRIMARY FINDINGS

- Focal small intestinal wall thickening with complete loss of layering – most consistent with a bowel mass. Possible differentials include round cell neoplasia, carcinoma, or focal inflammatory disease.
- Subjective gastric wall thickening – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.
- Hypoechoic, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

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- Mild/moderate mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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SECONDARY FINDINGS

- Right-sided renal cyst – Likely an incidental finding.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This small intestine is generally thickened with normal intact layering, but there is a focal area with complete loss of layering and severe thickness, most consistent with a focal bowel mass. Additionally, the stomach wall appears somewhat thickened, but layering is retained. These findings could be consistent with gastritis or infiltrative disease.

BREED

Boxer

- If possible, consider fine needle aspirate of the bowel mass.

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Spayed Female

- If fine needle aspirate with cytology is not possible, then consider exploratory surgery via veterinary surgeon to potentially remove the abnormal bowel and obtain biopsies.

AGE

6 Years 3 Months

- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

WEIGHT

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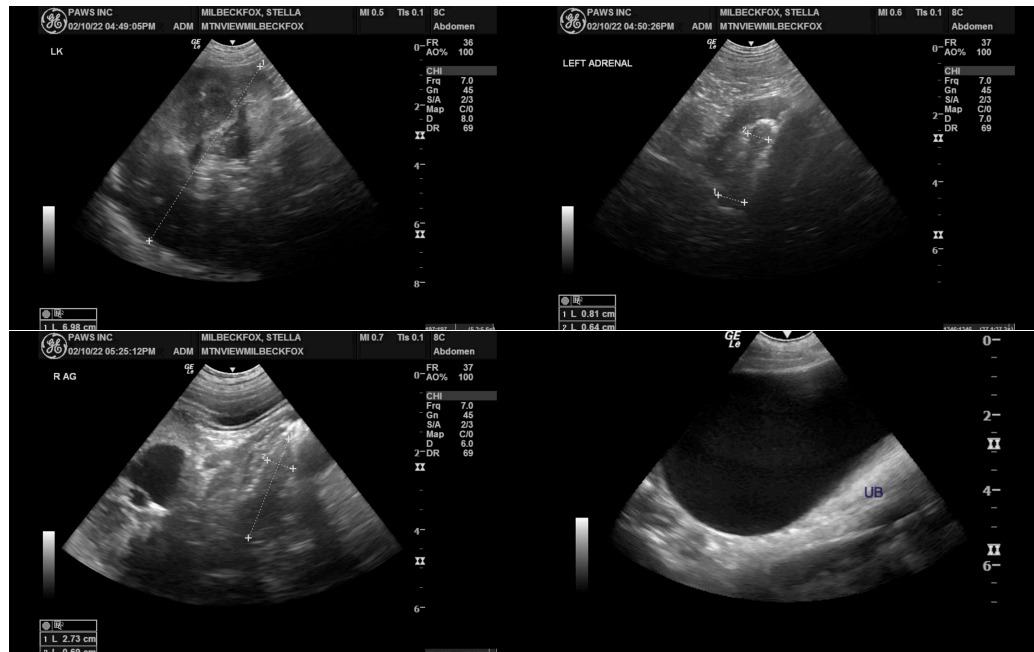
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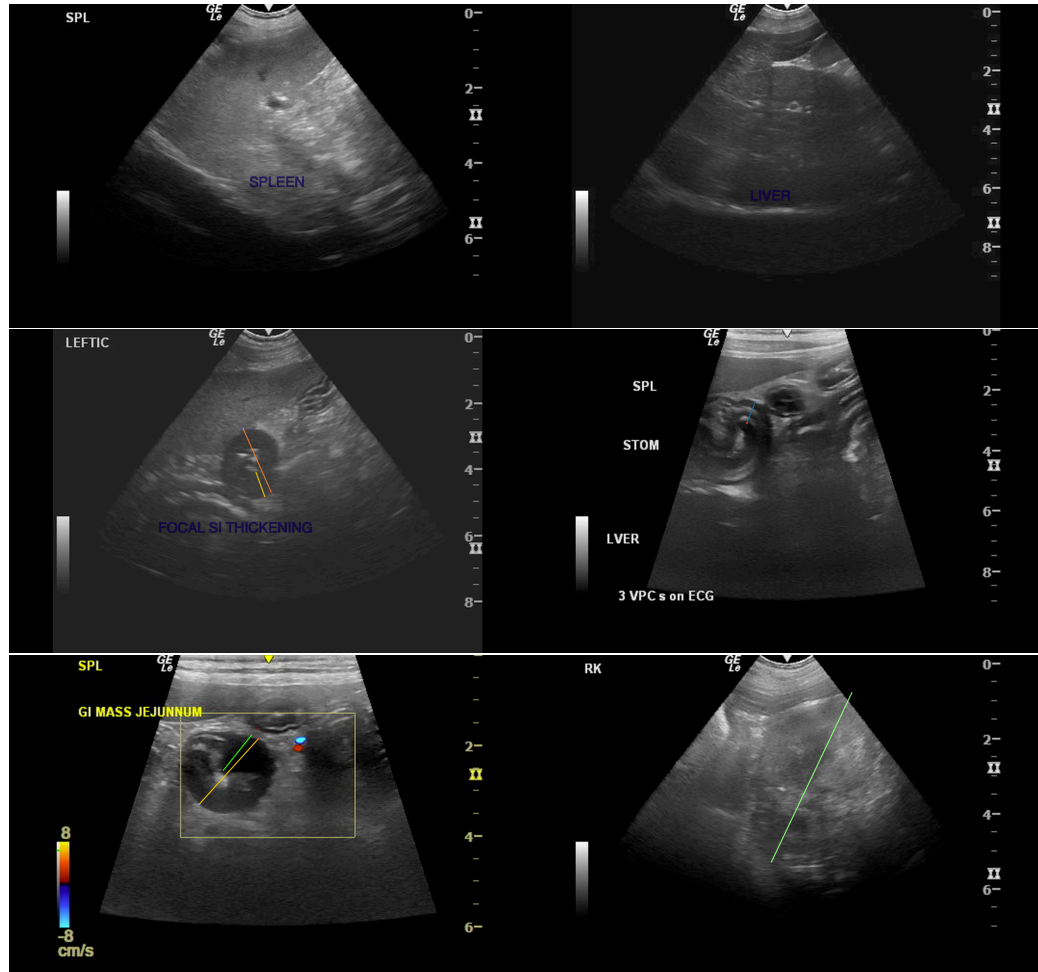
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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