



PATIENT

Cody McSherry

PRESENTING CLINICAL SIGNS

Decreased eating, vomiting times 2 days. Barium series; dilated loops of bowel suspicion of FB vs. other. History of similar presentation 8 months prior, resolved with medications. No current meds. Abnormal PE/Chem/CBC/UA Results: Lym. 0.69, Eos. 0.04, MPV 14, PCT 0.52.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Pit Bull Mix

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.

SEX

Neutered male

The prostate was normal and measured 0.75 cm.

AGE

8 years

The left kidney has a normal shape and size (6.41 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

The right kidney has a normal shape and size (6.38 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 0.61 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 0.61 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 , CVT

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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Westwood Regional
VH

REFERRING VET

Dr. Giammanco

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. The gallbladder lumen is moderately distended. The wall of the gallbladder 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

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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.

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Canine

Many areas of visualized small intestine appear fluid dilated and somewhat hypermotile with intact wall layering. There is a focal section of bowel with increased thickness measuring 1.0 cm and complete loss of layering. Adjacent to this thickened section of bowel is severely dilated fluid filled bowel given the impression of possible partial obstruction. This area could involve the ileocecal junction.

BREED

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The large intestine is largely severely fluid dilated and visualized at the level of the urinary bladder with severe dilation. It is possible that the thickened area of small intestine represents ileocecal junction, but pathology in this area prevents definitive identification.

SEX

Neutered male

Pancreas

AGE

8 years

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

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.

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Diffuse, fluid dilation of the small and large intestine. There are some areas of non-fluid dilated small intestine visualized. Additionally there is an area of small intestine with a thickened wall and loss of layering adjacent to dilated bowel. The findings are concerning for a possible intramural mass effect.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On initial evaluation and evaluation of the contrast study provided the findings are suspicious for diffuse ileus as there is dilation of both the small and large bowel. On ultrasound there is a focal area of small intestine that appears thickened with loss of layering. This area is adjacent to dilated bowel. This could represent the ileocecal junction, but abnormalities in these areas prevents definitive identification.

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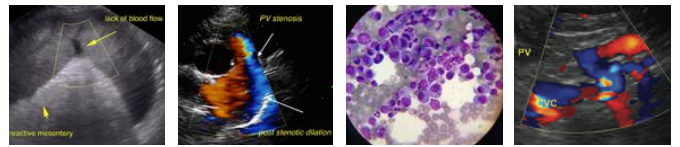
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- Based on the ultrasonographic and radiographic findings I would consider exploratory surgery to biopsy the small and large bowel and look for possible obstruction/mass effect. If diffuse ileus is present with no mass effect underlying small bowel disease is usually the cause and biopsies of the small intestine are recommended.

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- Consider a GI panel to Texas A&M for qualitative fPLI, TLI, cobalamin and folate to look for



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evidence of diffuse small intestinal disease and pancreatic involvement.

- If no physical obstruction is observed consider promotility medications.
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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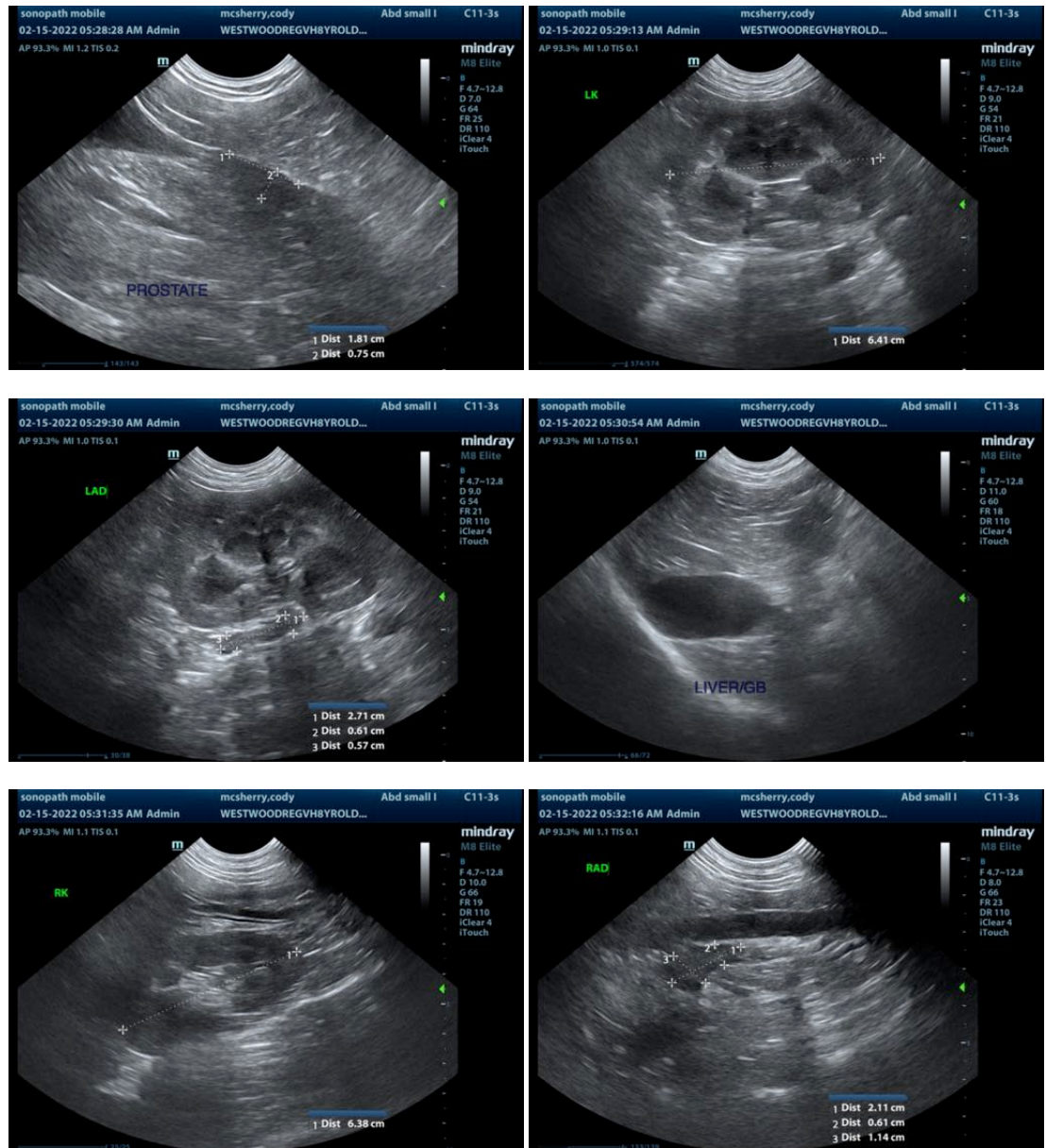
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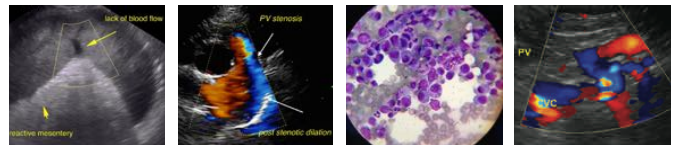
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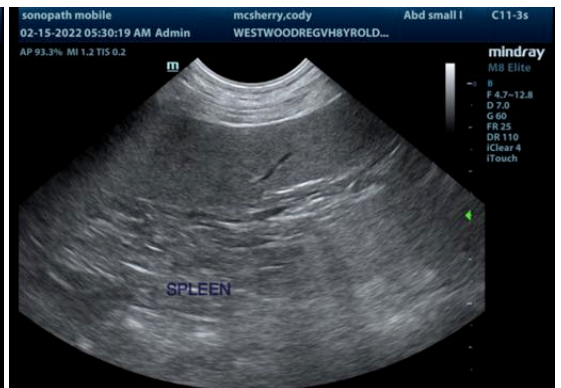
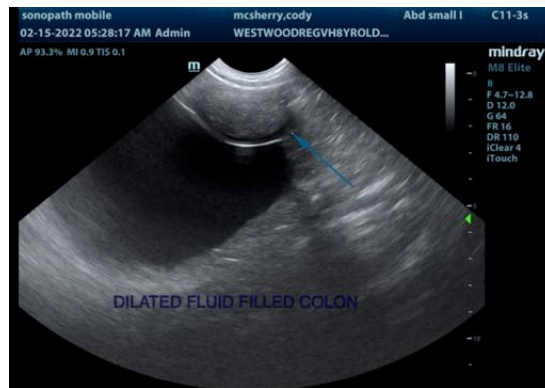
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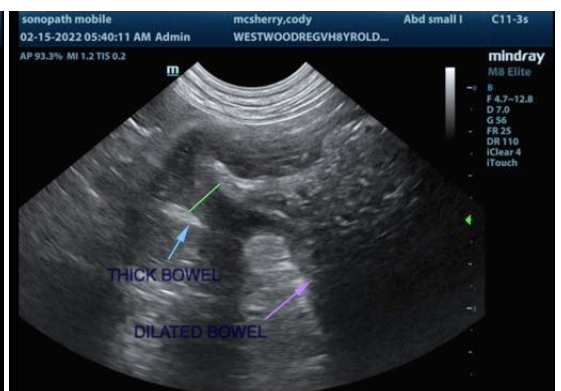
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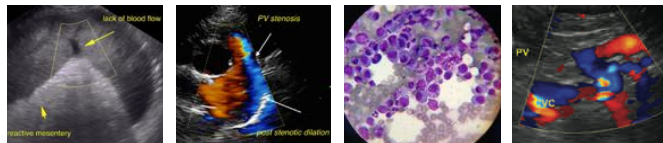
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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