



PATIENT

Georgie Telequen

PRESENTING CLINICAL SIGNS

Not eating for 4 days. Lethargic. V/D. Normal labs.

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

Bulldog

The prostate is borderline enlarged in size (2.9 cm). It is slightly irregular in shape for this neutered male dog. The parenchyma is slightly heterogenous with occasional hyperechoic pinpoint mineralization. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect, or calculi.

SEX

MN

AGE

7 years

The left kidney has a normal shape and size (7.33 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

28 kg.

The right kidney has a normal shape and size (7.4 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 0.58 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 PERFORMED BY

Dave Stasiuk RDMS,
RDMS

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

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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. M. Nagy

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 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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DATE

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PATIENT

Gastrointestinal

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The stomach mildly to moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It largely appears to measure at a normal thickness of <0.7 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. In some views, the area of the pylorus appears somewhat irregular and borderline thickened, but this is not consistent in all images.

SPECIES

Canine

BREED

Bulldog

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 (0.42 cm in wall thickness) and the jejunum measured as normal (0.32 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

MN

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.

AGE

7 years

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

28 kg.

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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Medicine)

ULTRASONOGRAPHIC FINDINGS

IMAGING

PERFORMED BY

Dave Stasiuk RDMS,
RDCS

Primary

- Prominent, slightly irregular prostate with pinpoint, large, somewhat prominent and irregular mineralizations - This prostate is somewhat abnormal for a neutered male dog. Correlate with age of neutering. If neutered prior to puberty, then consider a fine needle aspirate.

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Secondary

- Subjectively thickened pylorus - The significance of this is unclear but possible differentials would be; inflammation, edema, infiltrative neoplasia, or an atypical rugal fold.

REFERRING VET

Dr. M. Nagy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No definitive focal lesions are observed involving the GI tract. The stomach appears to have some mild fluid distention. Correlate with abdominal radiographs and feeding history. If the patient was adequately fasted then the questionable thickening at the level of the pylorus may be more concerning. Recommend treatment for acute gastroenteritis / pancreatitis. Submit a GI Panel to Texas A&M for a qualitative PLI/TLI/Cobalamin/Folate to further evaluate the pancreas and small intestine. If symptoms persist despite adequate therapy, consider serial imaging with radiographs +/-

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ultrasound and possible GI Biopsies with special attention paid to the pyloric area of the stomach.

Georgie Telequen

The prostate appears large and slightly irregular for a neutered male dog. If this dog was neutered after puberty, this can sometimes appear as the large prostate shrinks but if this dog was neutered prior to puberty, then correlate with abdominal radiographs, a digital rectal exam, and consider a fine needle aspirate of the prostate in addition to urinalysis and culture.

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**IMAGING
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REFERRING VET

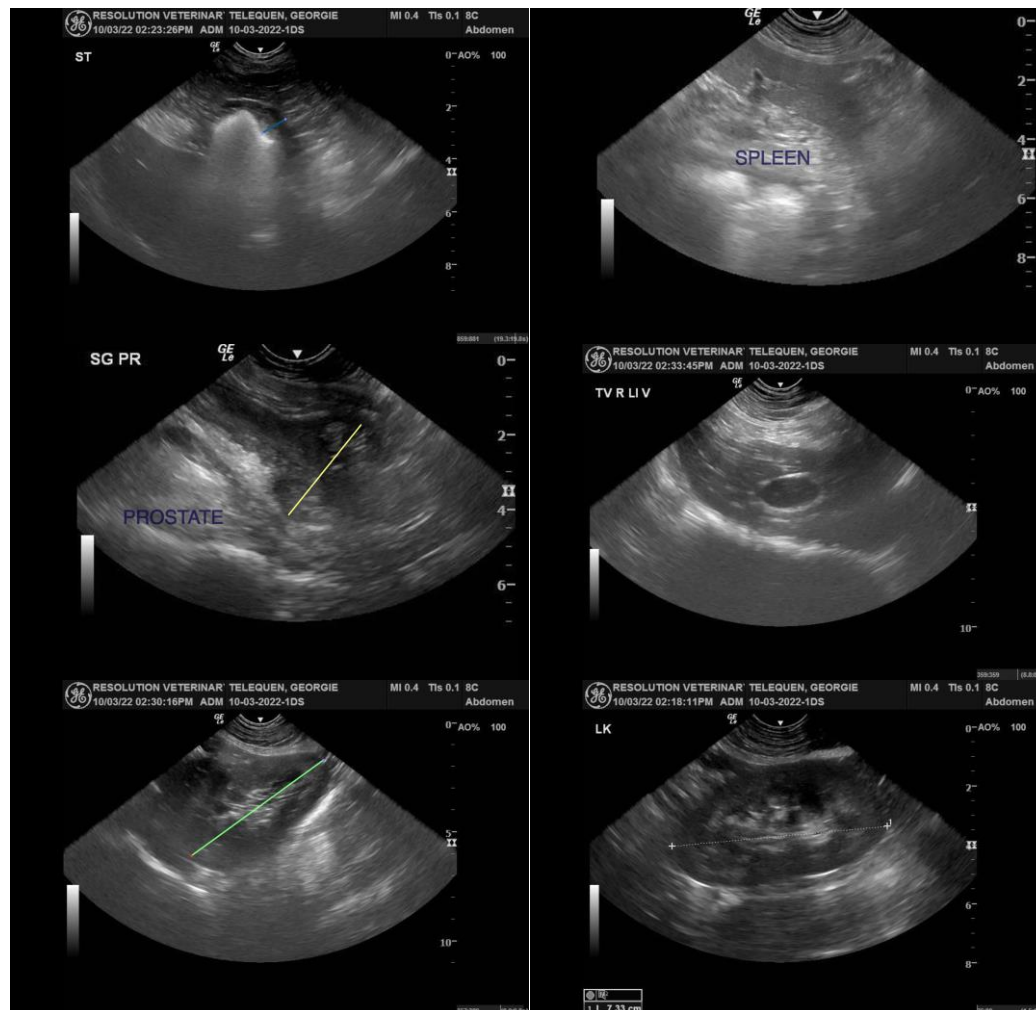
Dr. M. Nagy

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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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