



**PATIENT PRESENTING CLINICAL SIGNS**

Bella Deutsch on and off inappetence, periodic vomiting, mild weight loss. Not on any meds.  
Abnormal PE/Chem/CBC/UA Results: wnl

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED**

Boxer

The urinary bladder is mildly distended with anechoic urine. The Bladder wall, trigone and ureteral papillae appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi. The urinary bladder appears somewhat pelvicly located. This combined with the lack of urine distention makes evaluation of the proximal urethra difficult.

**SEX**

Spayed Female

The left kidney has a normal shape and size (6.65 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**

6 Years

The right 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**

N/A

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.70 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 0.60 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.

**Spleen**

**IMAGING PERFORMED BY**

Diane McFadden

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.

**Liver**

**HOSPITAL NAME**

Animal Mansion

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. Parker

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 moderate amount of hyperechoic shadowing particulate debris, most consistent with small stones. 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**

3/15/22



**PATIENT**

Bella Deutsch

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. Duodenum wall measured 0.40 cm. Jejunum wall measured 0.30 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**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**

Boxer

***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.

**SEX**

Spayed Female

***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**

6 Years

**PRIMARY FINDINGS**

- Mineralized foci within the gallbladder – most consistent with small gallstones. This is likely an incidental finding, as the gallbladder wall appears relatively normal.

**WEIGHT**

N/A

**SECONDARY FINDINGS**

- Intrapelvic bladder – This is likely an incidental finding as is exacerbated by a lack of urine distention.

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No obvious source for the symptoms of inappetence, vomiting and weight loss are visualized. There are some small punctate stones in the gallbladder, but I suspect this is likely an incidental finding. Correlate with blood work values. Some of this may have already been done, but correlate with abdominal and thoracic radiographs, a GI panel to Texas A&M (if underlying GI disease is suspected), screening for atypical Addison's, etc.

**IMAGING PERFORMED BY**

Diane McFadden

- Consider a novel protein/hydrolyzed protein prescription diet in case there is dietary intolerance, IBD, etc.

**HOSPITAL NAME**

Animal Mansion

- Confirm normal calcium levels

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- If vomiting persists despite symptomatic therapy, and GI disease is suspected, consider upper GI endoscopy to evaluate the stomach and esophagus, and/or surgical biopsies of the GI tract.

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**SPECIES**

Canine

**BREED**

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**SEX**

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**AGE**

6 Years

**WEIGHT**

N/A

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**IMAGING  
PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Animal Mansion

**REFERRING VET**

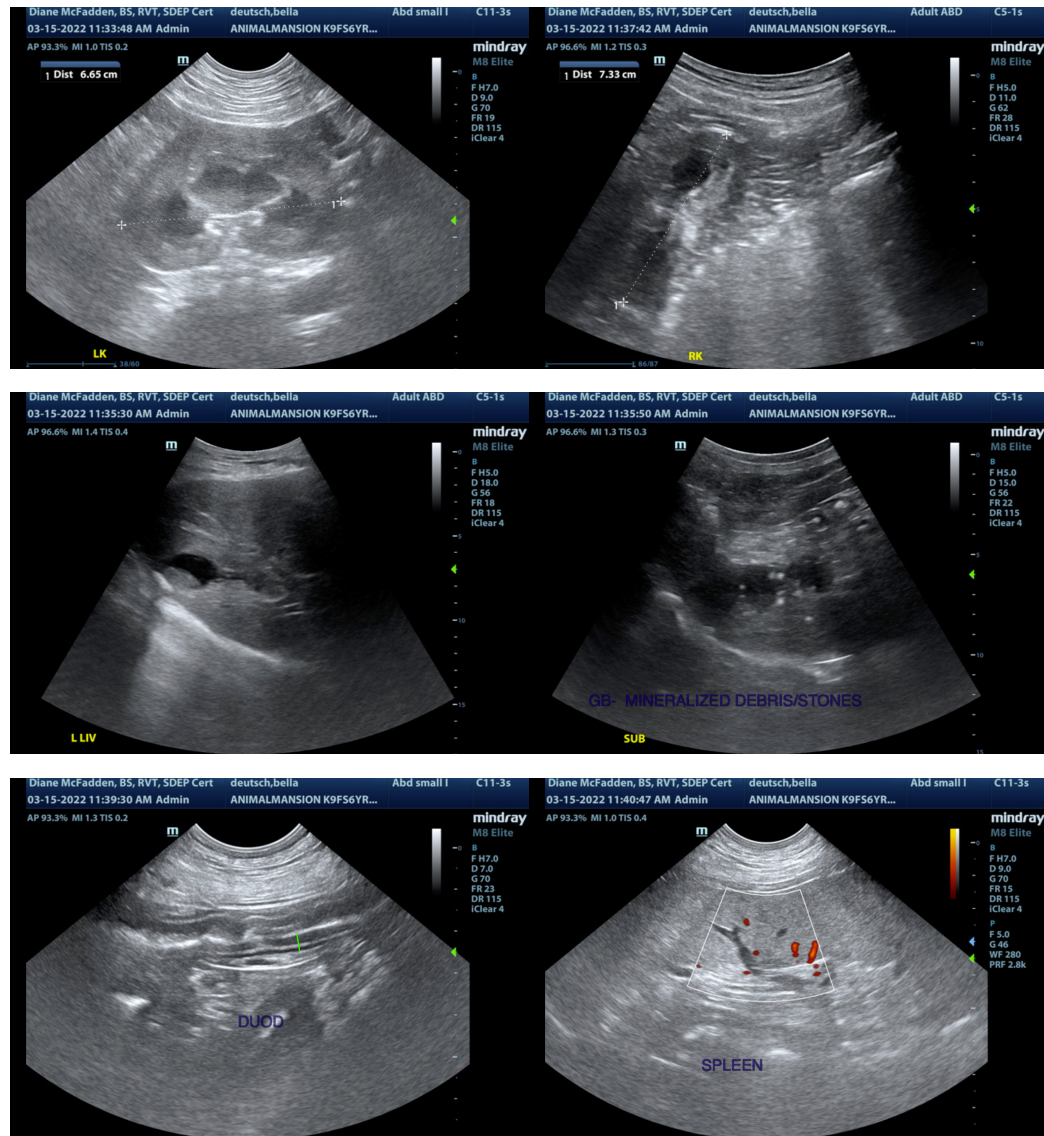
Dr. Parker

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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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