



PATIENT

Roxie Laslo

SPECIES

Canine

BREED

Springer Spaniel

SEX

Spayed Female

AGE

5 Years

WEIGHT

20 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Hayley Gaynor

HOSPITAL NAME

Lambertville VC

REFERRING VET

Dr. Francesca Letasse

INVOICE

46095

DATE

3/22/23

PRESENTING CLINICAL SIGNS

Roxie presented on 3/21/23 for anorexia and lethargy since being spayed on 3/13/23. Prior to spay she was normal. She was seen on 3/20/23 at a different clinic for this problem. Abdominal radiographs and blood work were unremarkable.

Abnormal PE/Chem/CBC/UA Results: Urinalysis on 3/21/23 was unremarkable

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.

The left kidney has a normal shape and size (5.31 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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 focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal/borderline “flat” measuring 0.44 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 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 is visualized.

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.

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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild fluid. 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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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.

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.

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.

Other

There is mild inflammation at the ventral body wall, as would be expected post-operatively.

There is a small diameter tubular fluid filled structure visualized at the neck of the urinary bladder, most consistent with a mildly fluid dilated uterine body.

ULTRASONOGRAPHIC FINDINGS

- Borderline flat left adrenal gland – Recommend screening for Addison’s disease.
- Mildly fluid dilated uterine body – This could be within normal limits post-operatively or could be consistent with an early/mild metritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious cause for the patient’s anorexia and lethargy is not observed. There is a small tubular structure visualized at the trigone of the urinary bladder, most consistent with a uterine stump. There is a small amount of fluid visualized within this, and minimal associated inflammation. This appears relatively normal, but could be consistent with a very early metritis, suture reaction, etc. Additionally, there is some inflammation at the body wall as would likely be expected post-operatively. The region of the ovarian ligatures is not clearly visualized.

I don’t see any evidence of pancreatitis. There is a small amount of fluid visualized in the stomach. This could be consistent with a non-fasted patient, delayed gastric emptying, or much less likely ingestion of foreign material.

Consider screening for Addison’s disease, rechecking or confirming bloodwork looking for any evidence of acute renal failure, inflammation, etc., and recommend symptomatic therapy with pain medications, nausea medications, nausea medications, etc. If symptoms persist, consider reimaging of the uterine stump and ovarian pedicles, or any other areas of interest that could be clinical relevant.



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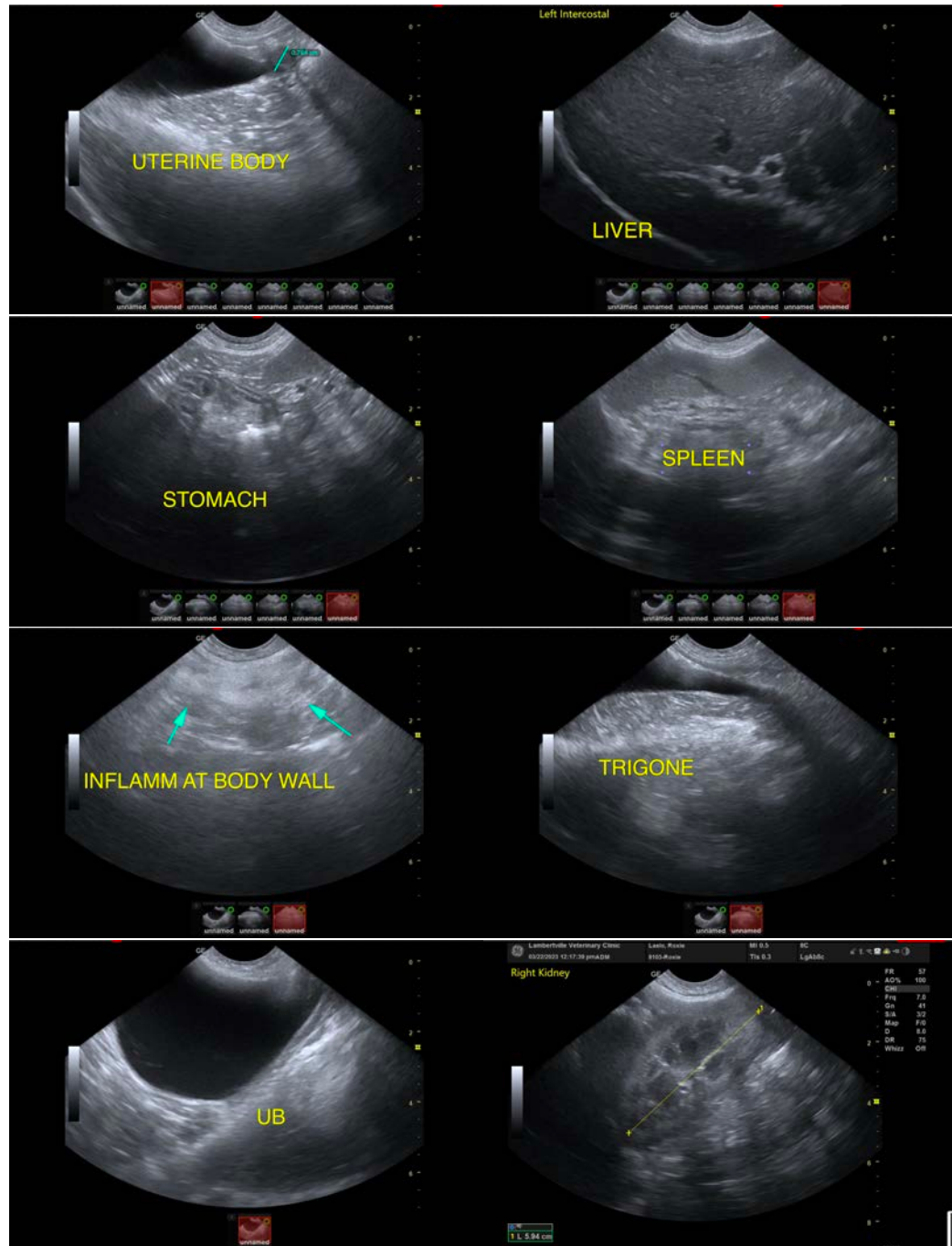
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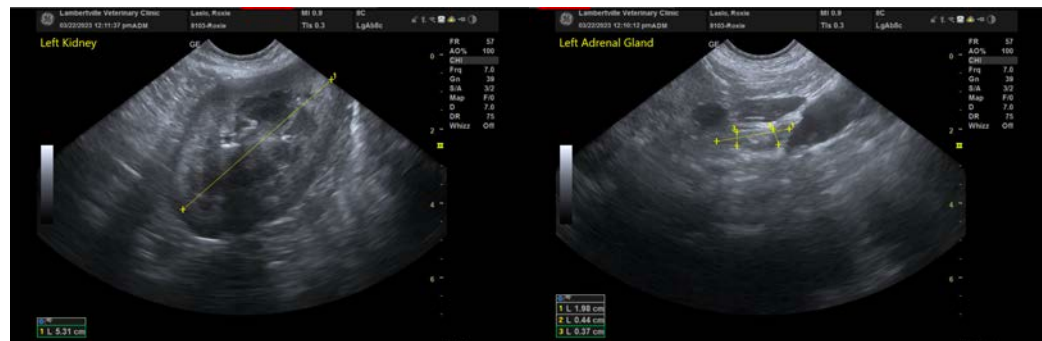
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com