**PATIENT**

Winnie Girard 265556

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

Spayed Female

**AGE**

3 Years

**WEIGHT**

10.7 kg

**INTERPRETED BY**Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)**IMAGING  
PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**WVRC - Dr.  
Wiedmeyer**INVOICE**

36435

**DATE**

3/24/22

**PRESENTING CLINICAL SIGNS**

Acute OD hyphema and uveitis Relevant Exam/labs/imaging results/treatments: 1. Heska PT: 15.9s (N), PTT 104.1s (N) 2. Heska CBC: WRI - HCT 51.2%, WBC 7.76, Neut# 5.58, Lymph# 1.59, Plt 186k PCV 58%, TP 7.0 3. Heska Chem/Lytes: Na 153 (H); otherwise WRI 4. In-house UA (cysto): USG >1.050, 2+ Protein, pH 8.0 Sediment - 1-3 rbc/hpf, rare wbc/hpf, bladder epithelial cells noted, trace amorphous crystals, 1+ triple phosphate, trace cocci (no intracellular), mucus 1+ 5. CXR: The cardiac silhouette and pulmonary vessels are normal. The pulmonary parenchyma is unremarkable. There is no evidence of nodular metastatic disease or intrathoracic lymphadenopathy Interpretation: normal thorax 6. 4DX: Negative x4 7. OD Ultrasound: suspect retinal detachment, hyperechoic heterogenous material observed in the caudal aspect of the posterior chamber 8. Blasto: negative Has been on Gabapentin, carprofen and topical prednisone OD since 3/18/22

**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. (4.33 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.

The right kidney has a normal shape and size (4.04 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.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.34 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 0.36 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**

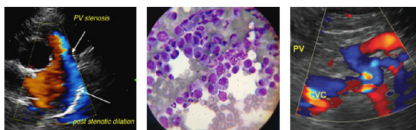
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

**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.

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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 mild/moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

### 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.

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 0.35 cm. Jejunum wall measured 0.27 cm. 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

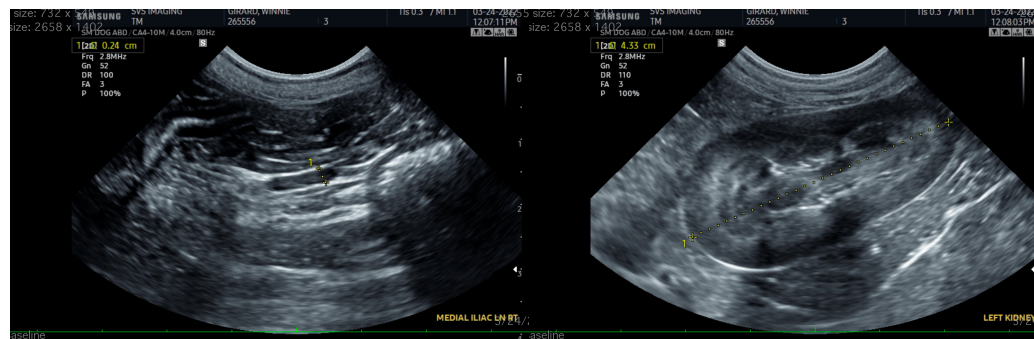
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. Mesenteric lymph nodes appear normal and measure at 0.27 cm. The left medial iliac lymph node is normal at 0.20 cm. The omentum is of normal echogenicity.

### ULTRASONOGRAPHIC FINDINGS

- Mild gallbladder debris – There is a mild amount of hyperechoic material within the gallbladder lumen. The gallbladder wall appears normal and this is likely an incidental finding.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant lesions are observed on today's scan to associated with the uveitis reported.



### INVOICE

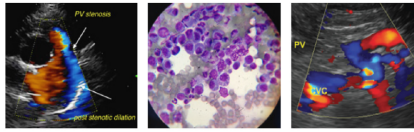
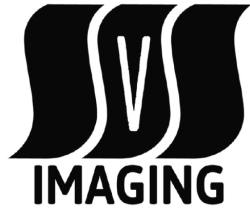
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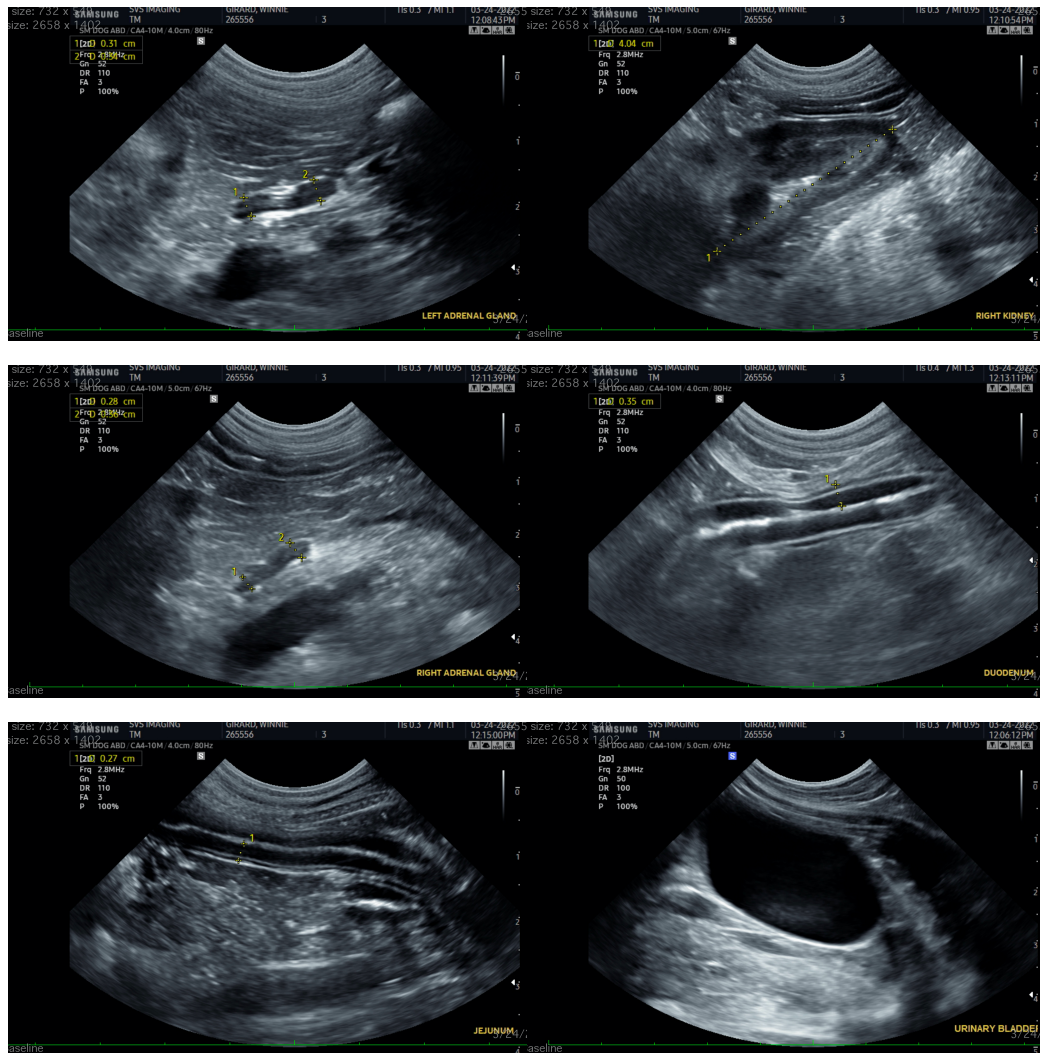
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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