



PATIENT PRESENTING CLINICAL SIGNS

Jax Turpin

Was neutered recently at shelter. Seen for reduced appetite, lethargy, elevation of WBCs which is not responding to Metronidazole, Ampicillin, Gabapentin and Doxycycline. Ate a tbsp or two of canned food this am.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Corgi x Terrier

Urinary System

SEX

Neutered Male

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.

AGE

10 Months

The prostate is normal in size (1.5 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

WEIGHT

30.4 Pounds

The left kidney has a normal shape and size (4.72 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.

INTERPRETED BY

Kathleen Sennello DVM,
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The right kidney has a normal shape and size (6.3 cm). Overall echogenicity is normal, with questionably mildly reduced 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.

IMAGING PERFORMED BY

Crystal Hill

Adrenal Glands

The left adrenal gland is normal in size measuring 0.35 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.

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The right adrenal gland is normal in size measuring 0.51 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.

REFERRING VET

Dr. Haidy

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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Liver

DATE

3/30/23

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.


PATIENT *Gastrointestinal*

Jax Turpin The stomach contains a large amount of shadowing ingesta. 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.

SPECIES

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BREED

Corgi x Terrier

SEX

Neutered Male

AGE

10 Months

WEIGHT

30.4 Pounds

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with mild to moderate 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 measures 0.44 cm. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. Some areas of small intestine appear mildly to moderately fluid distended. This could be consistent with a non-fasted patient, enteritis, ileus, or ingested foreign material.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with non-formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of 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.

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 Medicine)

PRIMARY FINDINGS

- Large shadowing ingesta visualized within the gastric lumen – Correlate with feeding history and abdominal radiographs. If the patient is adequately fasted, consider such differentials as pyloric outflow tract obstruction (none clearly observed) or delayed gastric emptying.
- Occasional mild to moderate fluid distention of the small bowel – This could be consistent with ingesta in a non-fasted patient. If fasted, consider the possibility of ileus or the ingestion of obstructive foreign material (none observed).

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SECONDARY FINDINGS

- Questionable decreased corticomedullary distinction in the right kidney – These changes could represent normal anatomic variation. Confirm normal renal function.

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Dr. Haidy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
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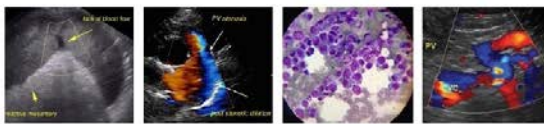
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An obvious cause for the reported decrease in appetite and lethargy is not clearly observed on today's scan. The stomach is significantly distended with fluid and some shadowing material. If the patient is adequately fasted, then consider the possibility of delayed gastric emptying or ingested foreign material. Correlate these findings with physical exam and radiographs (possibly serial). Additionally, there is some mild to moderate fluid distention of the small bowel, which should be monitored.

There is very questionable slightly reduced corticomedullary distinction in the right kidney for such a young dog. This could be incidental but confirm normal renal function (at least lack of azotemia).

Additionally, the adrenal glands are somewhat "flat". Consider a baseline cortisol to rule out Addison's disease.



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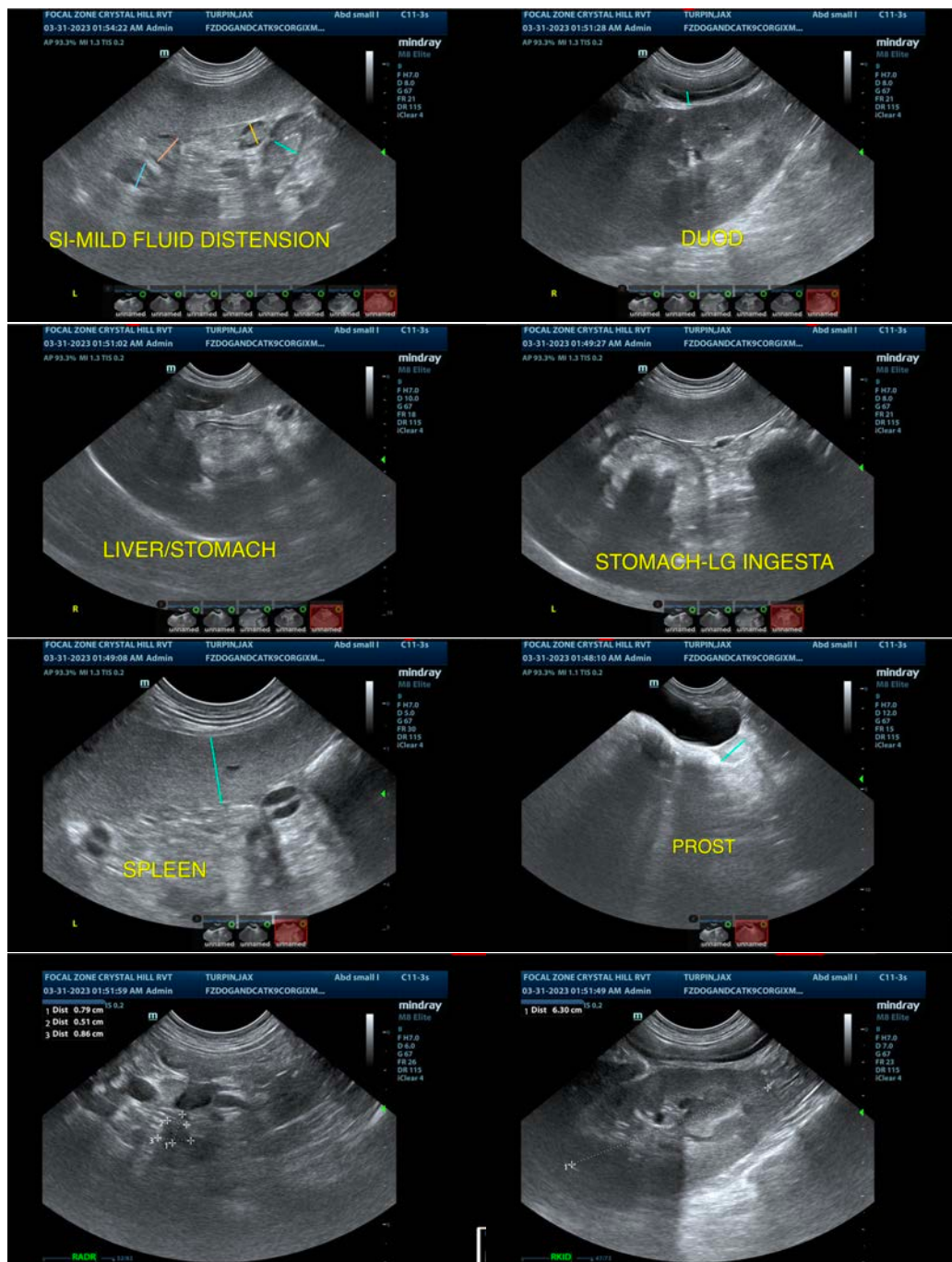
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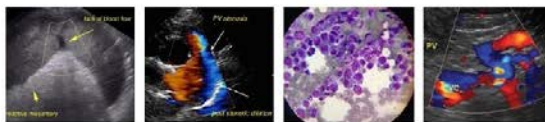
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If not already done, consider 3-view thoracic radiographs to look for any evidence of concurrent intrathoracic disease and full lab work.

If the patient is not responding to therapy and continues to deteriorate, consider a repeat ultrasound.





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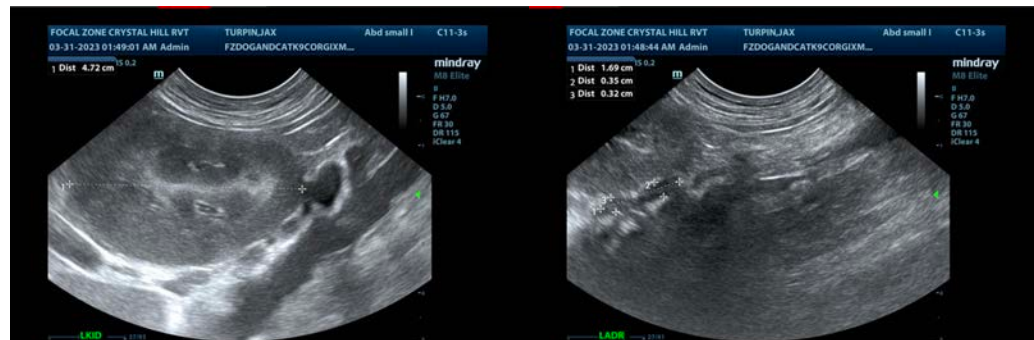
Neutered Male

AGE

10 Months

WEIGHT

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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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