



**PATIENT PRESENTING CLINICAL SIGNS**

**Juno Jobe**  
Recheck findings from previous AUS - pancreatitis signs along with severe duodenal thickening. Additionally, fine needle aspirate of regional lymph nodes if able to access. P is no longer vomiting but P is lethargic and not interested in eating.

**SPECIES**

Canine  
Abnormal PE/Chem/CBC/UA Results: Current Medications Cerenia, Entyce, low fat diet.

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Border Collie X

**Urinary System**

**SEX**

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.

Spayed Female

**AGE**

The left kidney has a normal shape and size (5.73 cm). Overall echogenicity is slightly hyperechoic with poor 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.

12 Years

**WEIGHT**

The right kidney has a normal shape and size (5.87 cm). Overall echogenicity is slightly hyperechoic with poor 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.

56.9 Pounds

**INTERPRETED BY**

**Adrenal Glands**

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

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

**IMAGING PERFORMED BY**

The right adrenal gland is normal in size measuring 0.64 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.

Sara Hansen

**Spleen**

**HOSPITAL NAME**

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.

West Hills AH

**REFERRING VET**

**Liver**

Dr. Remcho

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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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.

**DATE**

3/30/23



## PATIENT *Gastrointestinal*

Juno Jobe 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.

## SPECIES

Canine

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 measures 0.54 cm. Jejunum wall measures 0.36 cm. Visualized peristalsis appears appropriate. The duodenum appears prominent with mild surrounding inflammation. Inflammation appears less prominent than on the previous scan.

## BREED

Border Collie X

## SEX

Spayed Female

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

12 Years

## *Pancreas*

The pancreas is prominent and mildly mottled in the left limb with surrounding hyperechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

## WEIGHT

56.9 Pounds

## *Free Abdomen*

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a large hypoechoic lymph node in the cranial abdomen measuring 1.0 cm in diameter (previous measurement 1.4 cm). The mesentery is moderately to severely hyperechoic in the cranial abdomen.

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## ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Hypoechoic, mottled pancreas with inflammation in the right cranial abdomen – Findings are most consistent with improving pancreatitis, although alternate causes of inflammation cannot be ruled out.
- Mildly heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Prominent duodenum – The focal duodenal thickening appears subjectively less prominent than the previous scan but is still present.
- Prominent lymph node in the cranial abdomen – This lymph node appears enlarged and is stable from the previous exam.

## IMAGING PERFORMED BY

Sara Hansen

## HOSPITAL NAME

West Hills AH

## REFERRING VET

Dr. Remcho

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there appears to be mild improvement in the amount of inflammation and the changes observed in the duodenum. The pancreas is visible but not dramatically abnormal. The amount of



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Border Collie X

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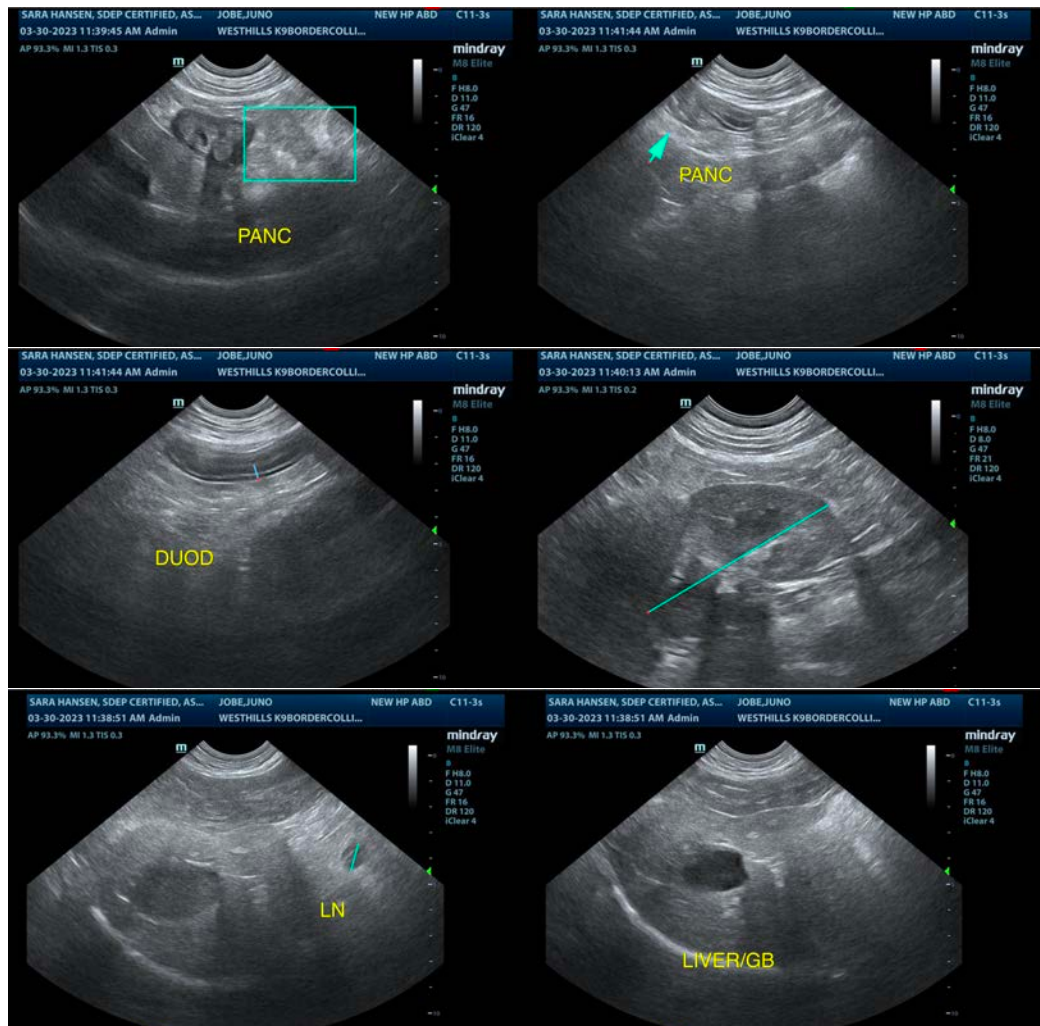
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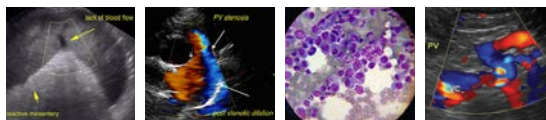
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inflammation present seems somewhat disproportionate to the appearance of the pancreas, but this is not always consistent. If the patient is responding to therapy, consider continued monitoring and treatment. If response to therapy stops or patient worsens, then consider repeat imaging, particularly of the deep right cranial abdomen, looking at the pylorus and gastroduodenal junction and following the duodenum. In a deep chested dog, a CT scan may be necessary to definitively evaluate this region.

If the enlarged cranial abdominal lymph node can be reached, consider a fine needle aspirate.





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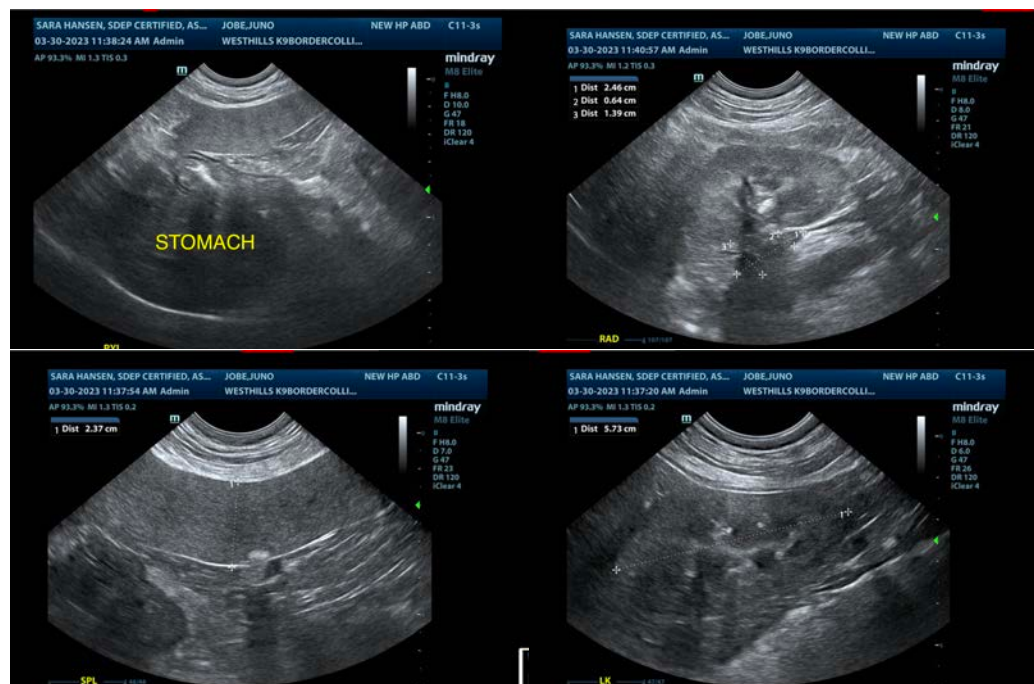
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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