

**PATIENT PRESENTING CLINICAL SIGNS**

Le'Chiffre Rullo vomited 5 times this morning, has history of FB surgery twice, had resection in one surgery, had stomach pexy, o unsure if something was eaten for sure

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

BREED

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.

Doberman

SEX

The prostate is large in size (4.76 cm in width on the transverse view) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

Intact Male

AGE

The left kidney has a normal shape and size (7.07 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.

1.5 Years

WEIGHT

The right kidney has a normal shape and size (5.82 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.

29 kg

**Adrenal Glands**

**INTERPRETED BY**

The left adrenal gland is normal in size measuring 1.0 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.

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

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.

**IMAGING PERFORMED BY**

**Spleen**

Kelly Reschny

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.

**HOSPITAL NAME**

Chedoke AH

**Liver**

**REFERRING VET**

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.

Dr. Harris

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

**INVOICE**

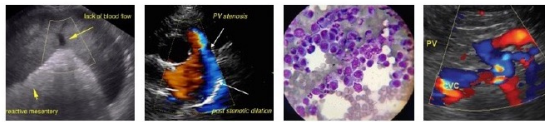
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**Gastrointestinal**

**DATE**

The stomach contains a small amount of intraluminal 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

4/13/22



**PATIENT**

Le'Chiffre Rullo

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. 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.

**BREED**

Doberman

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.

**SEX**

Intact Male

**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.

**AGE**

1.5 Years

**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes, one measures 1.0 cm in diameter. The omentum is of normal echogenicity.

**WEIGHT**

29 kg

**ULTRASONOGRAPHIC FINDINGS**

- Mild fluid distention of the stomach – The stomach wall appears relatively normal, and there is no shadowing material within the gastric lumen.

**INTERPRETED BY**

Kathleen Sennello DVM,  
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(Small Animal Internal  
Medicine)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

An obvious gastric or small intestinal foreign body is not observed. There is no evidence of an obstructive pattern. There is a small amount of fluid within the gastric lumen, but a cause for this fluid is not evident. Correlate these findings with abdominal radiographs, as ultrasound can be insensitive in picking up some types of foreign material. Recommend symptomatic treatment for acute gastroenteritis with very close serial imaging, as this pet has a history of previous foreign material ingestion, and there is concern that this could happen again. If symptoms persist or the patient worsens, consider surgical evaluation for a foreign material and to obtain GI biopsies.

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Chedoke AH

**REFERRING VET**

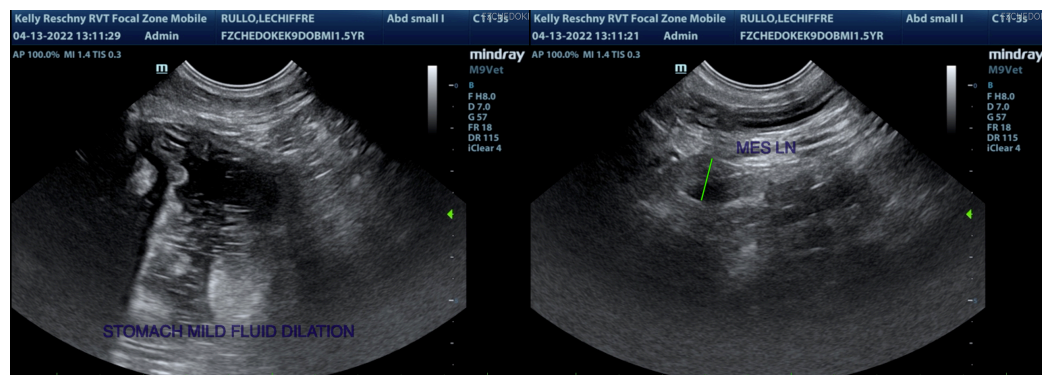
Dr. Harris

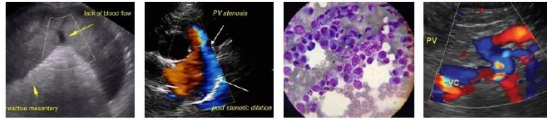
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**DATE**

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Le'Chiffre Rullo

**SPECIES**

Canine

**BREED**

Doberman

**SEX**

Intact Male

**AGE**

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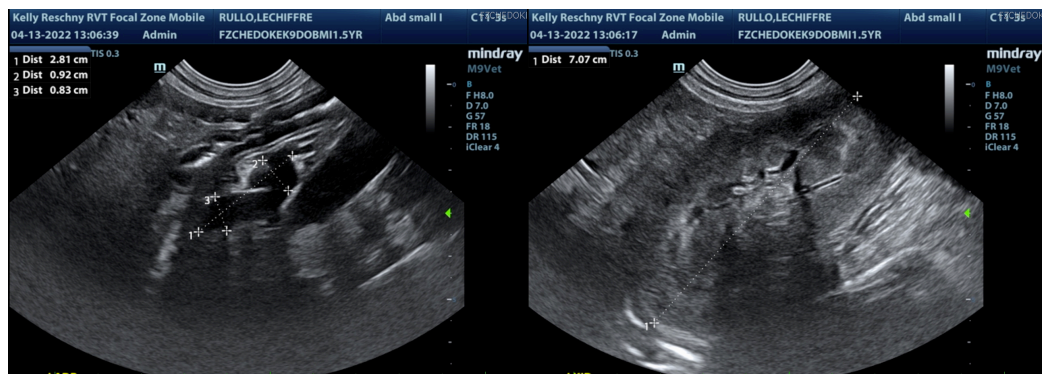
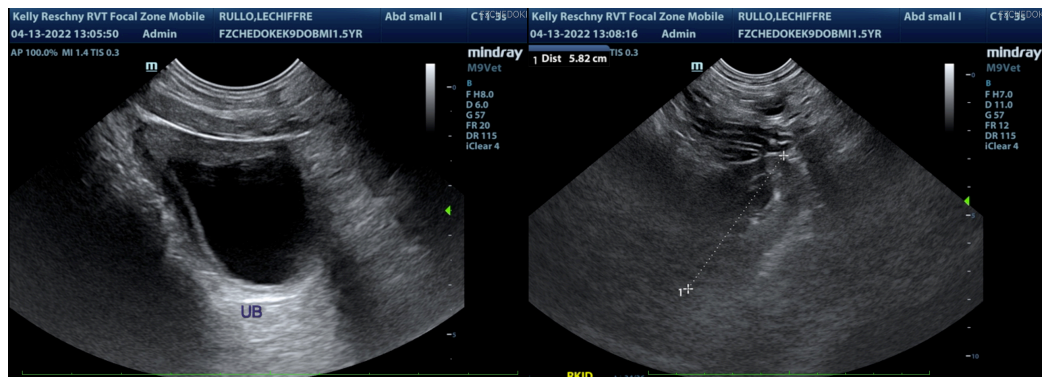
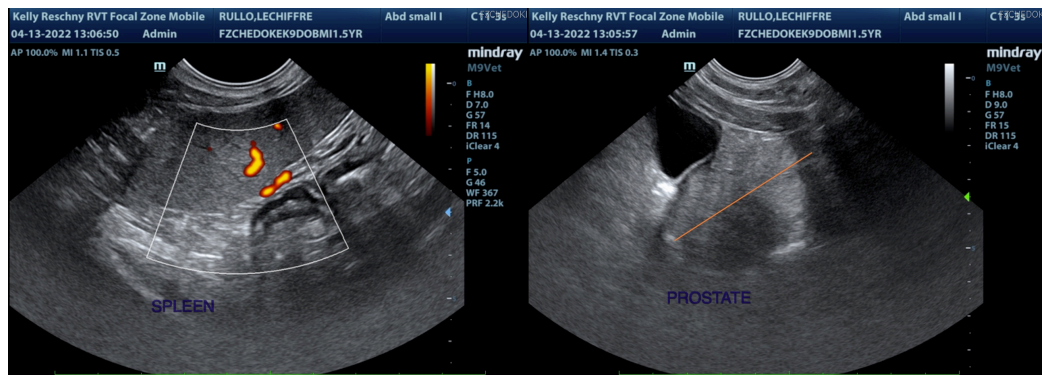
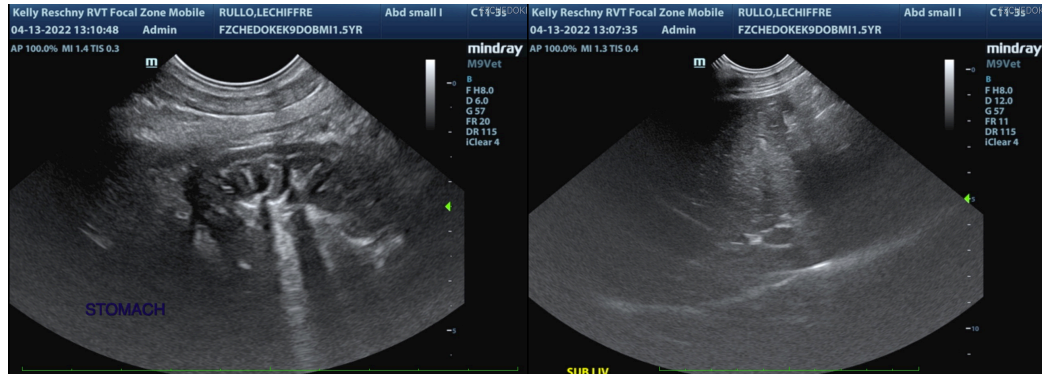
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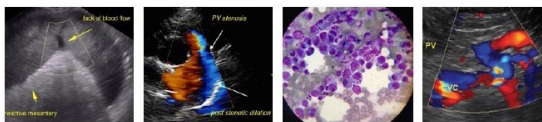
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**PATIENT**

Le'Chiffre Rullo

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.

**SPECIES**

Canine

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

**BREED**

Doberman

**SEX**

Intact Male

**AGE**

1.5 Years

**WEIGHT**

29 kg

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