



PATIENT

Henry Robinson

PRESENTING CLINICAL SIGNS

SPECIES History of eating foreign objects in the past and needing an enterotomy many years ago. Pt has had occasional partial obstructions since that time and a stricture at the previous enterotomy site is suspected. Currently pt has been vomiting for about 1 week, less vomiting with canned diet. Weight loss of 6.6 lbs since last recorded weight in January. In house chem 12/cbc/lytes NSF

BREED **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Bulldog

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.

SEX

Neutered Male

The prostate is normal in size (0.86 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.

AGE

7 Years

The left kidney has a normal shape and size (6.64 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.

WEIGHT

49.6 Pounds

The right kidney has a normal shape and size (6.78 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.69 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.

IMAGING BY

Loetitia Saint-Jacques,
I/V/T

The right adrenal gland is normal in size measuring 0.50 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.

HOSPITAL NAME

BGVH

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.

REFERRING VET

Dr. Robin

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.

INVOICE

36898

DATE

4/14/22



PATIENT

Henry Robinson

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.

SPECIES

Canine

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.

BREED

Bulldog

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Normal duodenum wall measured 0.49 cm. Normal jejunum wall measured 0.44 cm. Visualized peristalsis appears appropriate. There is a focal area of jejunum that appears markedly thickened, measuring 0.80 cm with reduced layering and a hypoechoic wall. Within the lumen of this section of bowel is shadowing material. Findings are very concerning for a possible foreign body. Additionally, there could be ingesta due to a stricture formation or a mass effect.

SEX

Neutered Male

AGE

7 Years

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.

WEIGHT

49.6 Pounds

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.

INTERPRETED BY

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

Free Abdomen

There is a small amount of free abdominal fluid. A mild mesenteric lymphadenopathy is visualized with lymph nodes measuring 0.47, 0.54 cm. The mesentery is of increased echogenicity, particularly around the abnormal section of small intestine.

ULTRASONOGRAPHIC FINDINGS

IMAGING BY

Loetitia Saint-Jacques,
I VT

- Focal area of small intestine with a thickened wall and reduction in distinct layering with intraluminal shadowing material – Findings are concerning for an obstruction secondary to either a foreign body or mass effect.

HOSPITAL NAME

BGVH

- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

REFERRING VET

Dr. Robin

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

36898

There is a focal section of bowel that appears thickened, irregular and hypoechoic with a reduced distinction of wall layering. This section of bowel has intraluminal shadowing material most consistent with foreign material. This could represent a foreign body, a stricture, or even a mass

DATE

4/14/22



PATIENT

Henry Robinson

effect. Recommend surgical evaluation with likely resection. Consider fluid analysis and cytology to look for evidence of septic peritonitis. Recommend preoperative 3-view thoracic radiographs.

SPECIES

Canine

BREED

Bulldog

SEX

Neutered Male

AGE

7 Years

WEIGHT

49.6 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques,
I VT

HOSPITAL NAME

BGVH

REFERRING VET

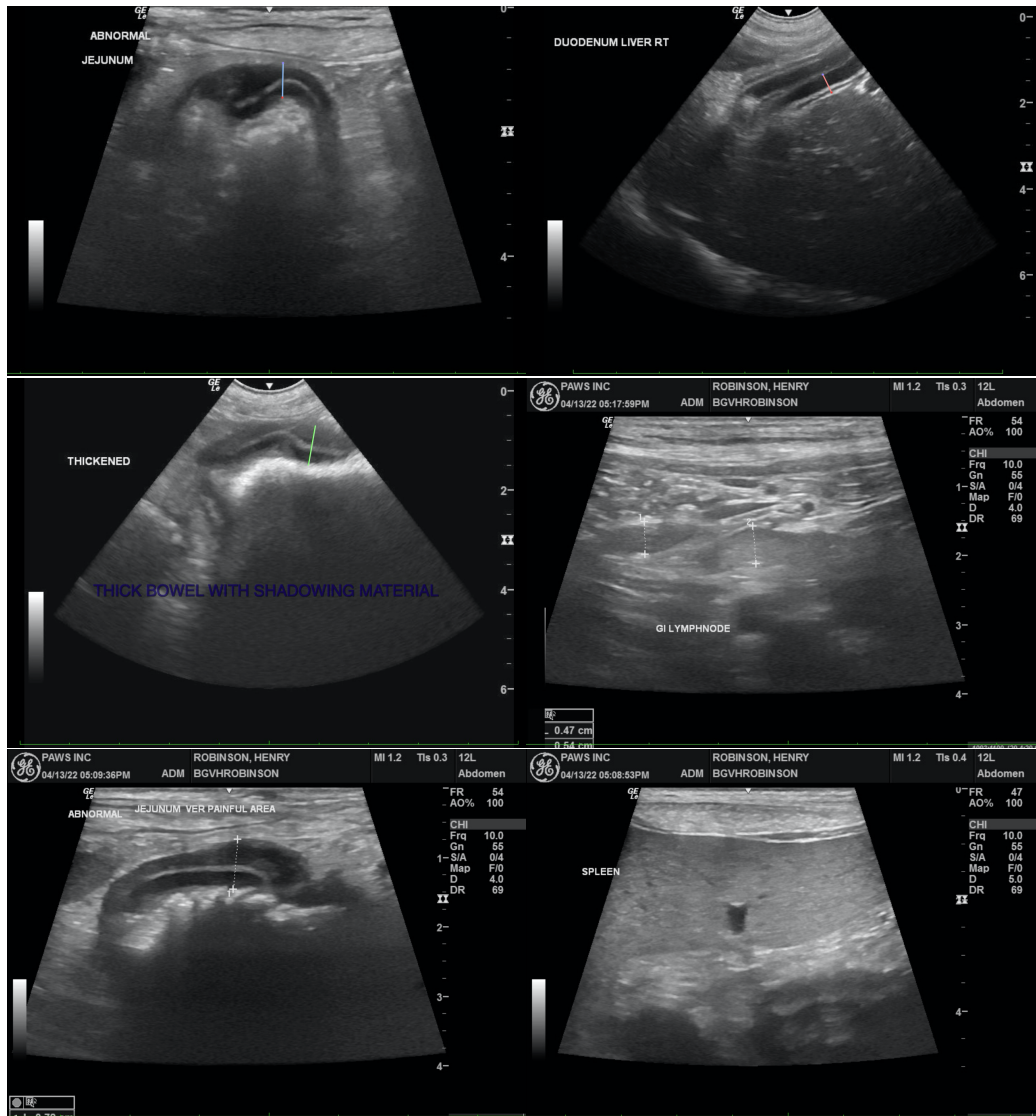
Dr. Robin

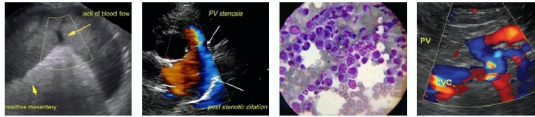
INVOICE

36898

DATE

4/14/22





PATIENT

Henry Robinson

SPECIES

Canine

BREED

Bulldog

SEX

Neutered Male

AGE

7 Years

WEIGHT

49.6 Pounds

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques,
I/VT

HOSPITAL NAME

BGVH

REFERRING VET

Dr. Robin



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

INVOICE

36898

DATE

4/14/22