



PATIENT

Tom Stellmacher

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male

AGE

9 Years 5 Months

WEIGHT

60.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Raul Casas

HOSPITAL NAME

State Ave Vet Clinic

REFERRING VET

Dr. Raul Casas

INVOICE

46919

DATE

4/26/23

PRESENTING CLINICAL SIGNS

Few days ago O thinks P ate one of kid's mittens P has been vomiting fabric Acting normally but is vomiting once a day P is still eating and drinking, O is given small meals and is able to keep water down No diarrhea vomiting has been food Meds-none unremarkable PE

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 prostate is large in size (4.66 cm x 5.42 cm) but has a regular shape with smooth external margins. The parenchyma is hyperechoic and heterogenous, but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (7.3 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.

The right kidney has a normal shape and size (4.83 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.

Adrenal Glands

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.

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 is visualized.

Spleen

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.

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.

Gastrointestinal

The stomach is mildly distended with a scant amount of fluid, a small amount of shadowing material, and a significant amount of gas casting a soft shadow. It measures at a normal thickness of 0.47 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate



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and there is no impression of reduced peristaltic activity. No focal masses are observed. No evidence of an obstruction. A small amount of intraluminal foreign material cannot be definitively ruled out.

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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. Jejunum wall measures 0.34 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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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.

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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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ULTRASONOGRAPHIC FINDINGS

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- Large, heterogeneous, hyperechoic prostate – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.
- Minimally distended stomach with intraluminal gas and a small amount of shadowing – No focal lesions are observed, and no definitive foreign material is observed, although this cannot be entirely ruled out. No evidence of an obstruction is visualized.
- Occasional areas of mild fluid distention of the small intestine – Findings are most consistent with ileus/gastroenteritis. No focal material is observed.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There is no evidence of a gastric obstruction on today's exam, and no obvious intraluminal material. There is some gas casting a shadow, which makes full evaluation difficult. A small amount of foreign material cannot be definitively ruled out, but an obstruction at this time seems unlikely. Additionally, there is some fluid in some loops of the small bowel with no significant obstructive pattern. This is supportive for gastroenteritis/ileus, but passing intermittent non-obstructive foreign material is also possible.

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Correlate these findings with abdominal radiographs and recommend treatment for acute gastroenteritis. If symptoms are persisting, consider serial radiographs +/- a small amount of barium to ensure material is passing through the stomach. Additionally, a repeat ultrasound could be considered, or upper GI endoscopy to evaluate the gastric lumen +/- obtain biopsies.

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If not already done, recommend complete bloodwork to rule out metabolic causes of vomiting.



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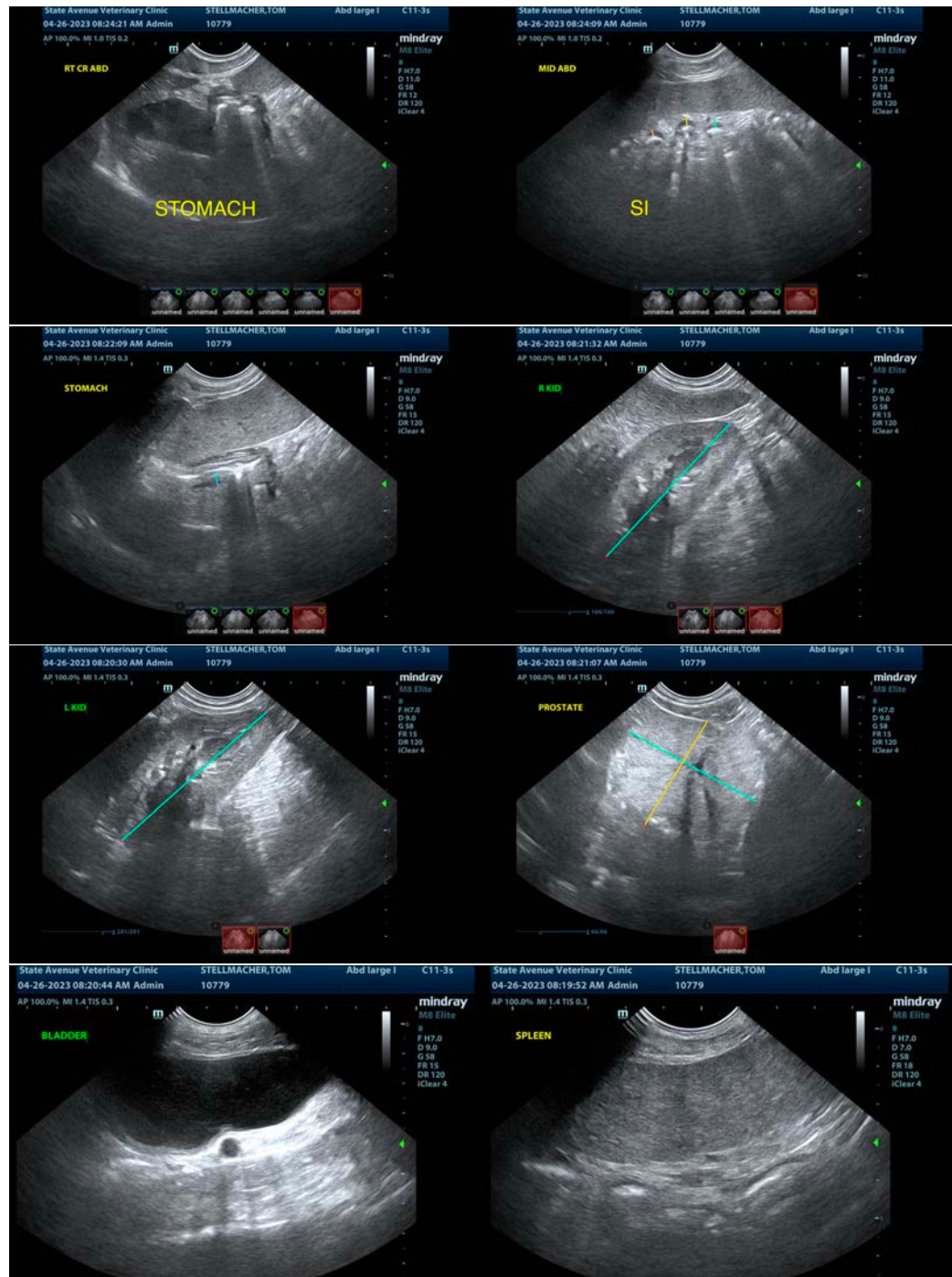
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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