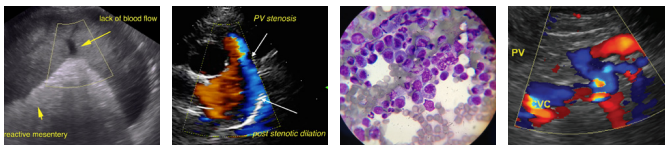
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Cooper Marsh

SPECIES

Canine

BREED

Dachshund X

SEX

Neutered Male

AGE

11 Years

WEIGHT

7.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Summit Dog & Cat Hospital

REFERRING VET

Dr. Lepkowski

INVOICE

36789

DATE

4/6/22

PRESENTING CLINICAL SIGNS

Not eating, nausea. Current meds: Mirtazapine, sucralfate, cerenia
Abnormal PE/Chem/CBC/UA Results: AST 73, Eos 14%

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 normal in size (0.64 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.

The left kidney has a normal shape and size (3.5 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.

The right kidney has a normal shape and size (3.78 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.46 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.

The right adrenal gland is normal in size measuring 0.42 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.

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.

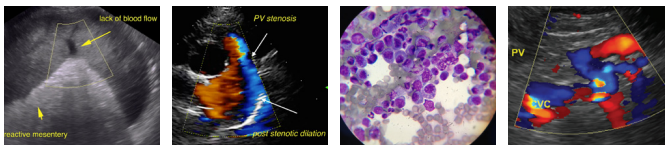
Liver

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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately fluid distended. 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



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Cooper Marsh

SPECIES

Canine

BREED

Dachshund X

SEX

Neutered Male

AGE

11 Years

WEIGHT

7.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Summit Dog & Cat Hospital

REFERRING VET

Dr. Lepkowski

INVOICE

36789

DATE

4/6/22

there is no impression of reduced peristaltic activity. While no large, hard shadowing material is visualized, there is one small piece of shadowing material, which appears to be floating in the large amount of fluid present.

The proximal duodenum appears relatively normal in wall thickness and appearance, and is mildly fluid dilated. Some areas of proximal bowel appear mildly fluid dilated, and the majority of the more distal bowel loops appear to have minimal fluid distention. Wall thickness in all areas appears normal. Bowel loops follow a curvilinear path with distinct wall layering. The jejunum wall measures 0.31 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

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.

ULTRASONOGRAPHIC FINDINGS

- Fluid distention of the gastric lumen with a very small shadowing area observed and mild fluid dilation of the proximal small intestine.

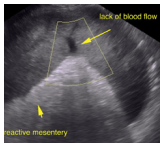
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

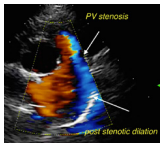
The stomach appears distended with fluid. There is a very small, hard shadowing object visualized, but otherwise no obvious obstruction is noted, and the visible areas of gastric wall appear normal. Additionally, the proximal duodenum appears mildly fluid distended, and some areas of small bowel appear mildly fluid distended, but as you progress more caudally, the bowel loops have minimal fluid distention.

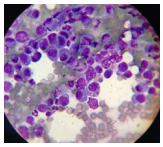
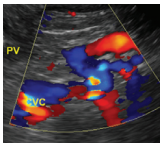
This presentation is always concerning for a possible partial obstruction, but not hard shadowing material is visualized to represent an obstruction. Alternately, you could have gastric ileus. Correlate these findings with the chronicity of symptoms, likelihood of patient ingesting foreign material, bloodwork results, etc., and correlate with abdominal radiographs. At this time, no focal obstruction is observed, but cannot be 100% ruled out.

Recommend treatment for gastroenteritis and ileus, consider a quantitative PLI evaluation to look for evidence of pancreatitis not visualized on today's exam. If symptoms persist, and serial radiographs identify persistent gastric and small intestinal distention, then consider exploratory to obtain GI biopsies and look for foreign material.

SonoPath
Clinical Sonography & Telecytology





EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Cooper Marsh

SPECIES

Canine

BREED

Dachshund X

SEX

Neutered Male

AGE

11 Years

WEIGHT

7.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Summit Dog & Cat Hospital

REFERRING VET

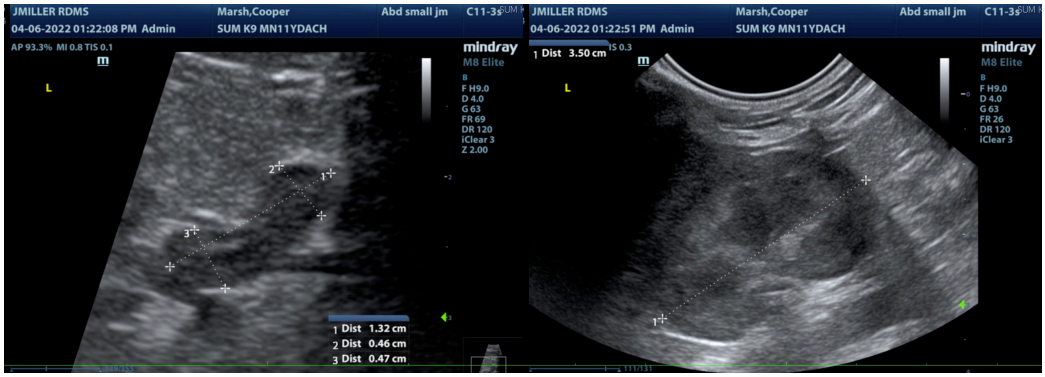
Dr. Lepkowski

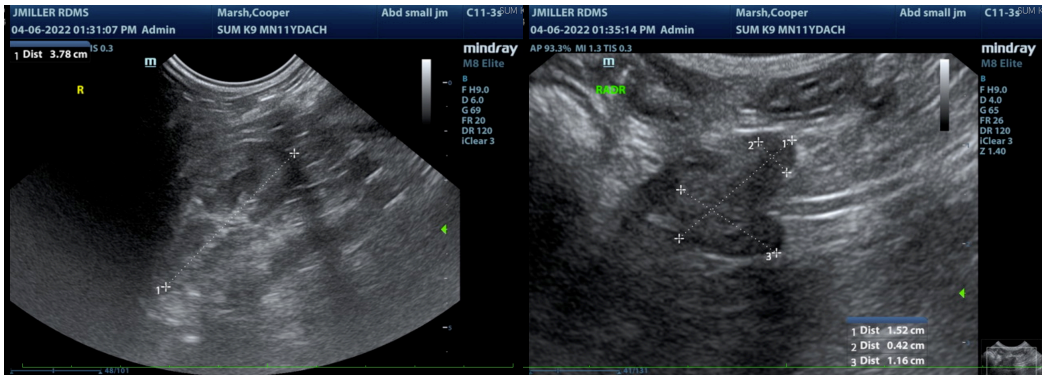
INVOICE

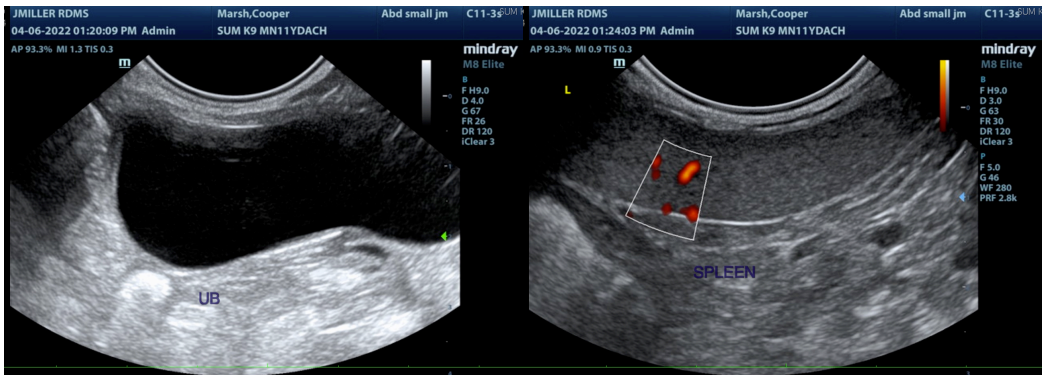
36789

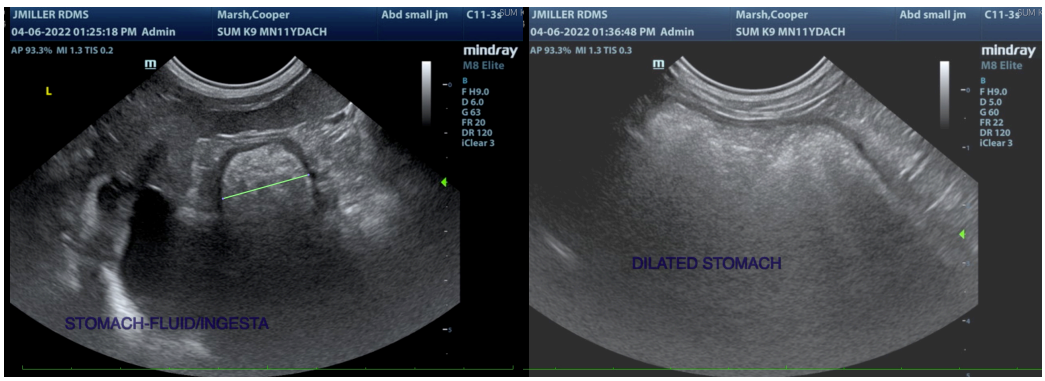
DATE

4/6/22

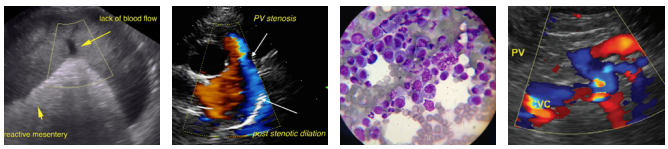








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Cooper Marsh

SPECIES

Canine

BREED

Dachshund X

SEX

Neutered Male

AGE

11 Years

WEIGHT

7.4 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Summit Dog & Cat Hospital

REFERRING VET

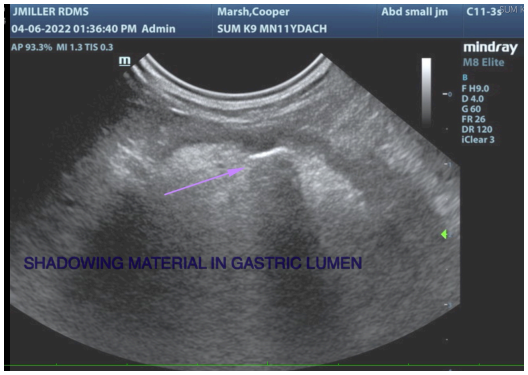
Dr. Lepkowski

INVOICE

36789

DATE

4/6/22



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