



PATIENT

Sierra Stromme

SPECIES

Canine

BREED

Boxer X

SEX

Spayed Female

AGE

11 Years

WEIGHT

51 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Callihan – Pacific
Crest Mobile

HOSPITAL NAME

Pacific Crest Mobile

REFERRING VET

De. Boekenoogen –
Nooksack AH

INVOICE

37573

DATE

5/10/22

PRESENTING CLINICAL SIGNS

Presented for ADR, has had some behavior change in past 2 months, irritable with housemates (new puppy in home, 5 dogs total) Decreased appetite past few days. Takes gabapentin, carprofen and fluoxetine for arthritis. Has been licking lips lately as well. No vomiting no coughing, no diarrhea. Weight is relatively stable. Had a mass removed from the left lateral trunk in April 2021, dx soft tissue spindle cell sarcoma, appeared completely excised though there are other small/variably sized SC/dermal masses. Splenic aspirate April 2021 consistent with hyperplasia/extramedullary hematopoiesis. Has history osteoarthritis and possible cruciate injury for which she was evaluated by a surgeon in April 2021 but owner elected against surgery. Abnormal PE/Chem/CBC/UA Results: Labwork (CBC/Chem) all normal on 5/6/2022; UA 4/5/2022 was normal PE: Other than her dermal masses, good coat and body condition for age; weight bearing but lameness right hind, some hindlimb muscle atrophy; Abdomen is not distended or painful, no masses palpated

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 left kidney has a normal shape and size (5.63 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 hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (5.98 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.51 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 0.53 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 normal to borderline small in size with normal echogenicity and 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.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. 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

Boxer X

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. Jejunum wall measured 0.44 cm.

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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.

Pancreas

WEIGHT

51 Pounds

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

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion. A prominent mesenteric lymph node is visualized at 0.43 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Borderline small liver – This could be normal in a deep chested dog. Correlate with abdominal radiographs. If the liver appears small, consider a liver function test (pre- and post-prandial bile acids)
- Mild gallbladder debris – likely an incidental finding.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal for a geriatric dog. No large focal lesions were visualized associated with the gastrointestinal tract. In some images, the liver appeared subjective small, but this can be very variable, particularly in deep chested dogs. Correlate these findings with abdominal radiographs. If the liver does appear small, consider a liver function test.

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Consider other causes for the symptoms described, including intracranial disease (evaluate for any other concurrent neurologic signs), intrathoracic disease (recommend 3-view thoracic radiographs), or other issues such as underlying gastrointestinal disease, which sometimes is not detectable by ultrasound alone. You could consider a GI panel to Texas A&M with a qualitative PLI, TLI, cobalamin and folate to further evaluate the GI tract, and if an esophageal or gastric issue is thought likely, you could consider upper GI endoscopy.

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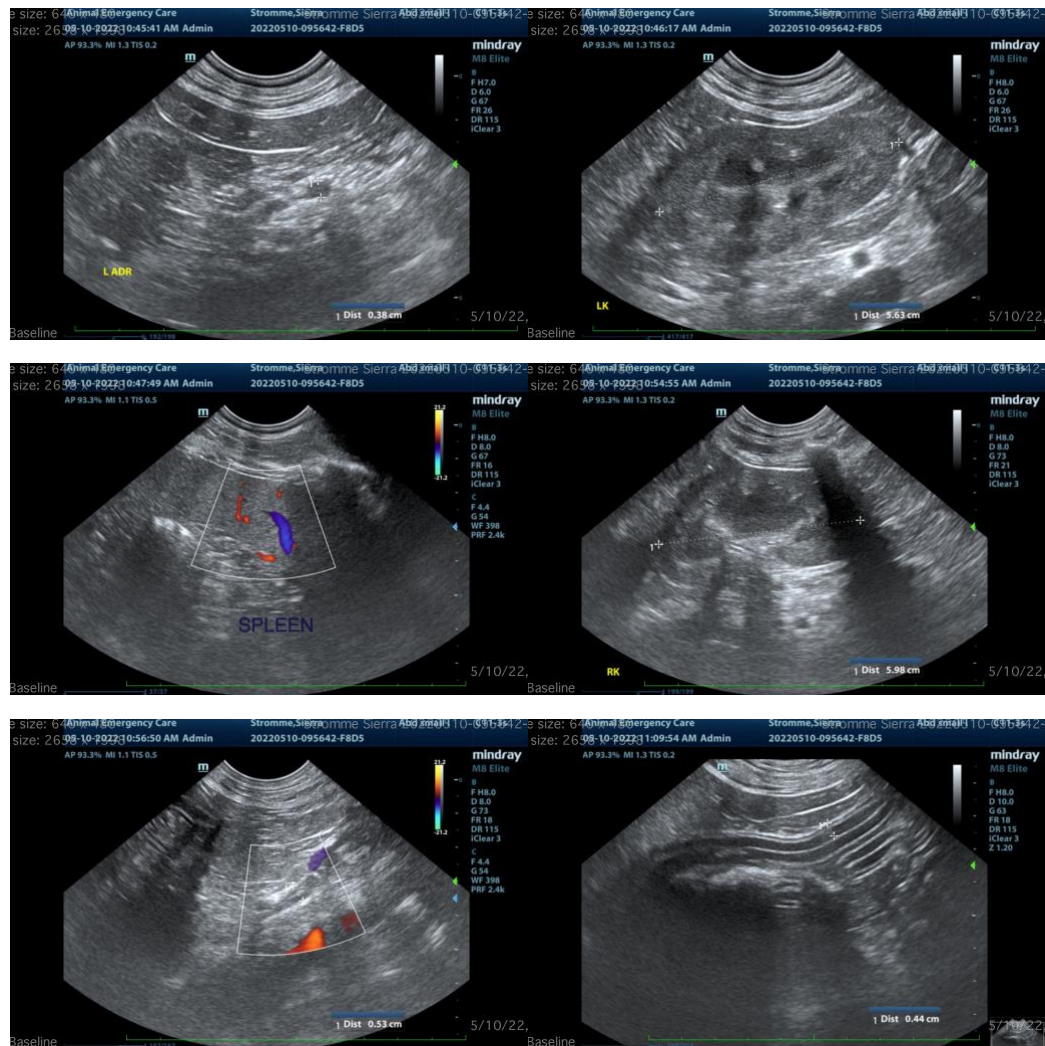
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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