



**PATIENT**

Darla Goldberg

**SPECIES**

Canine

**BREED**

Golden Doodle

**SEX**

Spayed Female

**AGE**

8.8 Years

**WEIGHT**

46.2 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Tam Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Tam Mengine

**INVOICE**

37642

**DATE**

5/12/22

**PRESENTING CLINICAL SIGNS**

Patient presented yesterday for 24 hr history of yelping and being reluctant to walk. On exam she had cervical pain on dorsiflexion and flexion to the right, otherwise physical exam unremarkable, except BCS 4/9, and she had lost 11.4 pounds from last exam in 8/21 - client reports her appetite is great, no vomiting or diarrhea, no changes to diet. They had noticed her seeming skinnier recently. CBC / Chem unremarkable, 4dx neg, urinalysis and cortisol pending.

**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 (6.49 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (6.58 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.63 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 0.94 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 dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.7cm with some variability due to the



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presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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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. Duodenum wall measured 0.46 cm. Jejunum wall measured 0.27 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. Colon wall measured 0.18 cm.

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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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**Other**

There is a small tubular fluid filled structure visualized between the urinary bladder and colon, most consistent with a small amount of fluid within the uterine stump.

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**PRIMARY FINDINGS**

- Moderate to large ingesta within the gastric lumen – Correlate with feedings history and abdominal radiographs. If adequately fasted then consider such differentials as delayed gastric emptying or a partial outflow tract obstruction (none visualized).
- Mildly fluid filled structure between the urinary bladder and colon – this is most consistent with a small amount of fluid within the uterine stump. There is no associated inflammation. Recommend continued monitoring.

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**SECONDARY FINDINGS**

- Mildly decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Today's scan is largely normal. If this patient was recently fed, then the ingesta within the gastric lumen is likely normal. If it was adequately fasted, then consider delayed gastric emptying or a partial outflow tract obstruction (none observed). Correlate with abdominal radiographs.

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There is a small amount of fluid visualized within the uterine stump. There is no inflammation associated with this to indicate infection, etc. Recommend continued monitoring, urinalysis and culture, and further evaluation with cystoscopy or CT scan if recurrent urinary tract infections develop, etc.

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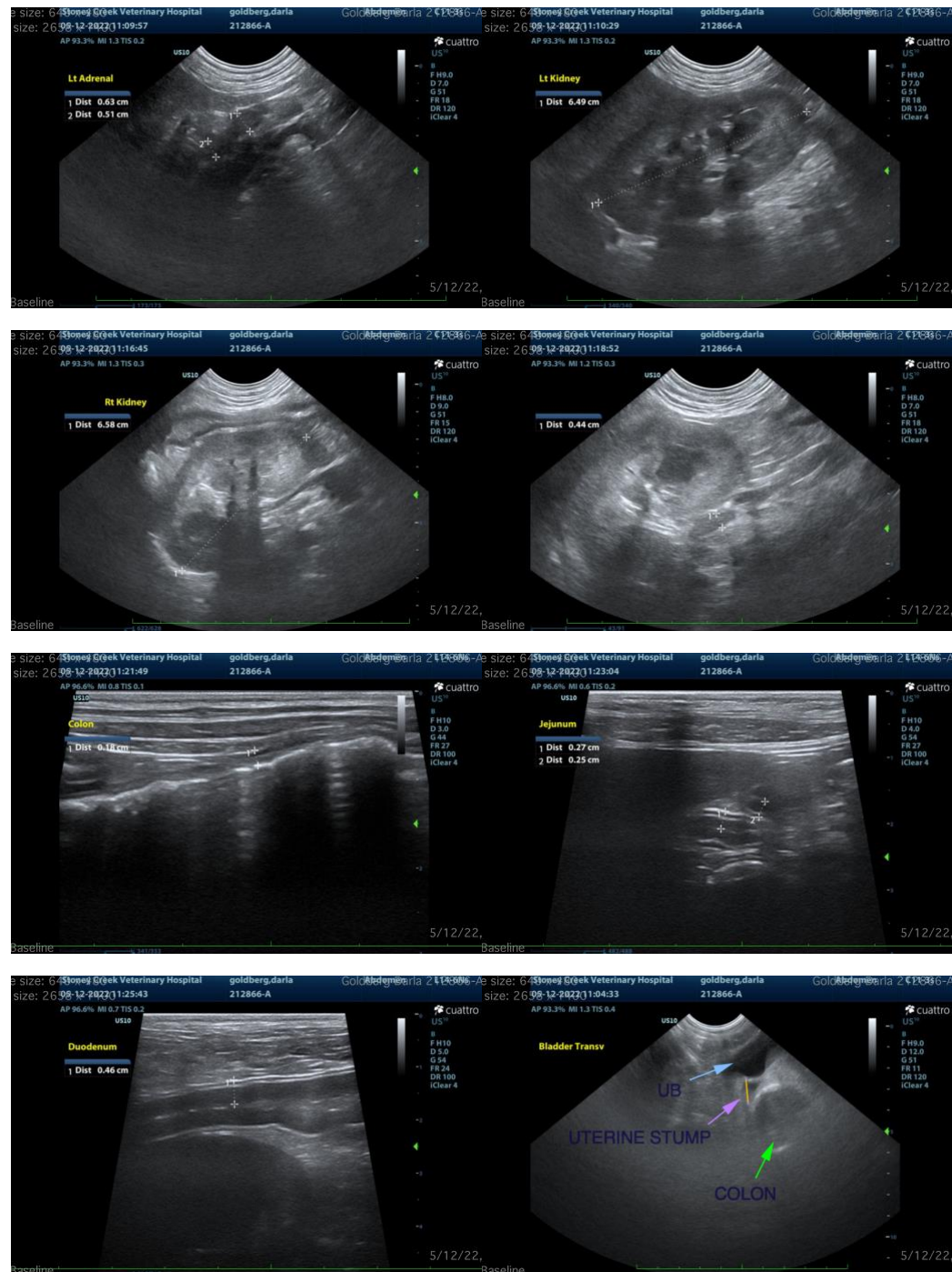
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Based on the suspected neck pain reported, I would be concerned about myalgia, meningitis, arthritis (septic, inflammatory, other), etc. Carefully palpate external lymph nodes. I typically recommend an extensive infectious disease panel to NC State's vector borne disease lab (canine comprehensive panel). Consider consultation with a veterinary neurologist to confirm neck pain. If this is the case, I would consider a CSF tap and joint taps for cytology and culture. Recommend 3-view thoracic radiographs and careful auscultation for a new heart murmur. Advanced imaging of the painful area may be necessary pending neurologist consultation.





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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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