



## PATIENT

Chief Oviatt

## PRESENTING CLINICAL SIGNS

## SPECIES

Canine

Dog is losing weight, borderline low Blood Glucose, and Hct. lethargic- O noticed pt has slowed down on eating- lowered appetite. -O finally got him to eat a raw diet -legs shaking -panting as if in pain -dx arthritis previously -lost 3 lbs in 3 months -O noticed when pt has pain meds he eats better. poss appetite stimulant or pain regulation

Abnormal PE/Chem/CBC/UA Results: no mets on chest rads

## BREED

Sharpei

## 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.

## SEX

Neutered Male

The prostate is normal in size (0.84 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

12 Years

The left kidney has a normal shape and size (6.56 cm). Overall echogenicity is slightly hyperechoic with poor 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.

## WEIGHT

38 Pounds

The right kidney has a normal shape and size (6.68 cm). Overall echogenicity is slightly hyperechoic with poor 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.

## INTERPRETED BY

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

### Adrenal Glands

The left adrenal gland is normal in size measuring 0.74 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,  
LVT

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.

## HOSPITAL NAME

Pine Creek VC

### Spleen

The spleen is large in size. The splenic echotexture is heterogenous and mottled, 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. Denny Nolet

### Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a hyperechoic mass lesion visualized within the parenchyma, measuring 3.33 cm x 4.0 cm.

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The gall bladder lumen is significantly distended. Gallbladder wall is thickened (0.54 cm) with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation. These changes can be consistent with an early gall bladder mucocele.

## 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

Sharpei

## SEX

Neutered Male

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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

## AGE

12 Years

There is severe inflammation in the area of the ileocecal junction. There is a large, hypoechoic structure with a hyperechoic lumen, most consistent with a bowel mass. This area measures 3.9 cm x 3.62 cm and is suspected to involve the ileocecal junction. Adjacent to this lesion, there is a large fluid filled structure dilated with fluid and suspected gas, most consistent with either the cecum or an abscess. There is a small amount of surrounding fluid and severe inflammation surrounding this lesion.

## WEIGHT

38 Pounds

### **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.

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### **Free Abdomen**

There is a small amount of free abdominal fluid. Sublumbar lymph nodes are prominent, measuring 0.99 cm. There is severe cranial abdominal peritonitis with hyperechoic mesentery surrounding the abnormal bowel and fluid filled lesion.

## IMAGING BY

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LVT

### **Other**

A brief view of the heart was submitted. No significant pericardial effusion was seen.

## PRIMARY FINDINGS

## HOSPITAL NAME

Pine Creek VC

- Large, hypoechoic suspected bowel lesion – most consistent with a bowel mass in the region of the ileocecal junction. The appearance of this lesion is concerning for a neoplastic lesion.

## REFERRING VET

Dr. Denny Nolet

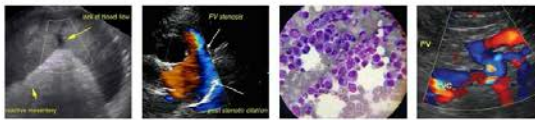
- Fluid filled lesion with suspected gas – This could be consistent with the colon or an abscessed lesion.
- Severe cranial abdominal peritonitis – This inflammation and small amount of fluid is likely associated with the bowel lesion described and could represent septic or sterile effusion.

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- Large amount of adherent debris in the gallbladder as well as thickened gallbladder wall – consistent with cholecystitis.

**SPECIES**

Canine

- Large, heterogeneous liver with hyperechoic mass lesion – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The lesion observed could represent a benign or neoplastic lesion.

**BREED**

Sharpei

- Large, mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

**SEX**

Neutered Male

**SECONDARY FINDINGS**

**AGE**

12 Years

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

38 Pounds

There is severe inflammation and peritonitis in the cranial abdomen, associated with what appears to be a thickened, abnormal section of bowel, creating a bowel mass. Adjacent to this lesion, there is a fluid and gas filled structure that could be consistent with an abnormal cecum or an abscess.

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Recommendations moving forward include emerging surgery to evaluate this area, obtain samples, and if possible, remove the abnormal tissue. Ideally, a veterinary surgeon should be utilized, as 24 hour post-op care may be necessary if this is a septic abdomen. Alternately, a fine needle aspirate of the bowel lesion and sampling of the fluid could be considered, but I believe surgery will be necessary if a positive outcome is to be considered.

**IMAGING BY**

Loetitia Saint-Jacques,  
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Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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**SEX**

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**AGE**

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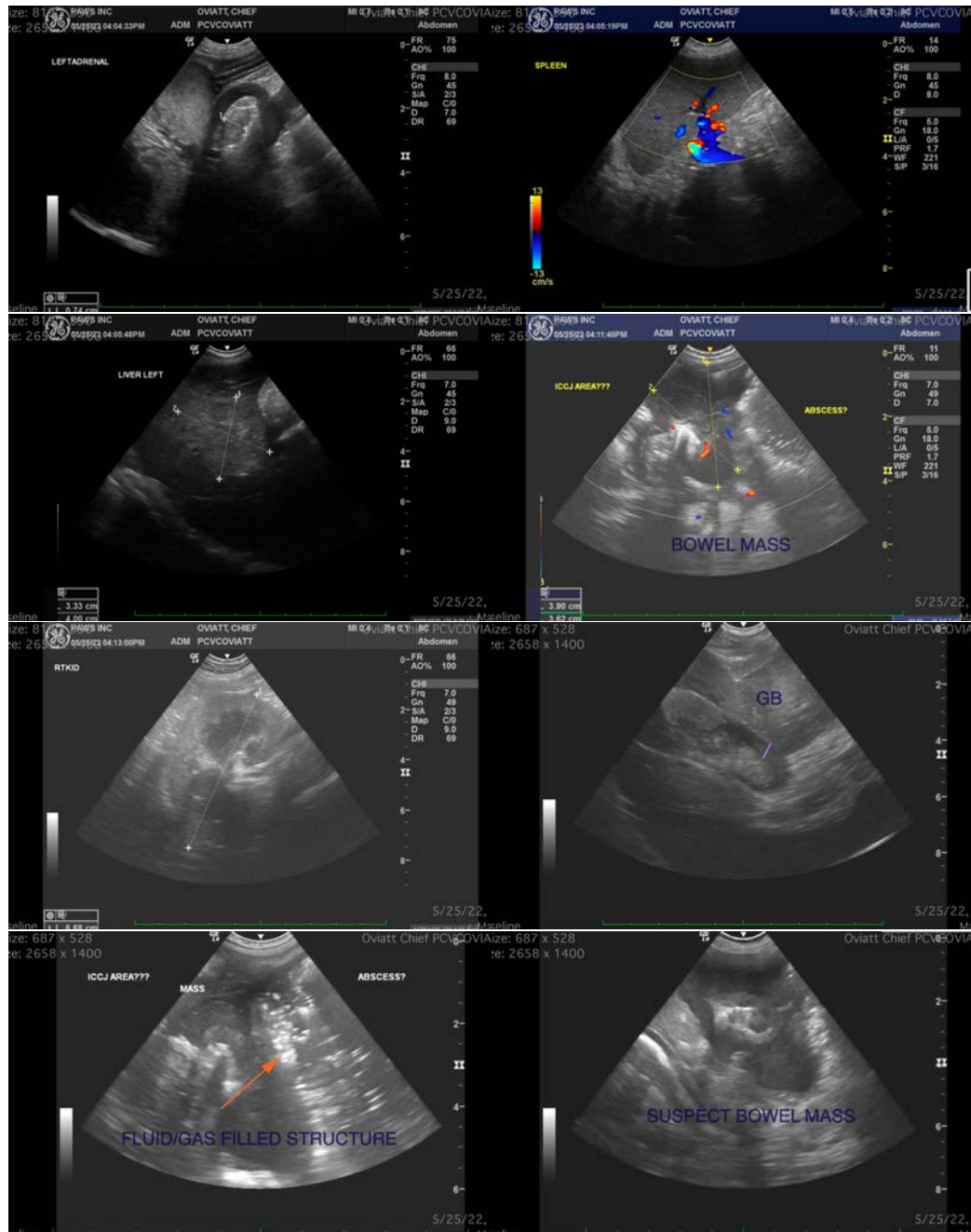
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Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY

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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.**

## SPECIES

Canine

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.

## BREED

Sharpei

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