



**PATIENT**

Alii Graham

**PRESENTING CLINICAL SIGNS**

Poor appetite and drooling for several weeks. Weight is stable. CBC / Chem wnl except Eos 2.32k. U/A pending.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Doberman Pinscher

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 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**

5.5 Years

The left kidney has a normal shape and size (7.17 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.

**WEIGHT**

95 Pounds

The right kidney has a normal shape and size (7.39 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**

**INTERPRETED BY**

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

The left adrenal gland is normal in size/"flat", measuring 0.48 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/"flat" measuring 0.62 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.

**IMAGING PERFORMED BY**

Dr. Tam Mengine

**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.

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Stoney Creek VH

**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.

**REFERRING VET**

Dr. Tam Mengine

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38004

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.

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***Gastrointestinal***

The stomach is moderately dilated with fluid. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

**SPECIES**

Canine

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. Duodenum wall measured 0.39 cm. Jejunum wall measured 0.35 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**BREED**

Doberman Pinscher

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.

**SEX**

Neutered Male

***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.

**AGE**

5.5 Years

***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.

**WEIGHT**

95 Pounds

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

- Mildly fluid distended stomach – correlate with feeding history and abdominal radiographs. Possible differentials include recent meal, delayed gastric emptying, or less likely a partial outflow tract obstruction (none observed).
- Subjectively “flat” adrenal glands – recommend ACTH stimulation testing to screen for Addison’s.

**IMAGING PERFORMED BY**

Dr. Tam Mengine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Today’s scan is relatively normal. No large focal lesions were observed. The stomach is fluid dilated. If this patient was adequately fasted, there would be concern for possible delayed gastric emptying or a partial outflow tract obstruction, etc. Correlate with history, abdominal radiographs, etc.

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Additionally, the adrenal glands are subjectively “flat” in appearance. Recommend testing for Addison’s disease.

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Consider supportive therapy for gastroenteritis, a novel protein/hydrolyzed protein prescription diet, testing for Addison’s disease, and if symptoms persist, serial lab work and imaging. If symptoms persist, further evaluation of the GI tract may be necessary (GI biopsies +/- endoscopy, etc.). Additionally, recommend 3-view thoracic radiographs to evaluate the esophagus. If there is a suspicion of concurrent esophagitis, consider treatment.

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**REFERRING VET**

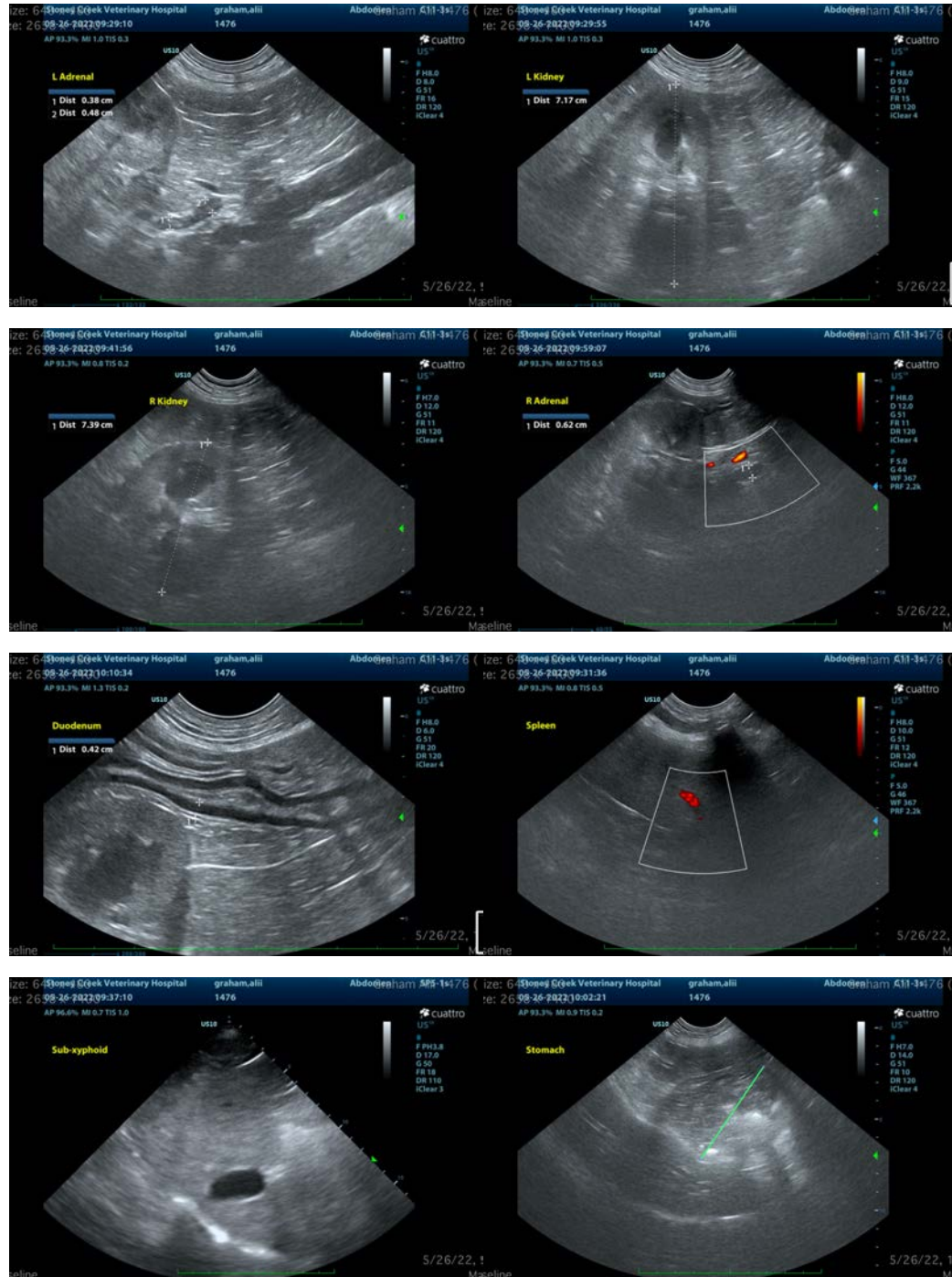
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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.

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

**BREED**

Doberman Pinscher

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**SEX**

Neutered Male

**AGE**

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**WEIGHT**

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