



**PATIENT**

Cookie Montoya

**SPECIES**

Canine

**BREED**

Dogo Argentino

**SEX**

Intact Female

**AGE**

1 Year 10 Months

**WEIGHT**

87 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Vetco Total Care  
Kinnelon

**REFERRING VET**

Dr. Rodriguez

**INVOICE**

38193

**DATE**

6/1/22

**PRESENTING CLINICAL SIGNS**

P presented for 4dx, O mentioned P mated with sibling approx 1.5 mos ago. Vulva enlarged, small amount of clear discharge from vulva and mammary glands enlarged. Temp 101.2F. Moderately anxious, tense abdomen, non-painful on palpation. Abdominal rads-large soft tissue like opacity in caudal abdomen. R/O Pregnancy vs Pyo vs other.

**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 (7.45 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 (7.71 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 0.49 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 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.

**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 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.



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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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.)

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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**

**SEX**

Intact Female

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. There are occasional large, solid, isoechoic, ovoid structures within the mesentery, most consistent with large mesenteric lymph nodes. Two of these structures measure at 2.7 cm and 1.7 cm in diameter. The omentum is generally of normal echogenicity.

**Other**

**WEIGHT**

87 Pounds

There is a large gravid uterus present with numerous well developed fetuses with visible heartbeats, limb buds, etc.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

- Large gravid uterus with viable puppies – estimated age is >35 days.
- Moderate mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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There is a large gravid uterus visualized with numerous viable fetuses. These fetuses have visible organ structure, heartbeats, limb buds, etc. and are estimated to be at the very least 35 days old. Per the history, fetal spines were not evident on radiographs, which develop at approximately 45 days post LH surge, so they are estimated to be very close to that age (35-45 days). The visualized lymph nodes are likely reactive due to the pregnancy.

**REFERRING VET**

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A fetal count can accurately be made based on radiographic imaging typically 45 days after the LH surge.

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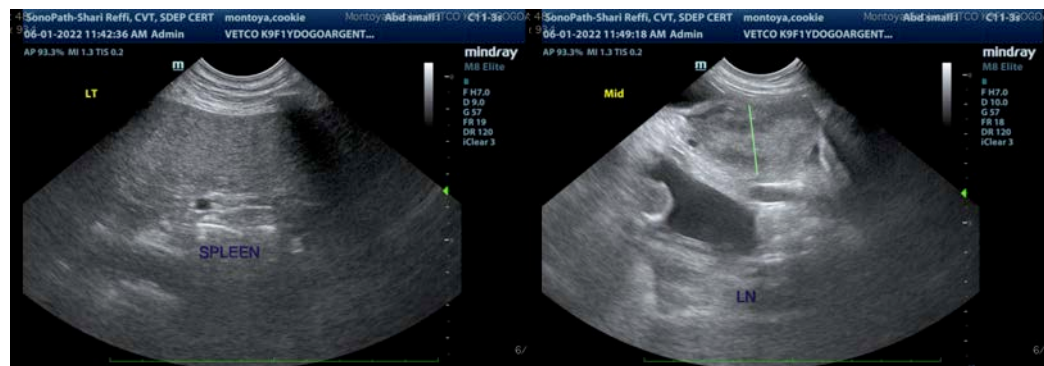
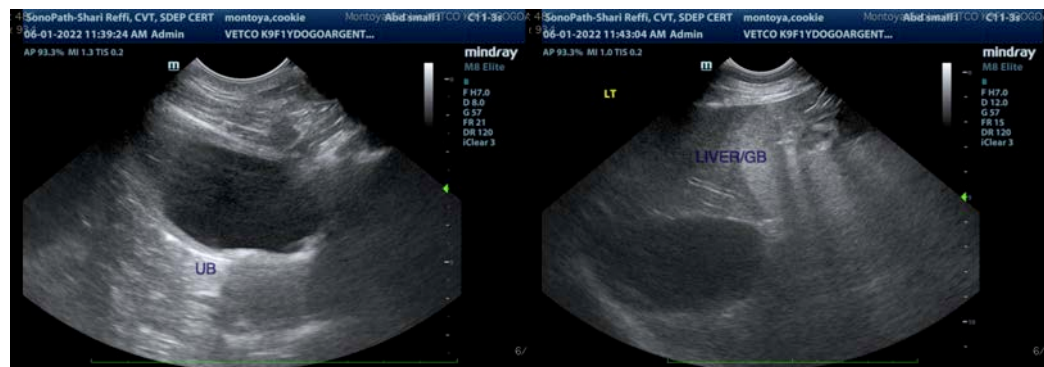
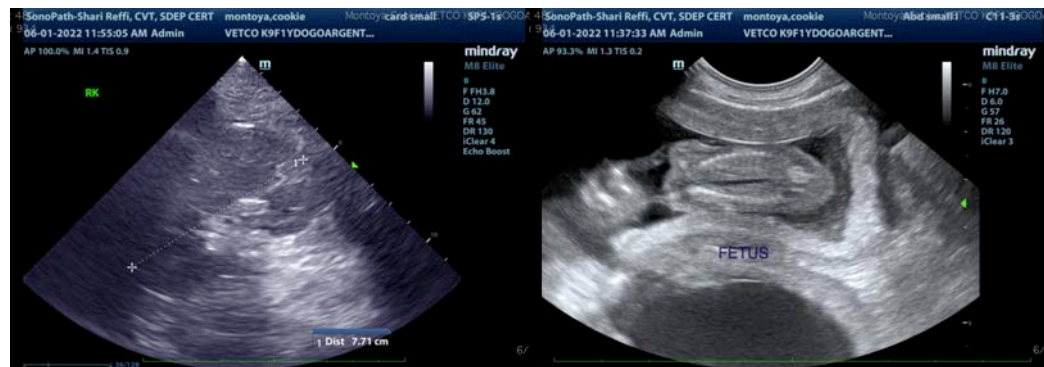
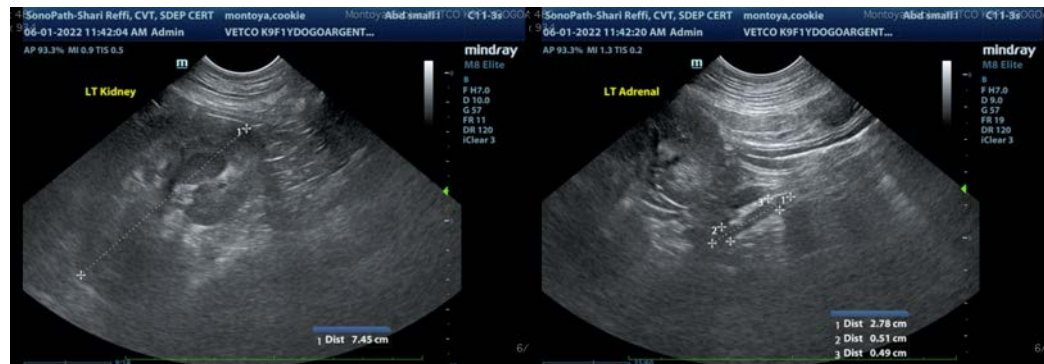
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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kathleen.sennello@sonopath.com

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