



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Billie Kennedy
Initially developed right inguinal swelling in April which has fluctuated in size dramatically. Has also experienced gastrointestinal signs intermittently. At one stage the swelling was about 10-15 cm and the overlying skin was erythematous. This has since resolved but swelling present still.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: Mild ALT and GGT elevation.

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Coton Tulear

Urinary System

SEX

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.

Spayed Female

AGE

The left kidney has a normal shape and size (3.78 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

4 Years

WEIGHT

The right kidney has a normal shape and size (3.59 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

6.7 kg

INTERPRETED BY

Adrenal Glands

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

The left adrenal gland is normal in size measuring 0.36 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 PERFORMED BY

The right adrenal gland is normal in size measuring 0.45 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.

Dr. Sarah Barthelemy

HOSPITAL NAME

Spleen

Healing Traditions VC

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.

REFERRING VET

Dr. Gerrow

Liver

INVOICE

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.

43151

DATE

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

6/14/23



PATIENT *Gastrointestinal*

Billie Kennedy 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.

SPECIES

Canine

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 measures 0.35 cm. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Coton Tulear

SEX

Spayed Female

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.

AGE

4 Years

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.

WEIGHT

6.7 kg

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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Medicine)

Other

A subcutaneous right inguinal swelling is imaged, which appears to have fluid, omentum, and bowel that is sliding back and forth through a body wall defect, creating a hernia.

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

ULTRASONOGRAPHIC FINDINGS

- Right inguinal swelling containing subcutaneous omentum, bowel and fluid – This material appears mobile and is most consistent with a reduceable inguinal hernia.

HOSPITAL NAME

Healing Traditions VC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's abdominal scan is normal. The inguinal swelling is imaged and appears to have abdominal contents passing through a body wall defect. Findings are consistent with an inguinal hernia, which occasionally has bowel, omentum, etc. within it. At this time it appears reduceable, but the previous GI signs reported could be secondary to bowel entrapment. Recommend surgical correction.

REFERRING VET

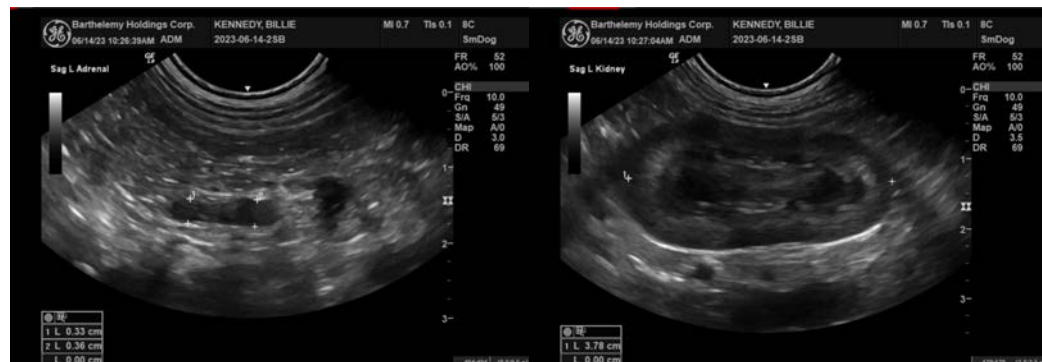
Dr. Gerrow

INVOICE

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PATIENT

Billie Kennedy

SPECIES

Canine

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SEX

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**IMAGING
PERFORMED BY**

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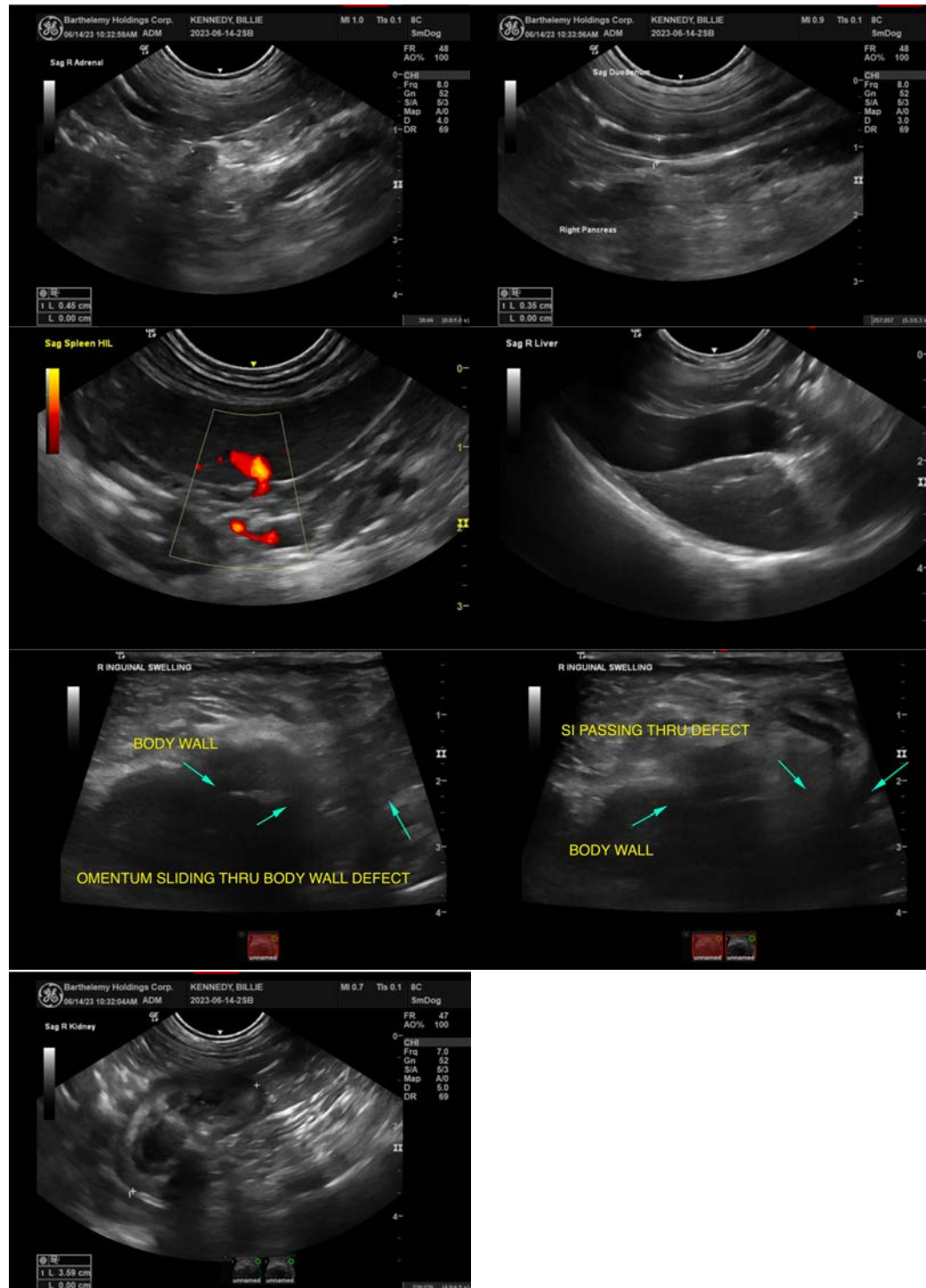
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine) info@sonopath.com