



PATIENT PRESENTING CLINICAL SIGNS

Keaton Hutchinson

Yesterday morning vomited some blood, brown debris, and some bile. No further vomiting. Diarrhea just started Monday June 13th Not himself yesterday and this morning. Up until yesterday he definitely acting himself. Eating is okay but doesn't seem as into. BAR, underweight however no weight loss since last check. Nice dog, anxious. MM pink and moist. Skin tent normal. Hydration adequate. meds: Metronidazole, Sulcrate, Omeprazole

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Initial CBC showed minimal platelets. Got new sample and reran it, WNL. ALT 134 (10-125). A) Mild elevation in ALT. NSF otherwise. please see attached rads

BREED

Aussie

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

The urinary bladder is minimally distended with anechoic urine. The Bladder wall appears thickened and irregular, measuring at 0.58 cm. The area of the trigone, ureteral papillae and proximal urethra appear relatively normal and free of any obvious masses or calculi. Lack of urine distention hinders evaluation of the urinary bladder.

AGE

6 Years

The prostate is normal in size (1.4 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.

WEIGHT

17.9 kg

The left kidney has a normal shape and size (5.13 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.

INTERPRETED BY

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

The right kidney has a normal shape and size (5.03 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.

IMAGING PERFORMED BY

Kelly Reschny

Adrenal Glands

The left adrenal gland is normal in size measuring 0.60 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.

HOSPITAL NAME

Snelgrove VS

The right adrenal gland is normal in size measuring 0.51 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

REFERRING VET

Dr. Ioannou

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.

INVOICE

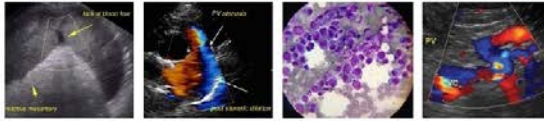
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Liver

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.

DATE

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PATIENT

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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.

SPECIES

Canine

Gastrointestinal

The stomach appears dilated and has a significant air interference artifact, which hinders evaluation of some of the dependent areas of the stomach, primarily the pyloric region. In the area observed, the stomach wall appears slightly thickened, measuring at 0.55 cm, 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, but evaluation of the stomach was impaired.

BREED

Aussie

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

6 Years

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.

WEIGHT

17.9 kg

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.

INTERPRETED BY

 Kathleen Sennello DVM,
 MS, Diplomate ACVIM
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 Medicine)

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.

IMAGING PERFORMED BY

Kelly Reschny

ULTRASONOGRAPHIC FINDINGS

- Minimally distended thickened urinary bladder with an irregular wall – concerning for possible cystitis. Recommend urinalysis and culture and reevaluation of the urinary bladder with better urine distention.
- Air dilated stomach with questionable thickened wall – Evaluation of the stomach is impaired due to gas interference. In some areas, the wall appears subjectively thickened with intact wall layering. These changes could be most consistent with gastritis. Correlate with serial radiographs.

HOSPITAL NAME

Snelgrove VS

REFERRING VET

Dr. Ioannou

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lesions observed on today's scan were relatively mild and the significance is unclear. The urinary bladder wall appears somewhat irregular and is minimally distended. Recommend urinalysis and culture and reevaluation of the urinary bladder with more adequate urine distention.

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The stomach appears distended with air, likely due to aerophagia. This causes gas interference and makes evaluation of the dependent structures difficult. There is no obvious evidence of an obstruction or mass lesions, although the stomach wall does appear slightly thickened. There is no evidence of a diffuse obstructive pattern associated with the small bowel. Correlate these findings with serial imaging



PATIENT

if the patient remains symptomatic and is failing to improve with treatment for acute gastroenteritis.

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SPECIES

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**IMAGING
PERFORMED BY**

Kelly Reschny

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REFERRING VET

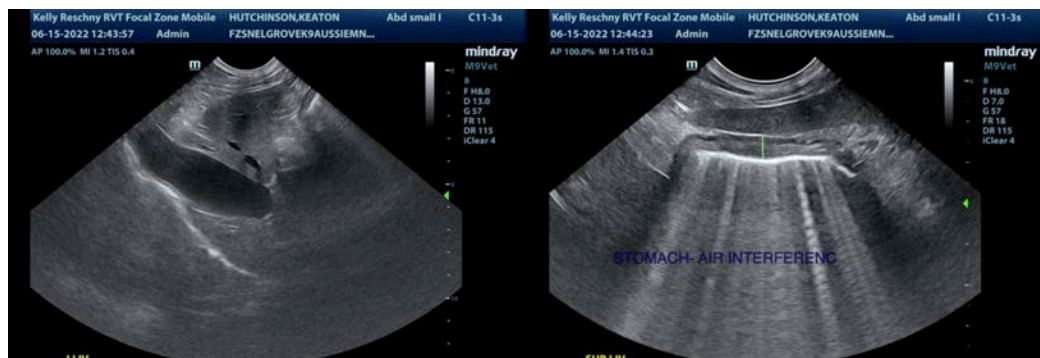
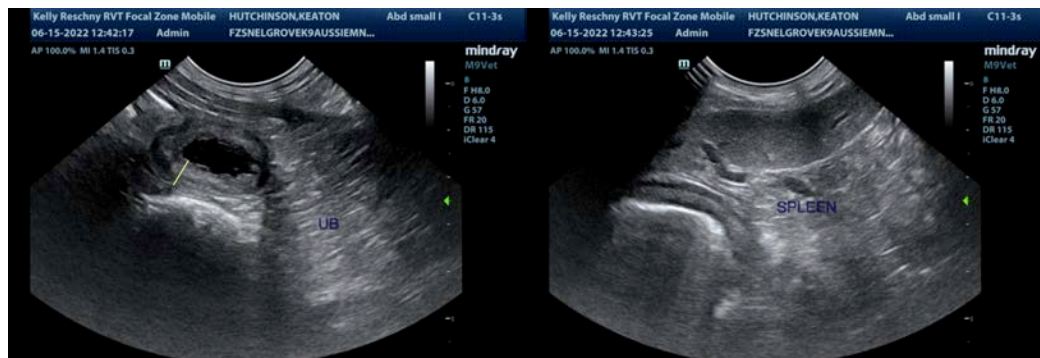
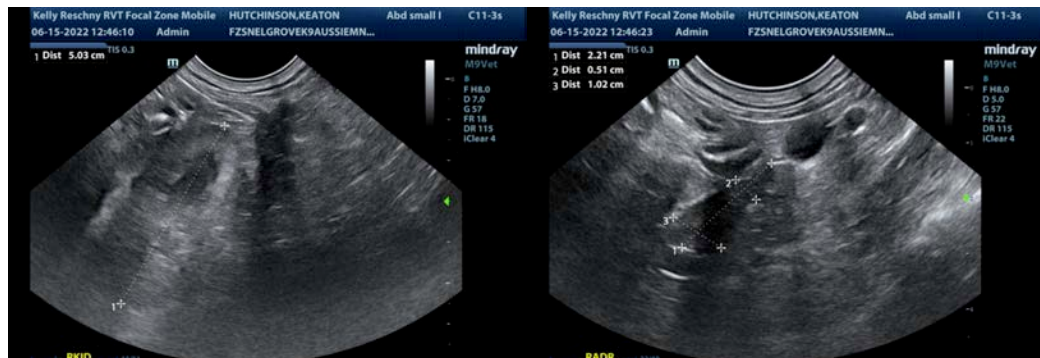
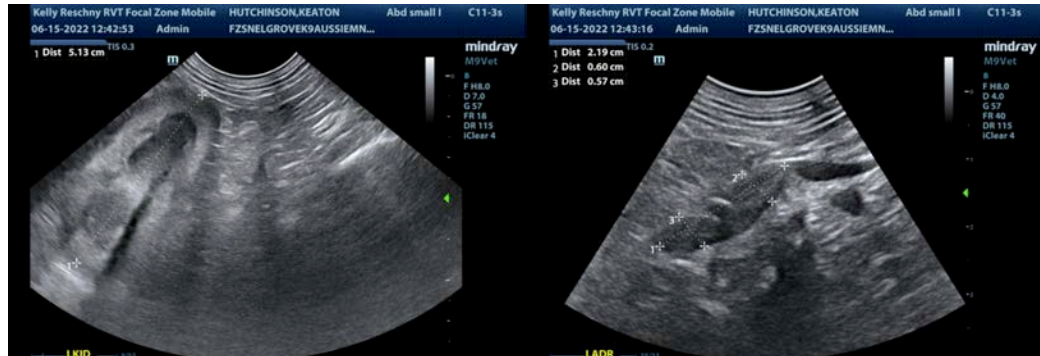
Dr. Ioannou

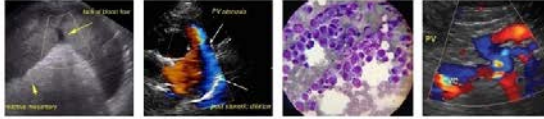
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Aussie

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

kathleen.sennello@sonopath.com

SEX

Neutered Male

AGE

6 Years

WEIGHT

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