



PATIENT

Raleigh Galenkamp

SPECIES

Canine

BREED

Shepherd X

SEX

Spayed Female

AGE

2.5 Years

WEIGHT

22 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Fish Creek VH

REFERRING VET

Dr. Achert

INVOICE

43563

DATE

6/29/23

PRESENTING CLINICAL SIGNS

Hyporexic and lethargic tender in cranial abdomen. Hyperechoic mesentery seen on POCUS
Abnormal PE/Chem/CBC/UA Results: Leukocytosis neutrophilia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, or masses. In the dependent portion of the urinary bladder there is some shadowing hyperechoic debris, possibly consistent with sandy debris/small stones. Correlate with abdominal radiographs.

The left kidney has a normal shape and size (6.79 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.

The right kidney has a normal shape and size (5.65 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.47 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 measuring 0.57 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

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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.



PATIENT *Gastrointestinal*

Raleigh Galenkamp 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. Duodenum wall measures 0.35 cm. Jejunum wall measures 0.23 cm. 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.

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Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild mesenteric lymphadenopathy present with mesenteric lymph nodes near the ileocecal junction measuring 0.48 cm and 0.60 cm. There is a prominent mid abdominal mesenteric lymph node measuring at 1.0 cm. The omentum is hyperechoic around some of the clusters of prominent lymph nodes and around the left and right limb of the pancreas.

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ULTRASONOGRAPHIC FINDINGS

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- Suspended echogenic debris in the urinary bladder and dependent hyperechoic shadowing debris visualized – Findings are most consistent with sandy debris/small stones and cellular material.
- Hypoechoic, prominent left and right limb of the pancreas with surrounding reactive mesentery – The pancreatic changes are most consistent with mild pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- Clusters of prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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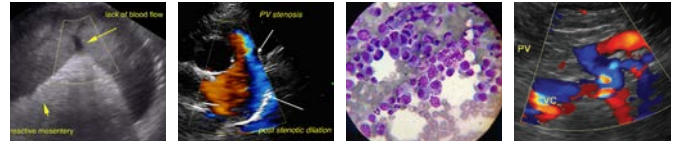
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both limbs of the pancreas appear somewhat prominent with mildly surrounding reactive mesentery. Correlate with clinical signs, as these changes could be consistent with mild pancreatic inflammation. Recommend symptomatic treatment for pancreatitis and a low-fat diet. If the patient is not improving/responding to therapy, consider repeat evaluation in 2-3 days.

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There are clusters of prominent hypoechoic mesenteric lymph nodes visualized. Many of these have the appearance of reactive lymph nodes. A few are slightly more prominent. If the patient continues to not feel well, you could consider a fine needle aspirate of a mesenteric lymph node.

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Recommend a urinalysis and culture as well as abdominal radiographs to evaluate the debris visualized in the urinary bladder.

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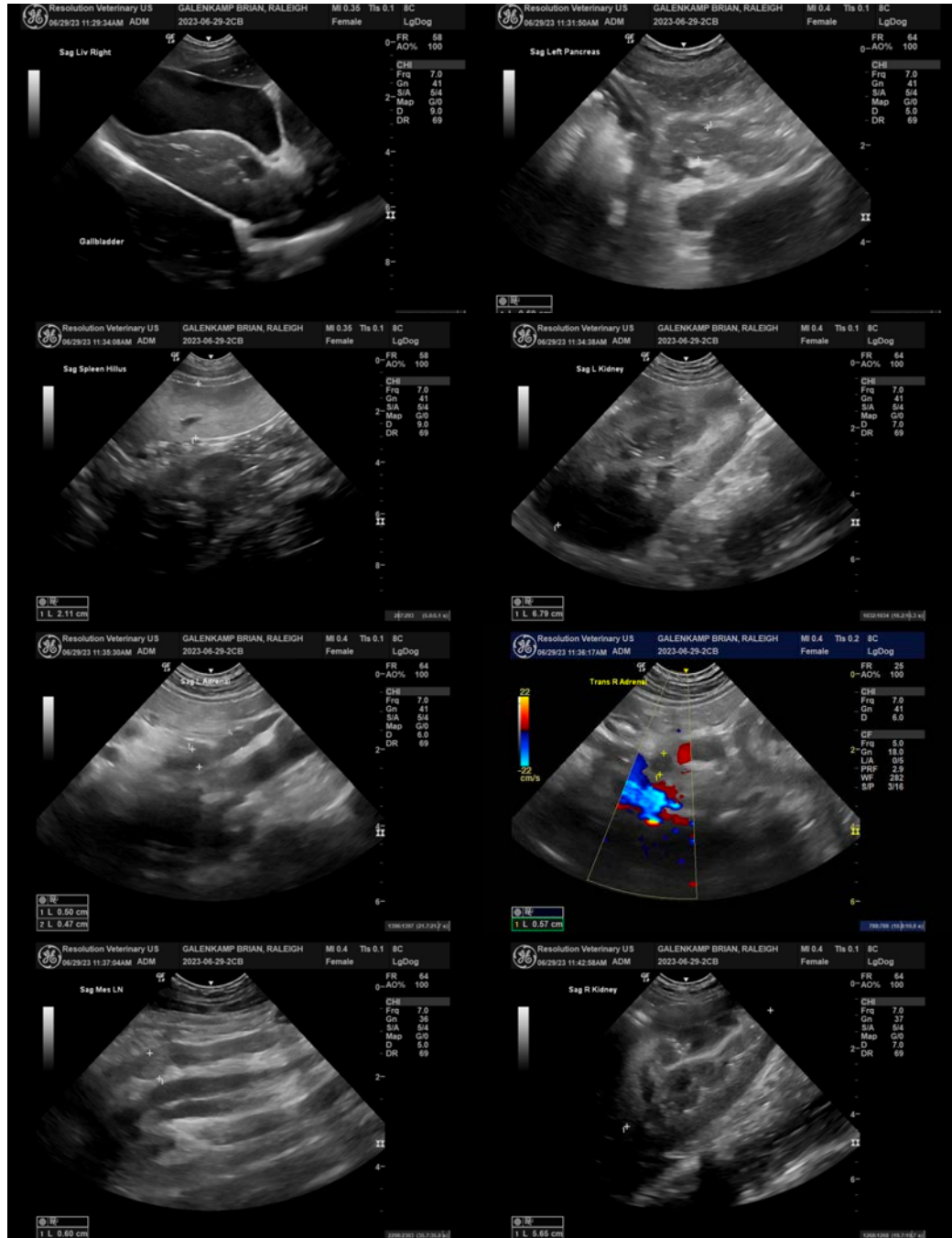
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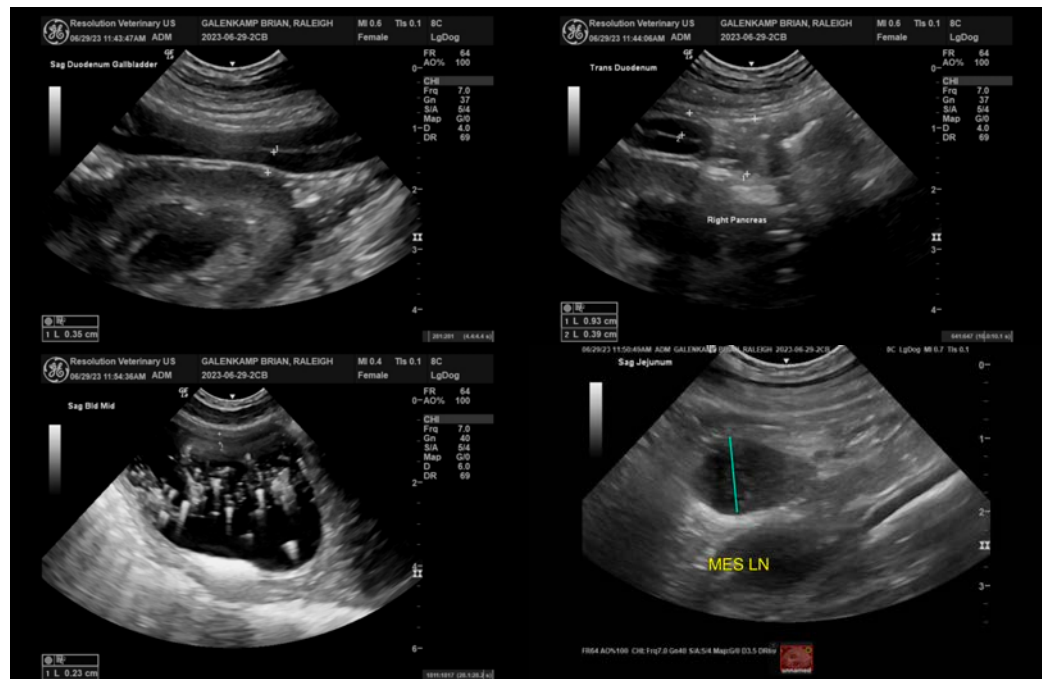
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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