

**PATIENT**

Jack Crossman

**PRESENTING CLINICAL SIGNS**

**SPECIES** sedation 0.1ml dex/torb IV- MET check- biopsy results attached MCT

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Retriever X 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 (0.99 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.

**AGE**

3 Years

The left kidney has a normal shape and size (6.07 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 hydronephrosis. Renal vasculature is normal.

**WEIGHT**

60 Pounds

The right kidney is normal in size (5.56 cm), but somewhat irregular in shape. 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 hydronephrosis. There is a very large anechoic renal cyst visualized measuring 2.69 cm, arising from the cortex. Renal vasculature is normal.

**INTERPRETED BY**

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

*Adrenal Glands*

The left adrenal gland is normal in size measuring 0.50 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 0.62 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 BY**

Loetitia Saint-Jacques,  
I/VT

*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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*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.

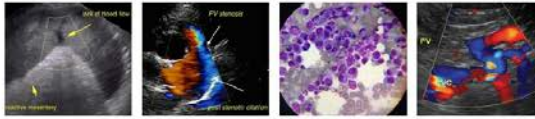
The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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**DATE**

6/8/22



## PATIENT

Jack Crossman

## SPECIES *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.

## BREED

Retriever X

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.

## SEX

Neutered Male

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

3 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

60 Pounds

## *Free Abdomen*

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. Mesenteric lymph nodes appear normal, sizes are noted for reference. Left sublumbar lymph node measures 0.54 cm. Right sublumbar lymph node measures 0.46 cm. A mesenteric lymph node measured 0.45 cm. Left popliteal lymph node measures 0.75 cm x 1.4 cm. The omentum is of normal echogenicity.

## INTERPRETED BY

Kathleen Sennello DVM,  
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(Small Animal Internal  
Medicine)

## ULTRASONOGRAPHIC FINDINGS

- Large right-sided renal cyst

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## IMAGING BY

Loetitia Saint-Jacques,  
I/VT

There is a large cystic structure associated with the right kidney. This is likely a benign renal cyst and incidental at this time. I would recommended monitoring, but intervention may be needed if this becomes large enough to cause discomfort, etc.

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The remainder of the ultrasonographic evaluation is largely normal. Ultrasound measurements were obtained for historical reference. There is no obvious evidence of metastasis.

## REFERRING VET

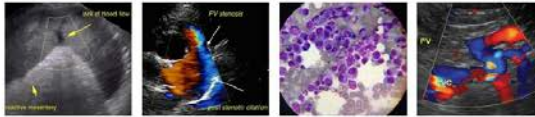
Dr.

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**PATIENT**

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**SPECIES**

Canine

**BREED**

Retriever X

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

60 Pounds

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**IMAGING BY**

Loetitia Saint-Jacques,  
I VT

**HOSPITAL NAME**

Sierra VH Carson City

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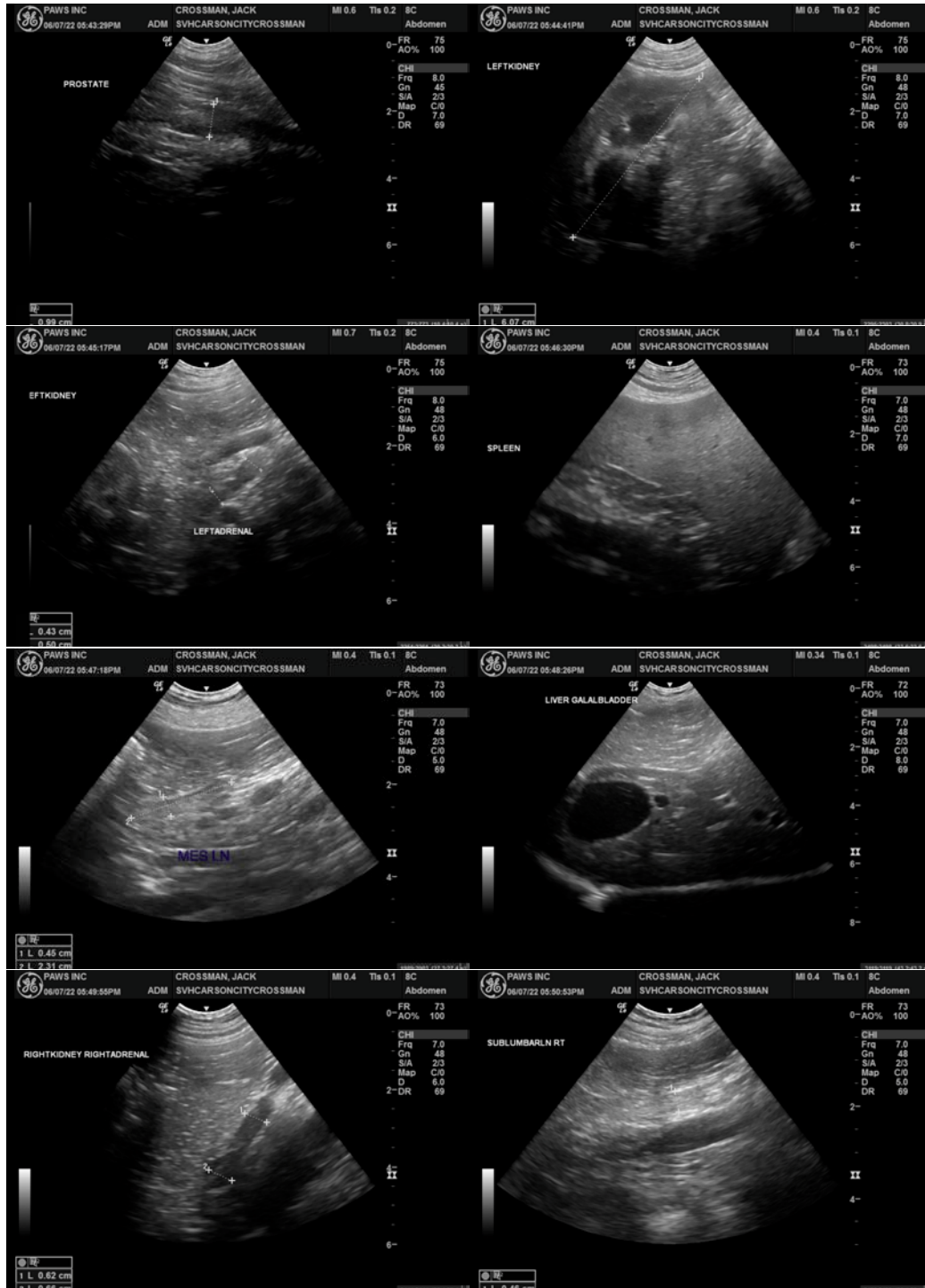
Dr.

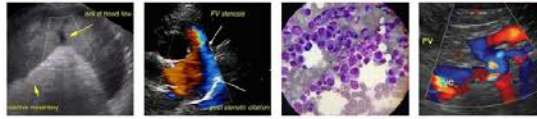
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**SPECIES**

Canine

**BREED**

Retriever X

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

60 Pounds

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Loetitia Saint-Jacques,  
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**HOSPITAL NAME**

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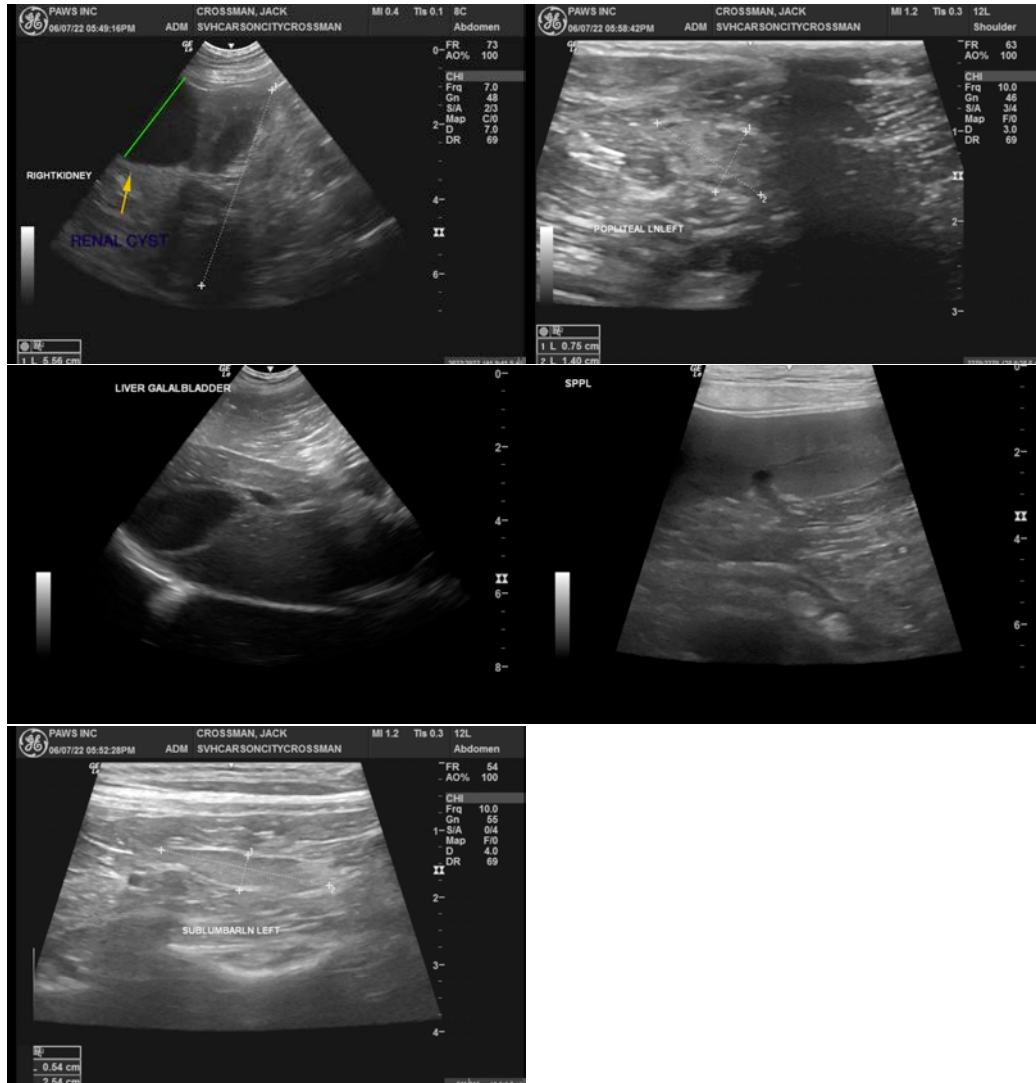
Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)  
kathleen.sennello@sonopath.com

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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.