



PATIENT

Bodie Lucey **PRESENTING CLINICAL SIGNS**

SPECIES follow up from previous AUS- doing well

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Golden Retriever 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 (1.1 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

7 Years The left kidney has a normal shape and size (6.99 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

94 Pounds 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 hydronephrosis. 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 0.53 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 0.60 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. There is a small hypoechoic lesion visualized within the parenchyma measuring 0.66 cm (previous scan 3/9/22 measured at 0.71 cm).

HOSPITAL NAME

Advanced PetCare of Nevada

REFERRING VET

Dr. Sarah Behrens

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.

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Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material, most consistent with normal ingesta and gas. Largely the gastric wall 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 generally adequate and there is no impression of reduced peristaltic activity. On some views, there is a focal area of gastric wall that appears thickened with intact but reduced wall layering, measuring maximally at 1.13 cm. This appears to extend approximately 3.19 cm.

SPECIES

Canine

BREED

Golden Retriever

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

7 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

94 Pounds

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. Sublumbar lymph nodes are visualized, the left measures 1.01 cm, the right measures 0.90 cm (previous measurements at 1.08 cm). The omentum is of normal echogenicity.

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

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

ULTRASONOGRAPHIC FINDINGS

IMAGING BY

Loetitia Saint-Jacques,
I/VT

- Stable hypoechoic nodule in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

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- Focal area of thickened gastric wall – This can be due to an ulcer, mass effect (benign or neoplastic), or could be artifact due to rugal folding.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Sarah Behrens

The majority of today's scan is stable from the previous scan performed on 3/9/22. There has been no progression of the splenic lesion or the prominent mesenteric lymph nodes.

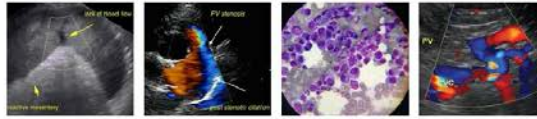
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On today's scan, there is a focal area of gastric wall that appears prominent and slightly thickened. The significance of this is currently unknown, as rugal folding can mimic gastric wall thickening and make these types of lesions difficult to interpret. For now, I would consider a regimen of anti-

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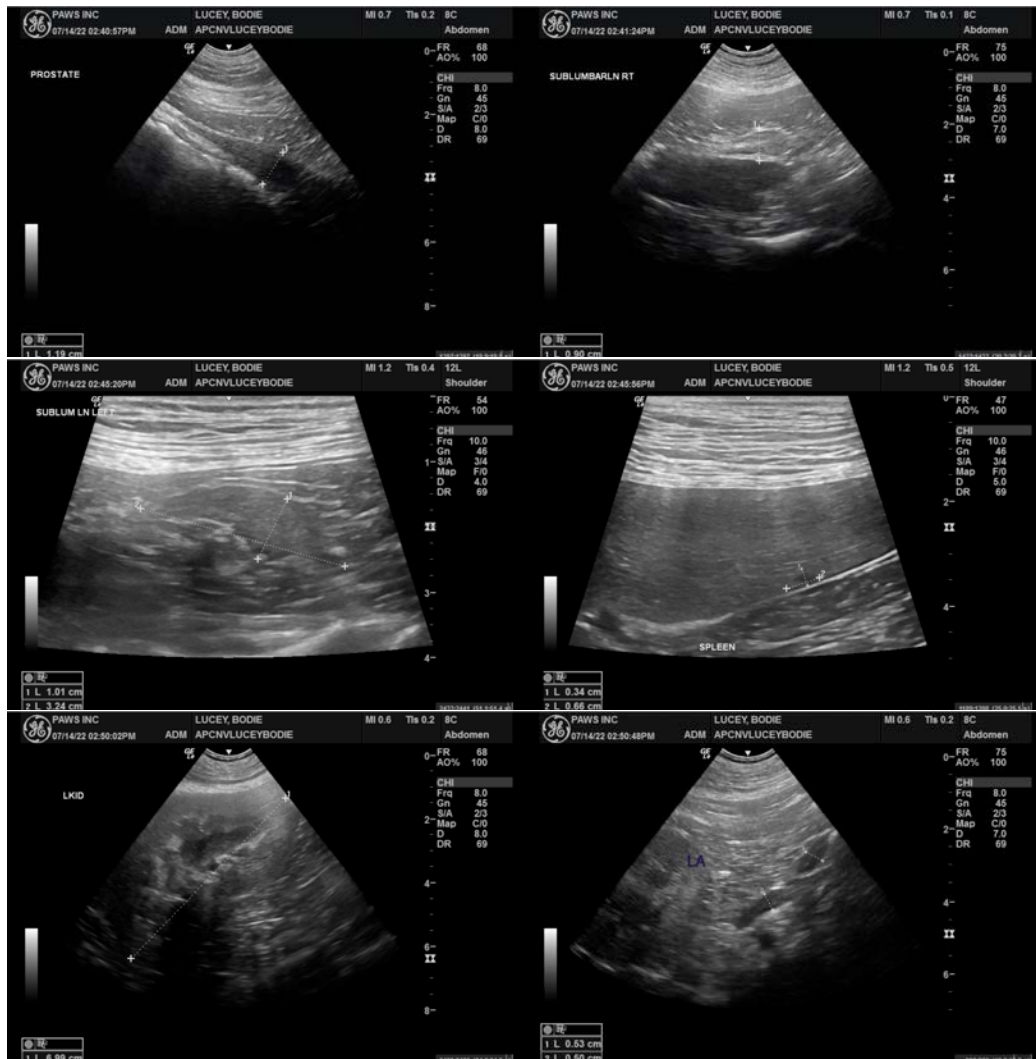
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ulcer therapy (Sucralfate and an h2 antagonist) for approximately two weeks, and then reevaluation in 4-6 weeks. Typically, intraluminal gastric contents make these types of lesions difficult to identify, but I suspect this would be harder to see in an empty stomach. If we are unable to visualize it on a recheck exam with an empty stomach, consider syringing some water or similar liquid to see if this can be further evaluated.





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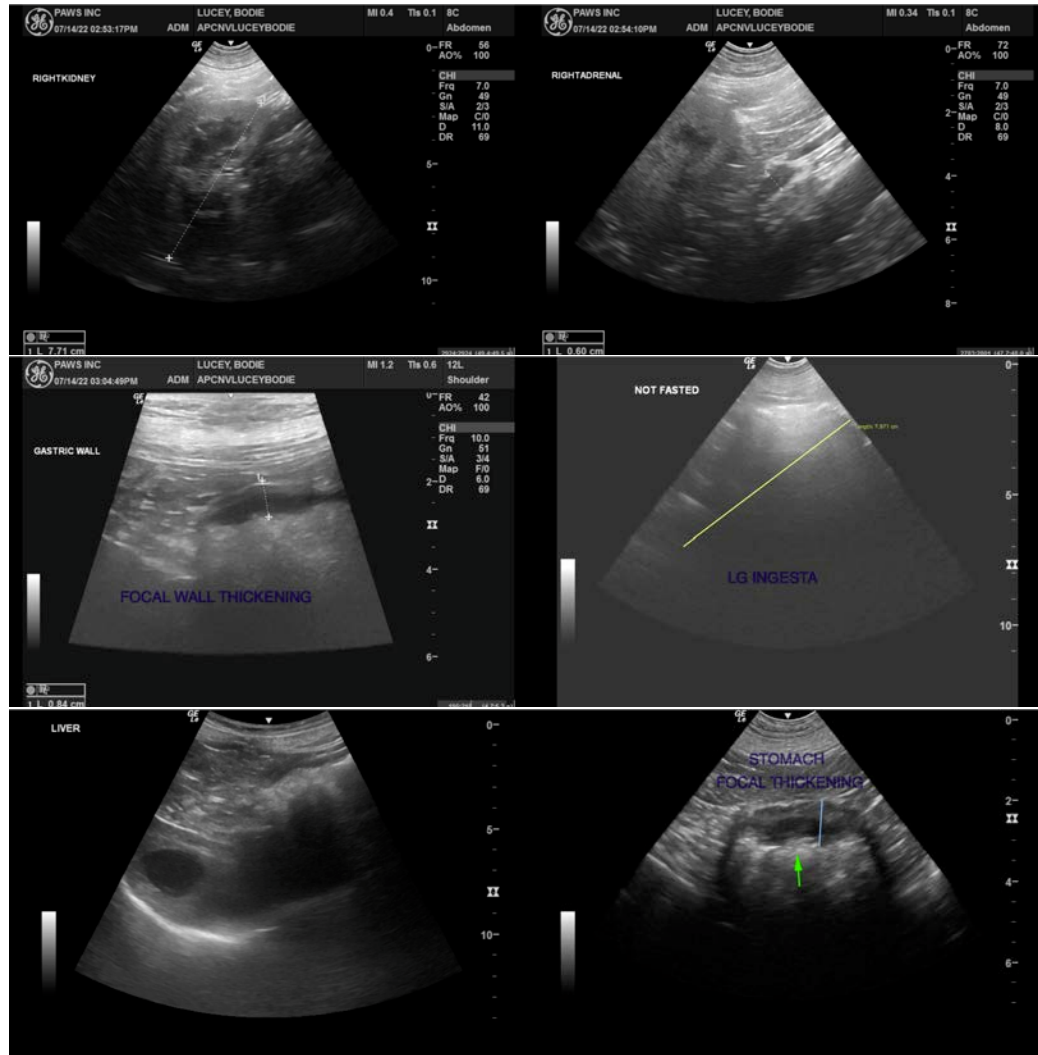
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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