

**PATIENT**Frankie Candler  
52276A**SPECIES**

Canine

**BREED**

Terrier X

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

1.2 kg

**INTERPRETED BY**Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)**IMAGING  
PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

MVS – Dr. Alucard

**INVOICE**

39676

**DATE**

7/20/22

**PRESENTING CLINICAL SIGNS**

Frankie's housemate passed away a week ago (Monday), so owner thought Frankie might be stressed from the change in the household. He enjoys treats and apple slices. Frankie seemed uncomfortable last week Monday, and didn't eat those treats or slices. He regurgitated his food Saturday, which is normal. He didn't eat at all yesterday except for treats, and vomited (consisting of treats). His energy level was low yesterday and hasn't been licking his owner's faces like usual. He had diarrhea yesterday and strained to defecate, dragged his rear end on the ground, and owner noticed yellow discharge. His anal sacs were expressed two weeks ago, and are done once every 2months. He hasn't drank any water these past couple of days. He is not urinating as often.

Abnormal PE/Chem/CBC/UA Results: PCV - 58% (35-55) WBC - 17.56 (5.05-16.76) NEU- 14.87 (2.95-11.64) GLU- 229 (74-143) BUN- 38 (7-27) ALT- 272 (10-125) ALKP- 222 (23-212) GGT- 42 (0-11)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

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.

The prostate is normal in size (0.52 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.

The left kidney has a normal shape and size (2.52 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.

The right kidney has a normal shape and size (2.57 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.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.44 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 0.37 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.

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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.

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Canine

**Gastrointestinal**

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

**BREED**

Terrier 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 wall measured 0.32 cm. Jejunum wall measured 0.26 cm. 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**

8 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**

1.2 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.

**INTERPRETED BY**

Kathleen Sennello DVM,  
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Medicine)

**ULTRASONOGRAPHIC FINDINGS**

- Shadowing gas and ingesta within the gastric lumen – correlate these findings with feeding history and abdominal radiographs. If the patient was adequately fasted, the consider such differentials as delayed gastric emptying, a partial outflow tract obstruction, or ingested foreign material.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Today's scan appears relatively normal. I did not see evidence of severe pancreatitis or a distal obstructive pattern. There is some moderate dilation of the stomach with shadowing gas and some ingesta. This makes full evaluation of the stomach and pyloric region difficult. If ingested foreign material is high on your differential list, consider serial imaging (abdominal radiographs +/- ultrasound) to look for evidence of retained intraluminal material. Otherwise, consider treatment for acute pancreatitis/gastroenteritis and close continued monitoring. If symptoms persist and/or liver enzyme values continue to rise, you may need to consider additional diagnostics such as a liver function test, fine needle aspirate of the liver, and even GI biopsies.

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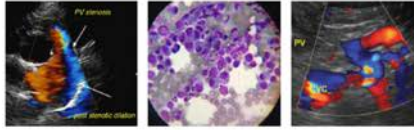
Recommend a urinalysis to follow the elevation in serum blood glucose levels to determine if this is an emergent diabetic.

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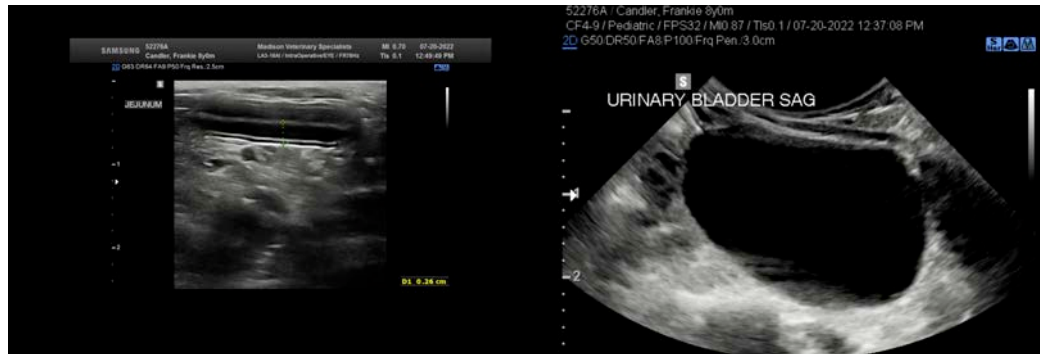
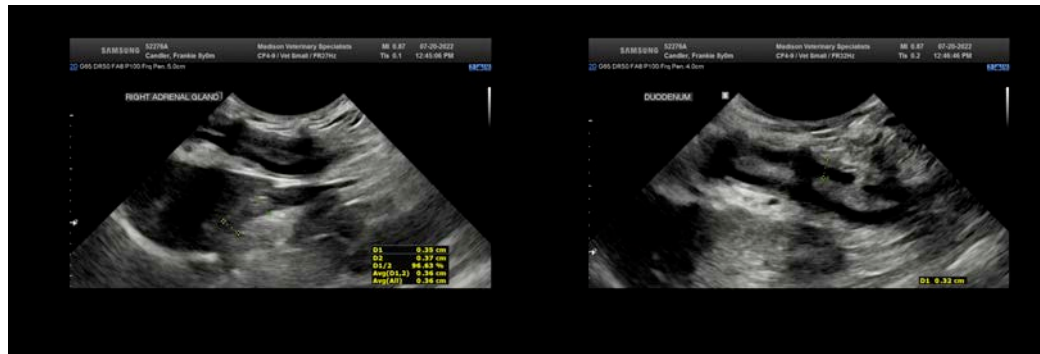
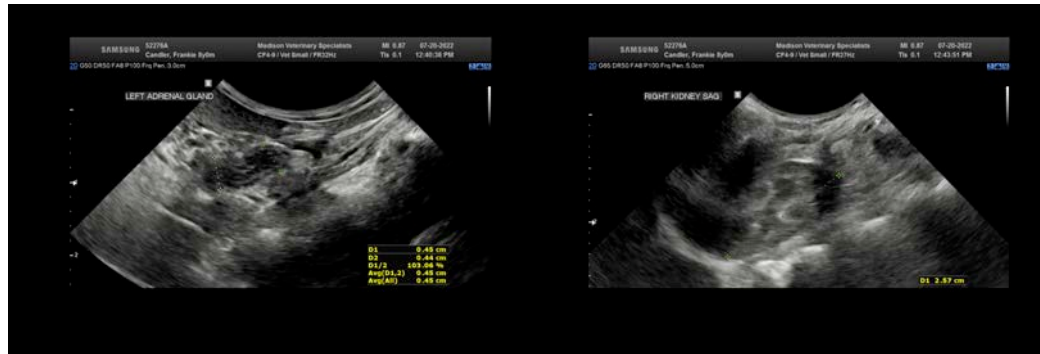
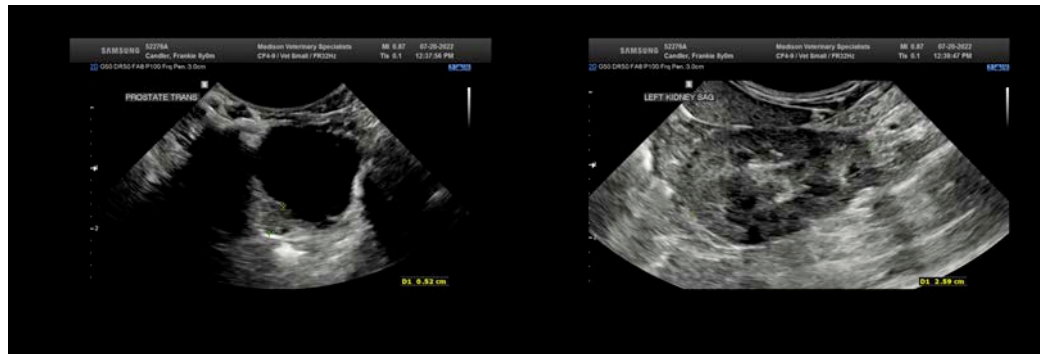
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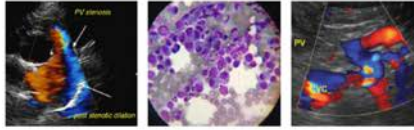
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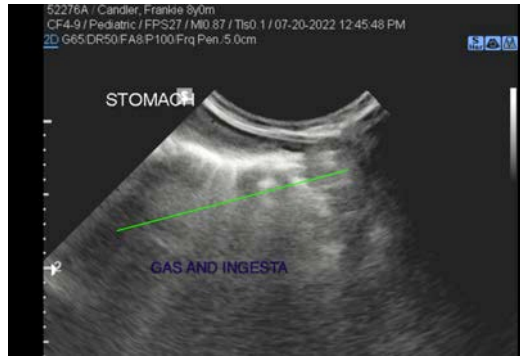
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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