



PATIENT PRESENTING CLINICAL SIGNS

Oscar Ramirez Issue started July 1st long weekend, has been seen a 2 different vet offices - waiting on full reports Not eating / eating small amount and vomiting. Weight loss Drinking okay and still active meds: Cerenia, Famotidine and Metronidazole at a previous hospital(from previous hospital)

SPECIES

Canine

BREED

Beagle X

SEX

Neutered Male

AGE

10 Years

WEIGHT

14 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Gagemount AH

REFERRING VET

Dr. Keir

INVOICE

39812

DATE

7/27/22

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 (0.85 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. (6.12 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 (5.73 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 0.69 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 0.72 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 mildly heterogenous in echotexture with subtle, indistinct focal mottling. 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.


PATIENT *Gastrointestinal*

Oscar Ramirez 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.

SPECIES

Canine Many of the visualized areas of jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Some areas of bowel have moderate to severe fluid distention. Wall thickness is normal.

BREED

Beagle X Bowel loops appear to take some sharp turns, disrupting normal curvilinear lines. There is hypoechoic shadowing material visualized within some of the dilated bowel loops that is concerning for possible ingested foreign material a clear obstruction is not visualized. This could represent an obstruction or more focal ileus.

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

10 Years 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

14 kg

Pancreas
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.

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ULTRASONOGRAPHIC FINDINGS

- Moderate luminal gastric distention with fluid, gas, and some shadowing material – Moderate amount of shadowing material in gastric lumen - Correlate with feedings history and abdominal radiographs. If adequately fasted then consider such differentials as delayed gastric emptying or a partial outflow tract obstruction (none visualized).
- Moderate to severe fluid dilation of the bowel with intraluminal shadowing material – There is concern for foreign material, ileus or an obstruction.
- Mildly heterogeneous liver – The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is somewhat dilated with fluid, gas, and some shadowing material (the gas obscures full visualization). Additionally, the bowel appears severely fluid dilated, and some shadowing ingesta is visualized. Based on the obstructive pattern visualized, there is concern for possible a possible foreign body causing an obstruction but focal ileus with ingesta can have a similar appearance. Correlate these findings with abdominal radiographs and history. If a foreign body is suspected, consider exploratory for further evaluation. Alternately you can consider rehydration/fluid therapy, NPO and re-evaluation in approx. 24 hours. If this lesion doesn't resolve consider surgery. If no foreign material is identified, at surgery recommend obtaining GI biopsies.

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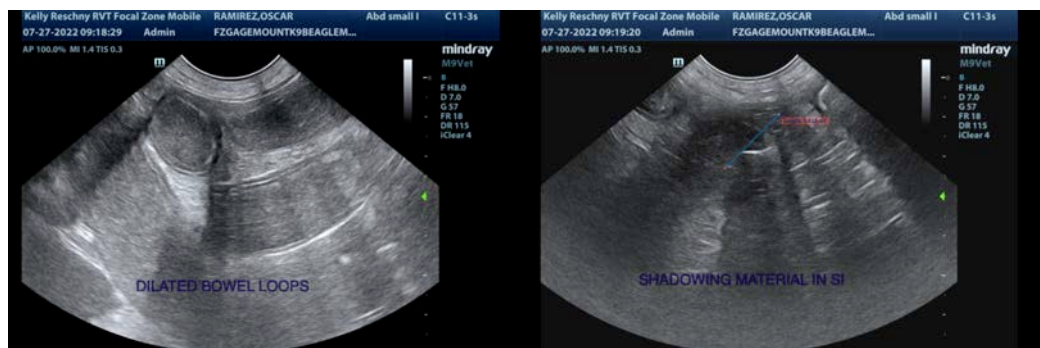
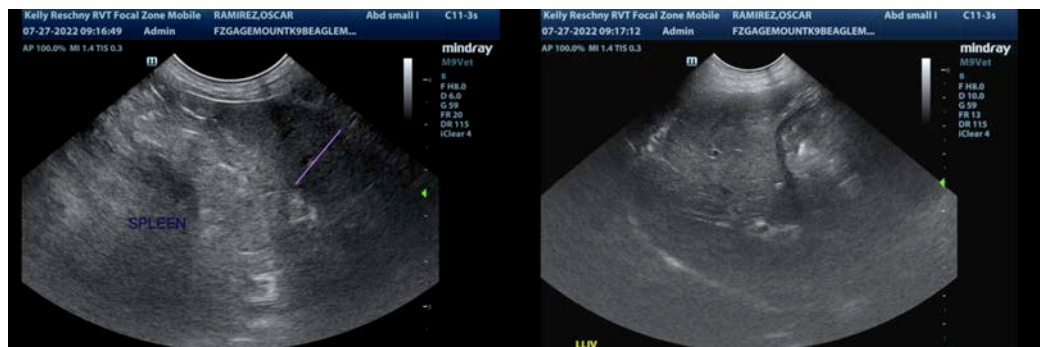
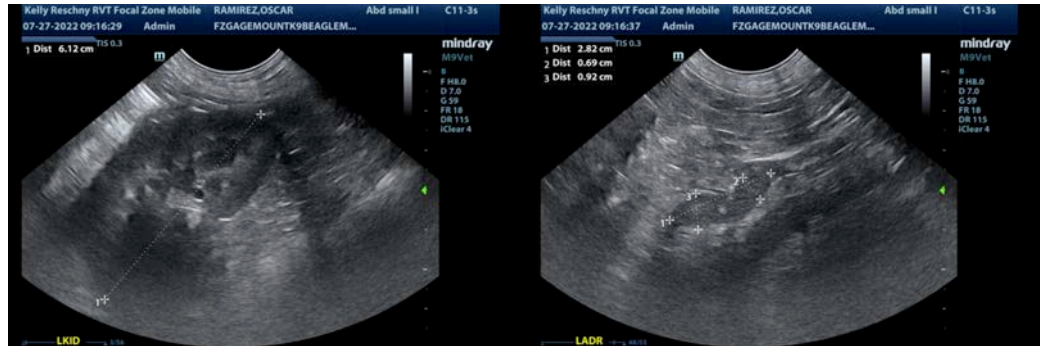
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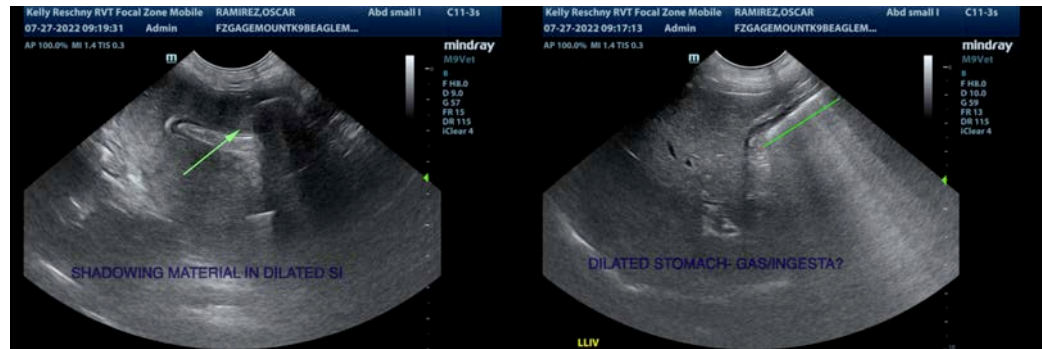
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com