



**PATIENT PRESENTING CLINICAL SIGNS**

Layla Kersey Reoccurring pancreatitis Current Medications DES 0.5mg - 1 capsule twice weekly for urinary incontinence Primary Question/Differential to Be Answered in This Exam Underlying cause for re occurring pancreatitis; cancer.

**SPECIES**  
Canine Abnormal PE/Chem/CBC/UA Results: 6/25/22 - abnormal CPL 5/15/22 - BW done at a clinic in California indicated pancreatitis; DVM has concerns about cancer.

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Flat Coated Retriever **Urinary System**

**SEX**  
Spayed Female 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.

**AGE**  
10 Years The left kidney has a normal shape and size (6.46 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.

**WEIGHT**  
10 Years The right kidney has a normal shape and size (6.57 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.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.42 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.

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

The right adrenal gland is normal in size measuring 0.63 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**

**HOSPITAL NAME**

Willakenzie AC

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.

**REFERRING VET**

Dr. Kairis

**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.

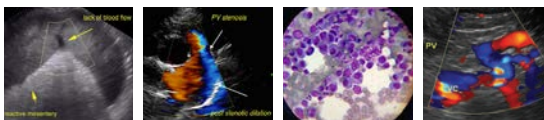
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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

**DATE**

7/6/22



**PATIENT** *Gastrointestinal*

Layla Kersey

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The stomach is significantly dilated with intraluminal fluid and gas. The gastric wall appears normal with a normal thickness of <0.7cm with some variability due to the presence of rugal folds. Additionally, there are some areas with mild shadowing debris, and some areas well gas shadowing impairs full evaluation of the pyloric region and the entire gastric wall. The distinction of the gastric wall layers is adequate. No masses are observed, but there is some subtle shadowing material in the region of the pyloric outflow tract. This could be consistent with a partial outflow tract obstruction, but this cannot be confirmed.

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. Jejunum wall measured 0.39 cm. Duodenum wall measured 0.42 cm. Visualized peristalsis appears appropriate. Some focal areas of small intestine appear somewhat corrugated, as if irritated. Additionally, the very proximal portion of the duodenum appears mildly fluid dilated and has some subtle shadowing material that could be consistent with ingesta, ingested foreign material, etc. with a soft shadow.

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.

**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.

**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.

**Other**

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

**ULTRASONOGRAPHIC FINDINGS**

- Severely fluid and gas distended stomach with some ill-defined shadowing material – correlate these findings with abdominal radiographs and feeding history. This could represent severe ileus or recent large meal, but there is concern that some of the shadowing material could be visualized within the pylorus and the proximal duodenum. There could be concern for soft shadowing material such as fabric, etc.
- Focal areas of corrugated small intestine – most consistent with enteritis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The stomach is severely dilated with fluid and gas. Additionally, there is some shadowing material that could be concerning for ingested foreign material. Correlate these findings with feeding history, abdominal radiographs, etc. Consider serial imaging. If this abnormal area does not improve, consider surgical evaluation. If not foreign material is present, recommend obtaining gastric and small intestinal



**PATIENT**

biopsies at the time of surgery.

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No significant pancreatic inflammation was appreciated on the ultrasound, although sometimes ultrasonographic findings, cPL levels, and clinical symptoms do not always correlate. There is no evidence of a mass effect or abscess in the region of the pancreas.

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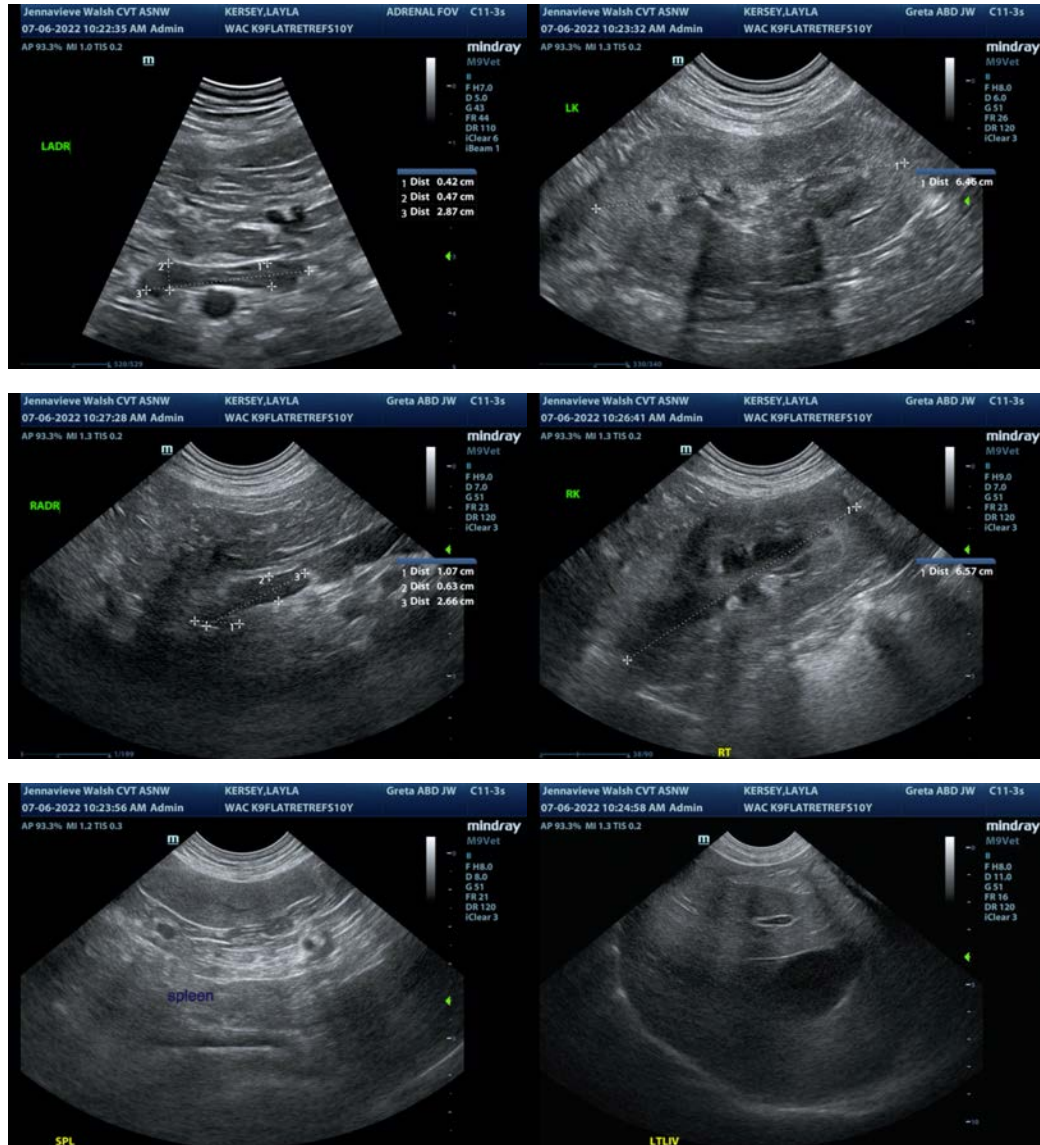
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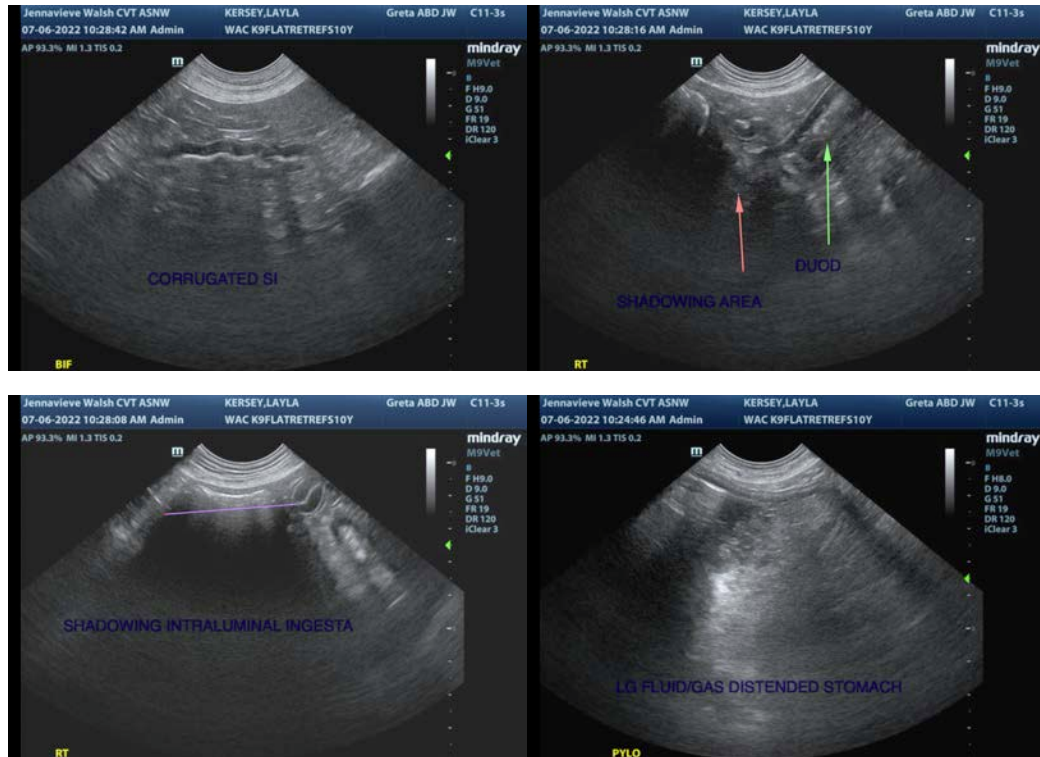
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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