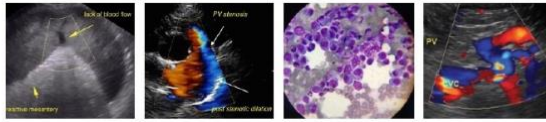


PATIENT	PRESENTING CLINICAL SIGNS
Cassius Colbert-Degeit	History: PE BAR, vomits full meals hours after eating, will eat his vomit and keep it down. Normal BMs. To go home treatment plan - Sulcrate, Cerenia, Fortiflora, Burrows. Secondary pancreatitis?
SPECIES	Abnormal PE/Chem/CBC/UA Results: Bloodwork WNL.
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Boxer	The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.
SEX	The prostate is normal in size (1.4 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.
Neutered Male	
AGE	The left kidney is small and irregular in shape (4.27 cm). It has decreased corticomedullary distinction and pyelectasia (0.51 cm).
6 Years	The right kidney has a normal shape and size (5.52 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.
WEIGHT	Adrenal Glands
28.4 kg	The left adrenal gland is normal in size measuring 0.57 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.
INTERPRETED BY	The right adrenal gland is normal in size measuring 0.79 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.
Kathleen A. Sennello DVM, MS, DACVIM (SAIM)	Spleen
IMAGING PERFORMED BY	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.
Crystal Hill	Liver
HOSPITAL NAME	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.
Beatties PH Ancaster	INVOICE
REFERRING VET	The gall bladder 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.
Dr. Davis	Gastrointestinal
INVOICE	
23191	
DATE	
7/6/23	



PATIENT	The stomach contains mild to moderate fluid. 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.
Cassius Colbert-Degeit	
SPECIES	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 (0.42 cm in wall thickness) and the jejunum measured as normal (0.34 cm) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.
Canine	
BREED	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.
Boxer	
SEX	<i>Pancreas</i>
Neutered Male	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.
AGE	<i>Free Abdomen</i>
6 Years	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.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
28.4 kg	<ul style="list-style-type: none"> Irregularly shaped left kidney with pyelectasia and abnormal architecture. Findings could be consistent with a dysplastic kidney or previous renal injury.
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Kathleen A. Sennello DVM, MS, DACVIM (SAIM)	The left kidney is irregular with abnormal architecture and a dilated renal pelvis. I suspect this is not related to the current symptoms but either due to a dysplastic kidney, previous renal injury, etc. I recommend a blood pressure and urinalysis as a baseline and continued monitoring of the left kidney.
IMAGING PERFORMED BY	No focal gastrointestinal lesions were observed. There is a small amount of fluid in the stomach, but the pylorus appears open and the gastric wall appears relatively normal. The history of delayed vomiting, etc., could be consistent with delayed gastric emptying, or a partial outflow tract obstruction, etc. None was observed but this can be functional or mechanical and cannot be definitively ruled out by ultrasound alone. Other options would include a barium study to track food emptying from the stomach (both liquid and mixed with food). An upper GI endoscopy could be considered to look at the pyloric outflow tract and obtain biopsies from the stomach and proximal duodenum, etc. Additionally, you could screen for Addisons disease and confirm a normal esophagus on chest radiographs. If you've not yet tried a hypoallergenic diet, then food allergy could also be contributing to some of these symptoms (try a hydrolyzed protein or novel protein diet).
Crystal Hill	
HOSPITAL NAME	
Beatties PH Ancaster	
REFERRING VET	
Dr. Davis	
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DATE	
7/6/23	



PATIENT

Cassius Colbert-Degeit

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

6 Years

WEIGHT

28.4 kg

INTERPRETED BY

Kathleen A. Sennello
DVM, MS, DACVIM
(SAIM)

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Beatties PH Ancaster

REFERRING VET

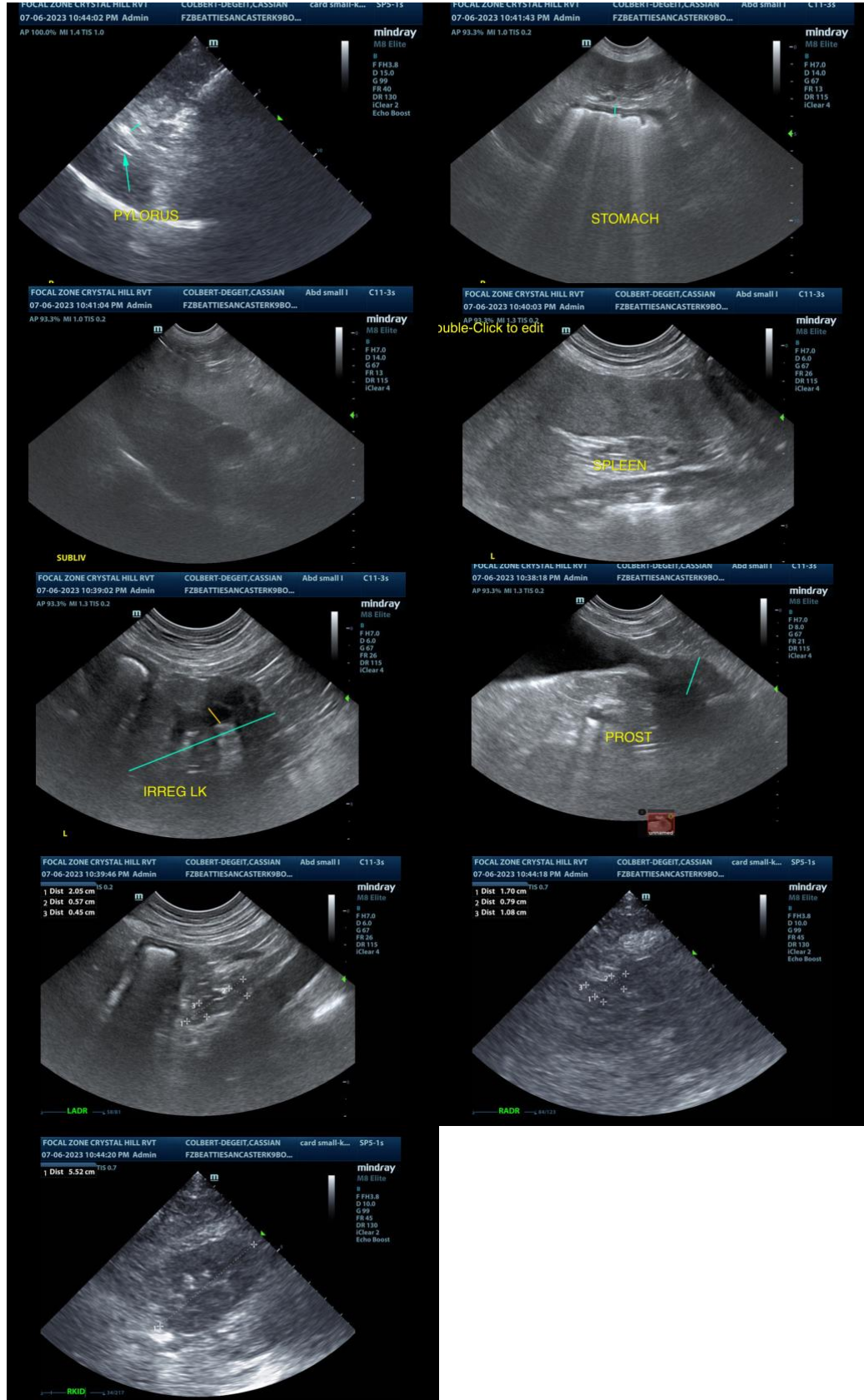
Dr. Davis

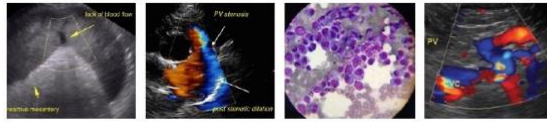
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DATE

7/6/23





PATIENT

Cassius Colbert-Degeit

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

SPECIES

Canine

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.

BREED

Boxer

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

SEX

Neutered Male

AGE

6 Years

WEIGHT

28.4 kg

INTERPRETED BY

Kathleen A. Sennello
DVM, MS, DACVIM
(SAIM)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

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