



PATIENT PRESENTING CLINICAL SIGNS

Bella Ouillette

SPECIES

Canine

BREED

Cockapoo

SEX

Spayed Female

AGE

13 Years

WEIGHT

6.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Yates Vet Hospital

REFERRING VET

Dr. Merkel

INVOICE

44572

DATE

8/10/23

Presents for intermittent vomiting over the last 3 weeks, but has intensified to daily over the last 3 days. Stools are somewhat soft but have shape mild pu/pd over the last few months, with occasional urinary accidents History of a single bout of pancreatitis - eats GI low fat (Royal canin) as maintenance diet, but since vomiting started not as interested. Currently eating l/d stew Marked weight loss (previous weigh in July 2022 was 10.1kg). Owner feels the weight loss is all recent BW unremarkable Current Medications Cerenia 16mg 1/2 tab SID PRN

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 left kidney has a normal shape and size (5.48 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (5.07 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 0.53 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.

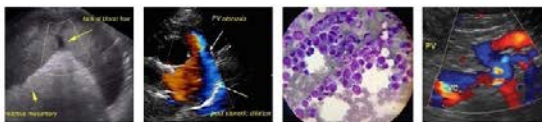
The right adrenal gland is normal in size measuring 0.59 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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 large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is 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.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

SPECIES

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The stomach is severely distended with a large amount of ingesta. This distention can be followed to the level of the proximal pylorus where there appears to be an abrupt narrowing and thickening of the pyloric wall with concurrent narrowing of the lumen and an obstructive effect. The wall of the pylorus appear irregular and thickened, measuring 1.1 cm in thickness with a diameter of approximately 2.1 cm. Findings are most consistent with a pyloric outflow tract obstruction.

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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. Duodenum wall measures 0.36 cm. Jejunum wall measures 0.26 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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Pancreas

The left limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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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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PRIMARY FINDINGS

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- Prominent, mottled left limb of the pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Large, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Severely ingesta distended stomach with thickened, abnormal tissue in the region of the pylorus and severe narrowing of the pyloric lumen – Findings are most consistent with a pyloric outflow tract obstruction.

REFERRING VET

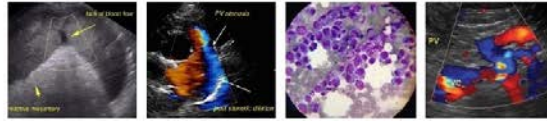
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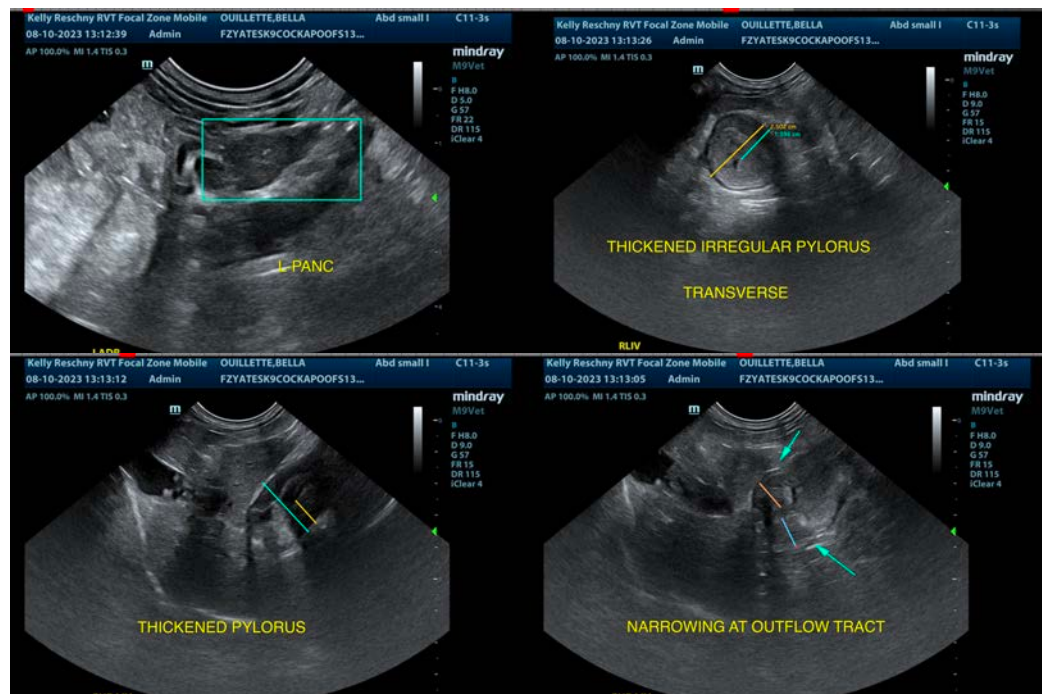
SECONDARY FINDINGS

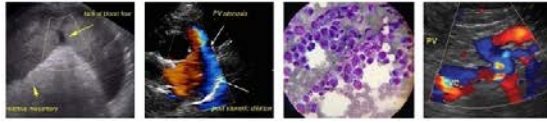
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is severely distended with ingesta, and there is excessive tissue visualized at the level of the pyloric outflow tract. The pyloric wall appears thickened and irregular, and the lumen is severely narrowed, preventing outflow of ingesta. Findings are concerning for infiltrative disease/hyperplasia involving the pyloric region (neoplasia, granuloma, hyperplasia, etc.). Recommend decompression of the stomach with a nasogastric tube and likely referral for surgery to obtain biopsies of the narrowed pylorus as well as to relieve the obstruction (possible billroth procedure?) depending on the extent of disease present. Neoplastic disease (carcinoma, round cell neoplasia, etc.) would be the primary differential, but other possibilities exist. A pre surgical CT scan could be considered to evaluate for surgical planning, evaluation of metastatic lesions etc.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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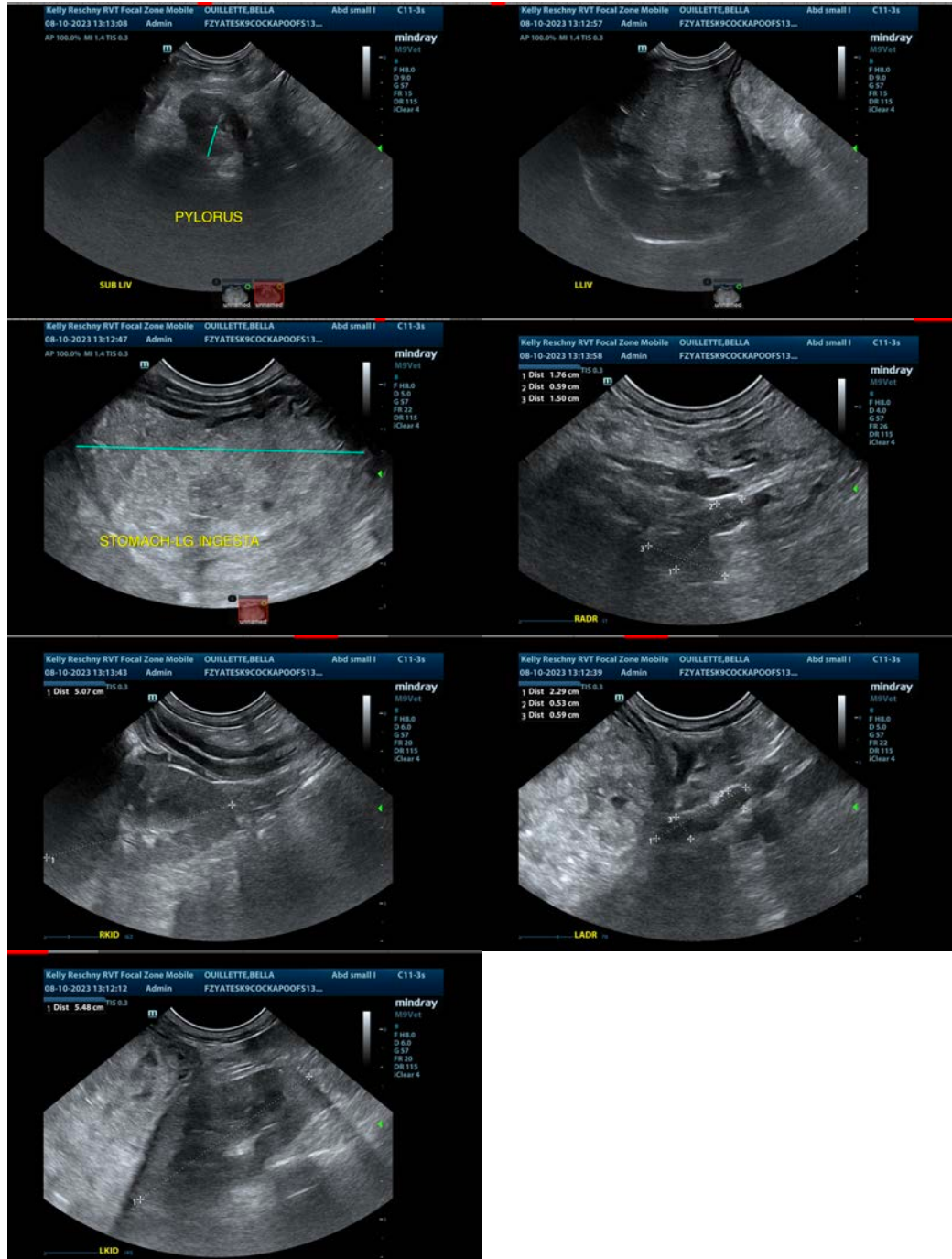
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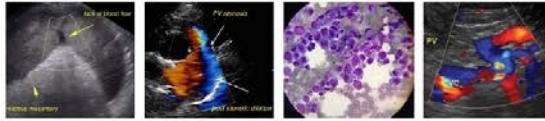
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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