



PATIENT PRESENTING CLINICAL SIGNS

Chloe Arnst Dog is not eating well past month. Bloodwork essentially all WNL. Ultrasound done to look for potential cause of anorexia

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

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.

Mixed

SEX

The left kidney has a normal shape and size (3.3 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.

Spayed Female

AGE

The right kidney has a normal shape and size (3.6 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.

12 Years 3 Months

WEIGHT

Adrenal Glands

14.8 Pounds

The left adrenal gland is normal in size measuring 0.41 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 0.41 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.

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Spleen

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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.

Dr. Leal

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.

Blairstown AH

REFERRING VET

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.

Dr. Leal

INVOICE

Gastrointestinal

24784

The stomach is moderately dilated with fluid, 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.

DATE

8/18/21



PATIENT

Chloe Arnst

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measured 0.286 cm. Jejunum wall measured 0.28 cm. Visualized peristalsis appears appropriate. The stomach and some of the proximal duodenum appears moderately fluid dilated. There is a focal area of proximal bowel that is moderately fluid dilated with more thickened wall measuring 0.52 cm. Layering in this area is mildly decreased, and there is some mild folding of bowel and shadowing material in this area.

SPECIES

Canine

BREED

Mixed

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.

SEX

Spayed Female

The area of 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

AGE

12 Years 3 Months

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.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

14.8 Pounds

- Mildly fluid dilated stomach – correlate with feeding and drinking history. If patient was fasted, consider delayed gastric emptying or partial obstruction.
- Mildly dilated and thickened bowel (suspect duodenum) – could be consistent with partial obstruction or focal enteropathy. Correlate with abdominal radiographs.

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach appears mildly dilated with fluid, the proximal bowel is mildly dilated, and there is a focal thickening and mild plication. The significance of this is unclear, but it could be related to a focal enteropathy, or even a partial obstruction. Correlate these findings with abdominal radiographs particularly evaluating this area for foreign material/dilation etc..

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Dr. Leal

There is no vomiting or diarrhea given in the history, so it is unclear if this has been a factor. Consider possible metabolic causes based on recent blood work (reported to be normal), thoracic radiographs, etc.

HOSPITAL NAME

Blairstown AH

If metabolic causes are thought unlikely, then consider primary GI causes such as a focal enteritis, enteropathy, foreign material, a sliding intussusception, IBD, and less likely intestinal neoplasia. Correlate with radiographic findings. A barium study could possibly better outline the proximal bowel changes observed. If radiographs or barium study support the suspicion of a focal lesion, consider surgical evaluation with the goal of obtaining full thickness GI biopsies and evaluating for anatomic abnormalities.

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**IMAGING
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HOSPITAL NAME

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REFERRING VET

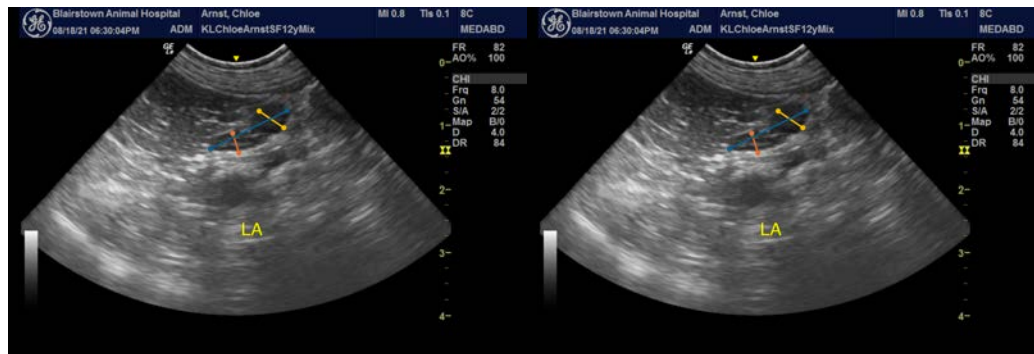
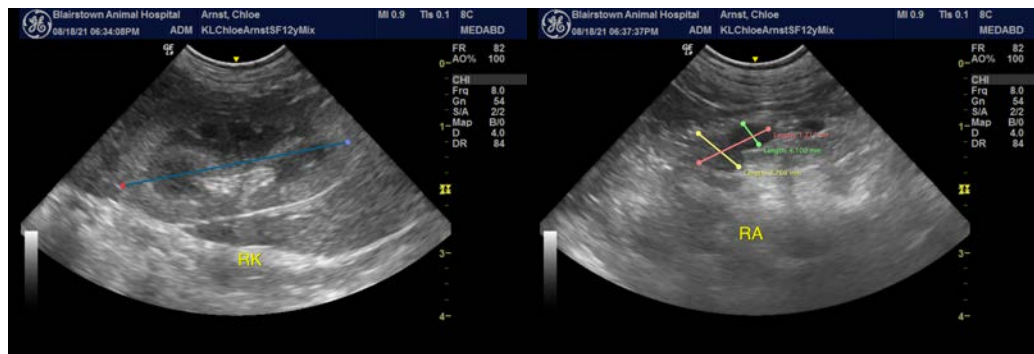
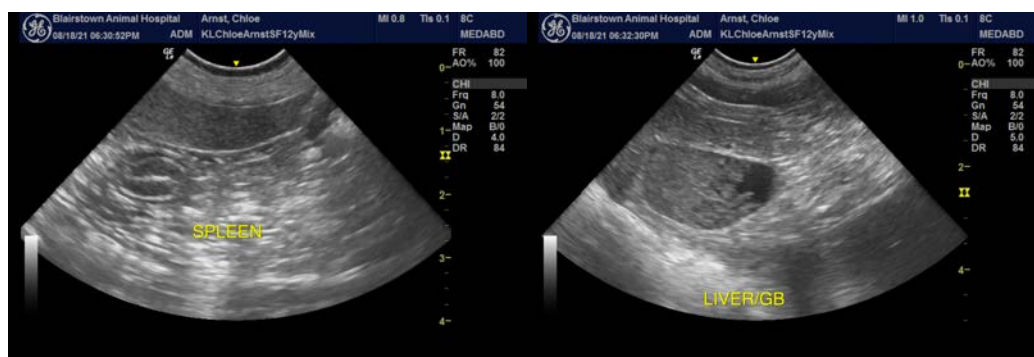
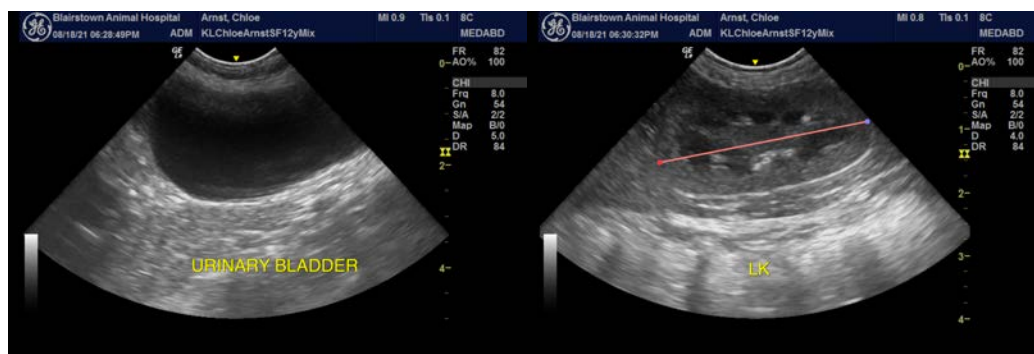
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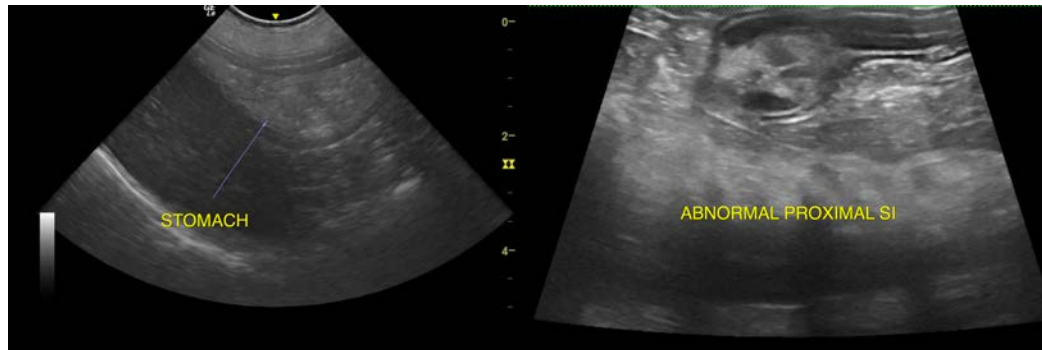
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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