



PATIENT PRESENTING CLINICAL SIGNS

Wally Tait History: regurgitating very often after meals, concern for pyloric stenosis
Abnormal PE/Chem/CBC/UA Results: Please see attached BW

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

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.

BREED

French Bulldog

The prostate is normal in size (0.61 cm) and has a regular shape with smooth external margins. The parenchyma is heterogenous, but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

SEX

Intact Male

There is no evidence of a kidney visualized in the region of the left kidney.

AGE

20 Weeks

The right kidney has a normal shape and size (5.0 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 hydronephrosis. Renal vasculature is normal.

WEIGHT

5.34 kg

Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 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

Kathleen Sennello DVM,

The right adrenal gland is normal in size measuring 0.55 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.

IMAGING

PERFORMED BY

Kelly Reschny

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.

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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. 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.

REFERRING VET

Dr. Dennis

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Gastrointestinal

The stomach contains mild fluid/ingesta. It measures at a normal thickness of <0.7 cm 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.

DATE

8/2/22

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



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(between 0.3- 0.5 cm in wall thickness) and the jejunum measured as normal (between 0.2- 0.47 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SPECIES

Canine

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

BREED

French Bulldog

The (pancreas/region 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.

SEX

Intact Male

Free Abdomen

There is a scant amount of free fluid (likely associated with young age). No lymphadenopathy noted. The omentum is of normal echogenicity.

AGE

20 Weeks

ULTRASONOGRAPHIC FINDINGS

- No left kidney visualized. Correlate with abdominal radiographs. I suspect a congenitally absent left kidney.

WEIGHT

5.34 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of a gastric outflow obstruction is visualized. Although, this can sometimes be difficult to appreciate due to the normal rugal folding, etc. There is a small amount of liquid/ingesta visualized within the gastric lumen, but this appears within normal limits. Consider the following:

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- Recommend thoracic radiographs to look for evidence of a megaesophagus, PDA, etc. This can be combined with a contrast radiograph or fluoroscopic evaluation of the esophagus to look for evidence of stricture, obstruction, dysmotility, etc.
- Depending on the outcome of the contrast study, you could consider an endoscopic evaluation of the esophagus, gastroesophageal sphincter and stomach (including pylorus). Additionally, consider evaluation of the upper airway, as brachycephalic breeds can sometimes show improvement with correction of their upper airway issues (stenotic nares, everted sacculles, elongated soft palate, etc.).
- Occasionally, symptomatic treatment, like a novel protein/hydrolyzed protein prescription diet or a promotility medication, such as metoclopramide, can be helpful.

A left kidney was not visualized on today's exam. This could be due to agenesis, or a very small/atypical left kidney. Consider evaluation with radiographs. Additionally, a contrast study or CT could be performed to be confirmed this finding.

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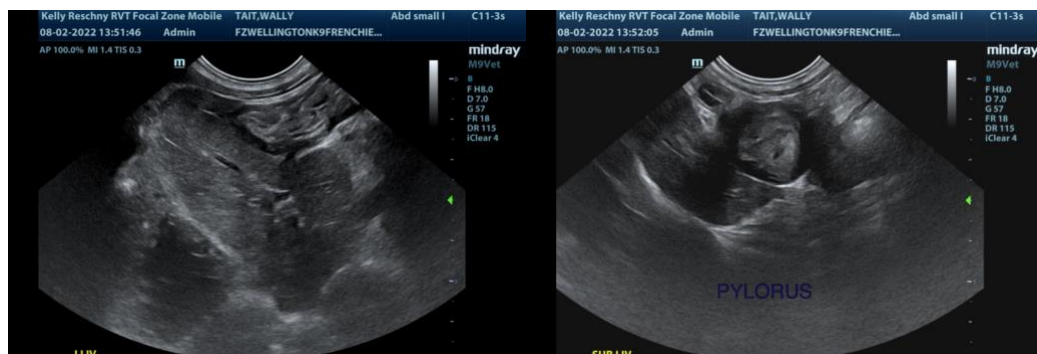
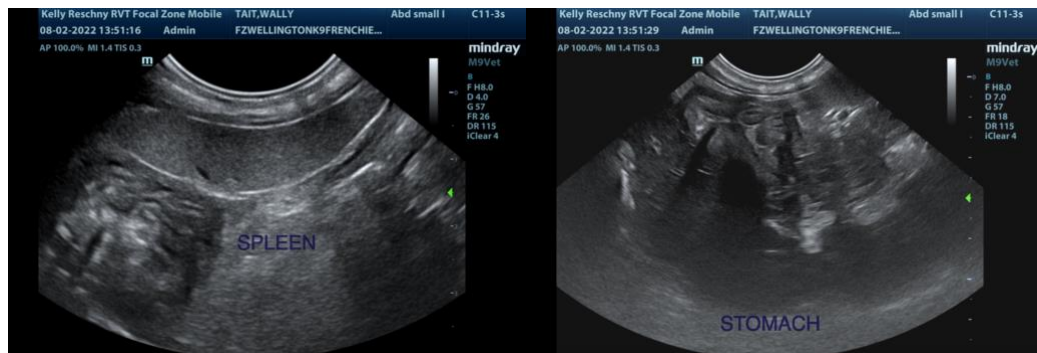
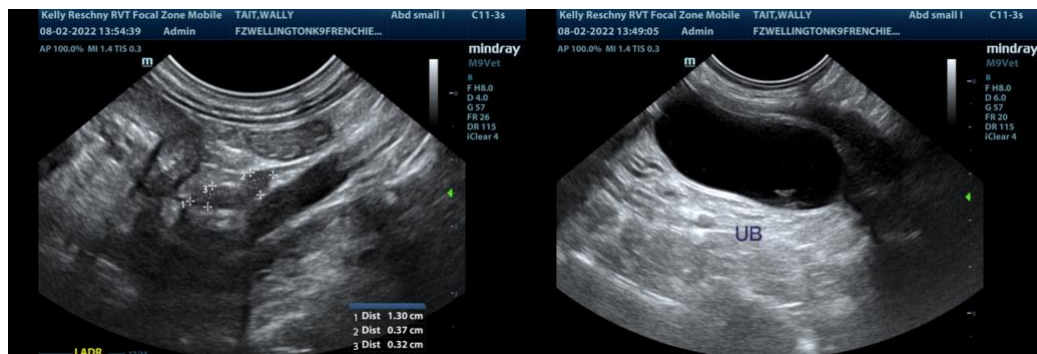
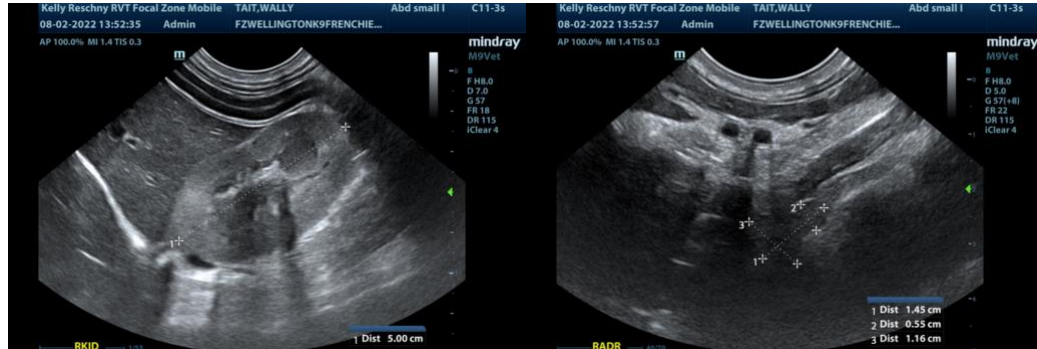
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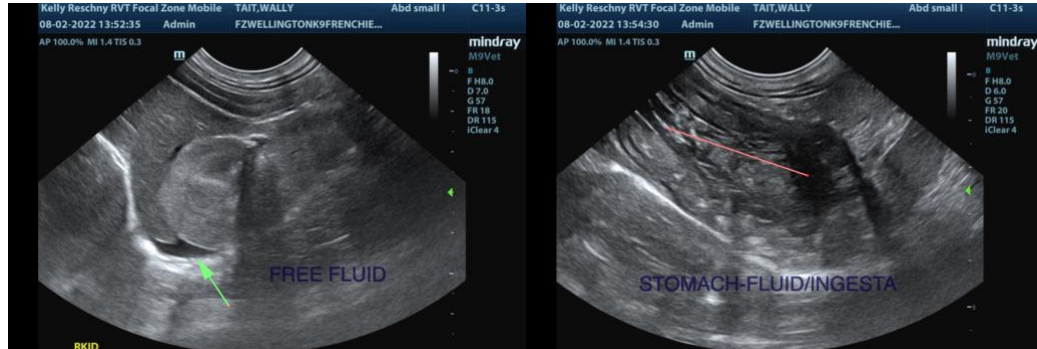
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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