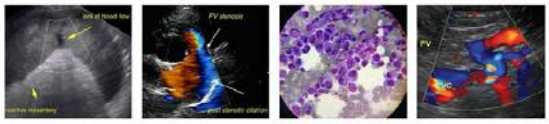
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Jacobo Winters

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

Geriatric

WEIGHT

35 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Options Vet Clinic

REFERRING VET

Dr. Jeffrey Pearson

INVOICE

24918

DATE

8/24/21

PRESENTING CLINICAL SIGNS

weight loss- chronic diarrhea- coughing- anorexia

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 prostate is normal in size (1.0 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.

The left kidney has a normal shape and size (6.3 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.

The right kidney has a normal shape and size (5.7 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.

Adrenal Glands

The left adrenal gland is large in size measuring 1.18 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 large in size measuring 0.7 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

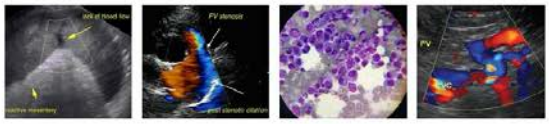
The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, with decreased echogenicity (hypoechoic) with smooth peripheral margins. The parenchyma is homogenous echotexture. The portal markings are prominent. No focal nodules or cystic lesions are observed.

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.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Jacobo Winters

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

Geriatric

WEIGHT

35 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Options Vet Clinic

REFERRING VET

Dr. Jeffrey Pearson

INVOICE

24918

DATE

8/24/21

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material 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.

Many of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal to moderate fluid distension. Wall thickness is generally increased with the duodenum measuring up to 0.57 cm and jejunum measuring 0.31, 0.41 cm. Most areas of bowel follow a typicalcurvilinear path, but some have reduced detail of wall layering. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There is a focal area of proximal bowel that is very thick and has a corrugated appearance. Wall layering intact and prominent. These findings could be consistent with a linear foreign body, but there is no proximal bowel dilation observed. There is no evidence of a focal mass effect.

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 prominent and hypoechoic as compared to the surrounding isoechoic mesentery, particulatly the right limb. 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 revealed scant anechoic free fluid. No subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is generally of normal uniform echogenicity.

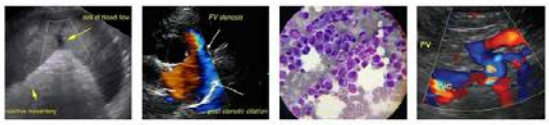
other

There is as large volume of pleural effusion present. In addition, there is a small amount of pericardial effusion visualized, and a 0.65 cm hypoechoic pulmonary nodule.

PRIMARY FINDINGS

- Thickened small bowel with some areas of almost plicated corrugated bowel – The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia. Correlate these findings with radiographis, as I canot exclude the possibility of a foreign body.
- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Mild to moderate gastric fluid distention – correlate with feeding history. If fasted, consider delayed gastric emptying or the possibility of a partial obstruction.
- Large volume pleural effusion, pericardial effusion, and a pulmonary nodule – these findings are very concerning for multiple cavity involvement. Recommend cardiac ultrasound, 3-view thoracic radiographs, and sampling of pleural effusion for fluid analysis cytology +/- culture (and will help therapeutically)

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Jacobo Winters

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

Geriatric

WEIGHT

35 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Options Vet Clinic

REFERRING VET

Dr. Jeffrey Pearson

INVOICE

24918

DATE

8/24/21

SECONDARY FINDINGS

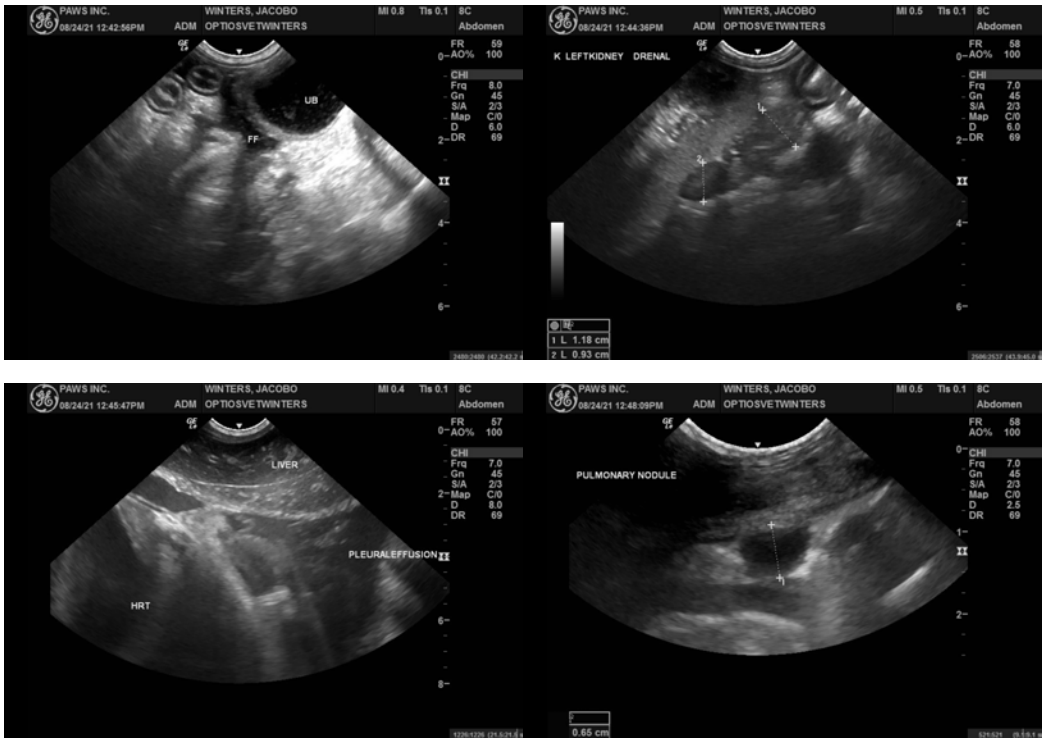
- Bilateral adrenomegaly – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.
- Promient hepatic portal markings – this could be consistent with inflammation in the liver (hypoechoic parenchyma) or could be consistent with congestion due to cardiac disease, etc.
- Scant abdominal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

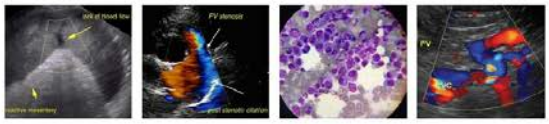
It is difficult to look at all of these lesions and create one systemic problem other than the possibility of metastatic neoplasia. Recommend tapping pleural effusion and submitting for analysis. 3-view thoracic radiographs and cardiac ultrasound to evaluate the pericardial effusion recommended.

The small intestine is very thickened and irregular. In some areas it is almost suspicious for a linear foreign body, but this seems unlikely given the rest of what is going on. Correlate with abdominal radiographs. Suspect this is severe enteritis related to whatever is going on systemically. Recommend symptomatic therapy for gastroenteritis and GI biopsies if not responding to therapy.

Additionally, the pancreas is prominent. Consider a PLI evaluation and support for possible pancreatic inflammation.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Jacobo Winters

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

Geriatric

WEIGHT

35 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Options Vet Clinic

REFERRING VET

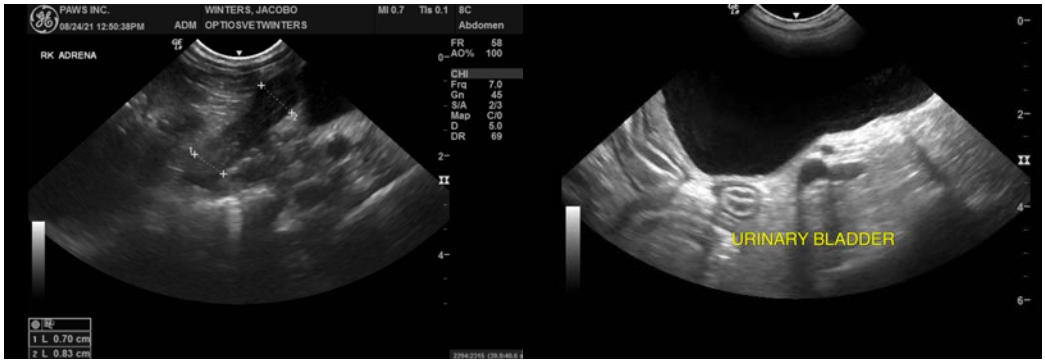
Dr. Jeffrey Pearson

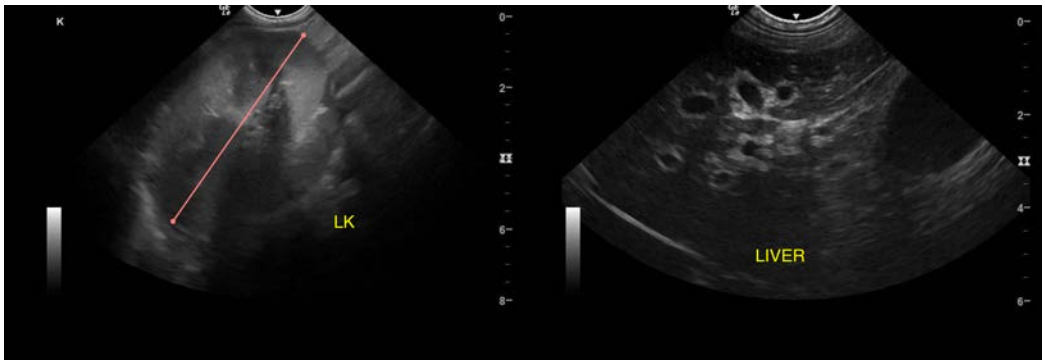
INVOICE

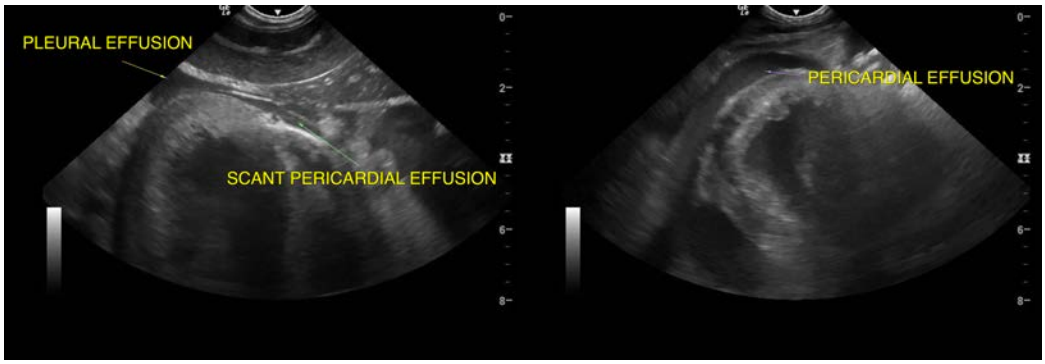
24918

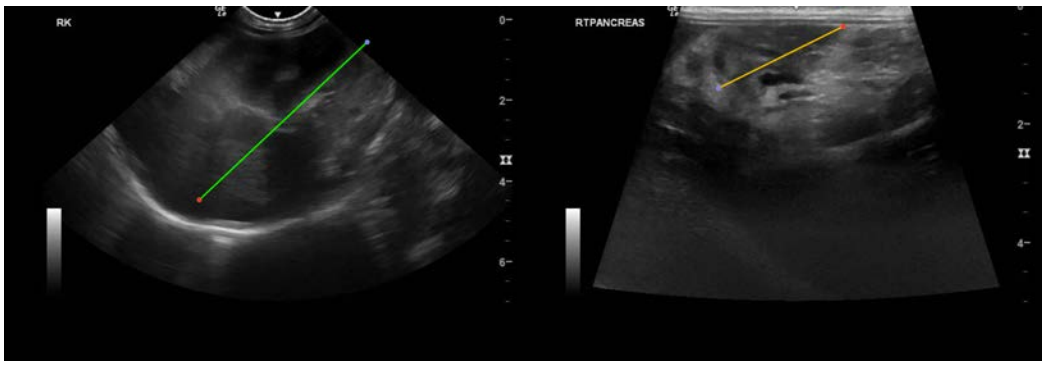
DATE

8/24/21

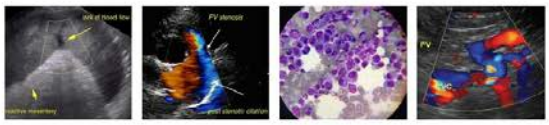








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Jacobo Winters

SPECIES

Canine

BREED

Pit Bull

SEX

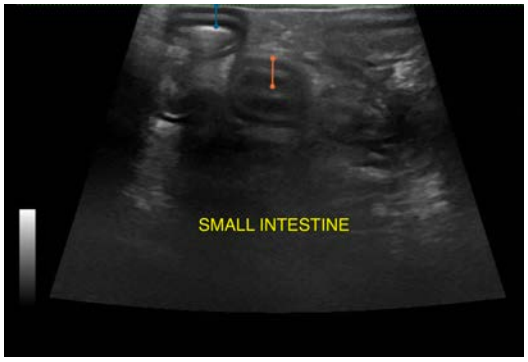
Neutered Male

AGE

Geriatric

WEIGHT

35 Pounds



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

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Options Vet Clinic

REFERRING VET

Dr. Jeffrey Pearson

INVOICE

24918

DATE

8/24/21