



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Bailey Wade  
**SPECIES** Canine  
**BREED** Labradoodle

BAR/nervous, mm pink slightly tacky, crt <2s Mildly prolonged skin tent, ~5% dehydrated Ongoing diarrhea since start of this month - received metro, tylosin, probiotics and fortiflora but o did not see improvement, in fact it has gotten worse since yesterday Bloody diarrhea starting this morning (mod amount of fresh blood), and o mentioned yesterday had an episode of bloody vomit as well Still eating, ate yesterday Energy is also lower. OPG done Aug 12 - negative O gave consent for PARVO - negative (23/08/2022) Mouth/Teeth/Gums: Some blood tinged material noted on fur/tongue (suspect form vomit) GI/Abdominal Palpation: No obvious FB/mass palpable, p appeared comfortable. Only meds currently are Sucralfate.

Abnormal PE/Chem/CBC/UA Results: AMYL 414 LOW 500-1500 U/L MONO 2.36 HIGH 0.16-1.12 x10<sup>9</sup>/L BASO 0.11 HIGH 0.00-0.10 x10<sup>9</sup>/L RETIC 149.3 HIGH 10.0-110.0 K/ $\mu$ L PCT 0.47 HIGH 0.14-0.46 % cPL Abnormal

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**AGE**

1 Year

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, masses or cystic calculi. There is a slight irregularity in what appears to be the urinary bladder near the neck of the urinary bladder. This could represent a small area of free abdominal fluid, ectopic ureter, diverticula, etc. The significance of this lesion is unclear. Consider reevaluation in the future. A contrast study could be considered to further evaluate the urinary bladder wall in this region if symptoms arise.

**WEIGHT**

15.5 kg

The left kidney has a normal shape and size (5.13 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.

**INTERPRETED BY**

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

The right kidney has a normal shape and size (5.46 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.

**IMAGING PERFORMED BY**

Crystal Hill

**Adrenal Glands**

**HOSPITAL NAME**

BPH Burlington

The left adrenal gland is normal in size measuring 0.45 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.

**REFERRING VET**

Dr. Murota

The right adrenal gland is normal in size. 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**

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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.

**DATE**

8/24/22



**PATIENT** *Liver*

Bailey Wade 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.

**SPECIES**

Canine

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.

**BREED**

Labradoodle

**Gastrointestinal**

The stomach contains minimal luminal contents. 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.

**SEX**

Spayed Female

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. Jejunum wall measured 0.25 cm. Visualized peristalsis appears appropriate. There is a focal section of small intestine that appear dilated and thickened with wall measuring 0.82 cm. This area of bowel appears to contain a second loop of small intestine, most consistent with an intussusception.

**AGE**

1 Year

**WEIGHT**

15.5 kg

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 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.

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(Small Animal Internal  
Medicine)

**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a significantly enlarged mesenteric lymph node measuring 1.4 cm. The omentum is hyperechoic around the intussusception.

**IMAGING PERFORMED BY**

Crystal Hill

**ULTRASONOGRAPHIC FINDINGS**

**HOSPITAL NAME**

BPH Burlington

- Suspect intussusception of the small bowel – This area appears inflamed and thickened.
- Significantly enlarged mesenteric lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
- Irregular region near the neck of the urinary bladder – The significance of this is currently unclear. Consider evaluation at the time of surgery. This could be an incidental finding, an ectopic ureter, or small diverticula.

**REFERRING VET**

Dr. Murota

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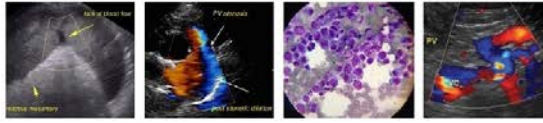
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There appears to be a focal intussusception present. Recommend surgery to reduce this, and biopsies of the small intestine and the enlarged mesenteric lymph node to look for an underlying disease process.

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Additionally, there is a slightly irregular area of the urinary bladder. This may be of no significance, but the nature of this area is not 100% clear. Consider evaluation of the bladder neck and ureters at the



**PATIENT**

time of surgery, looking for any ectopia, diverticula, etc.

Bailey Wade

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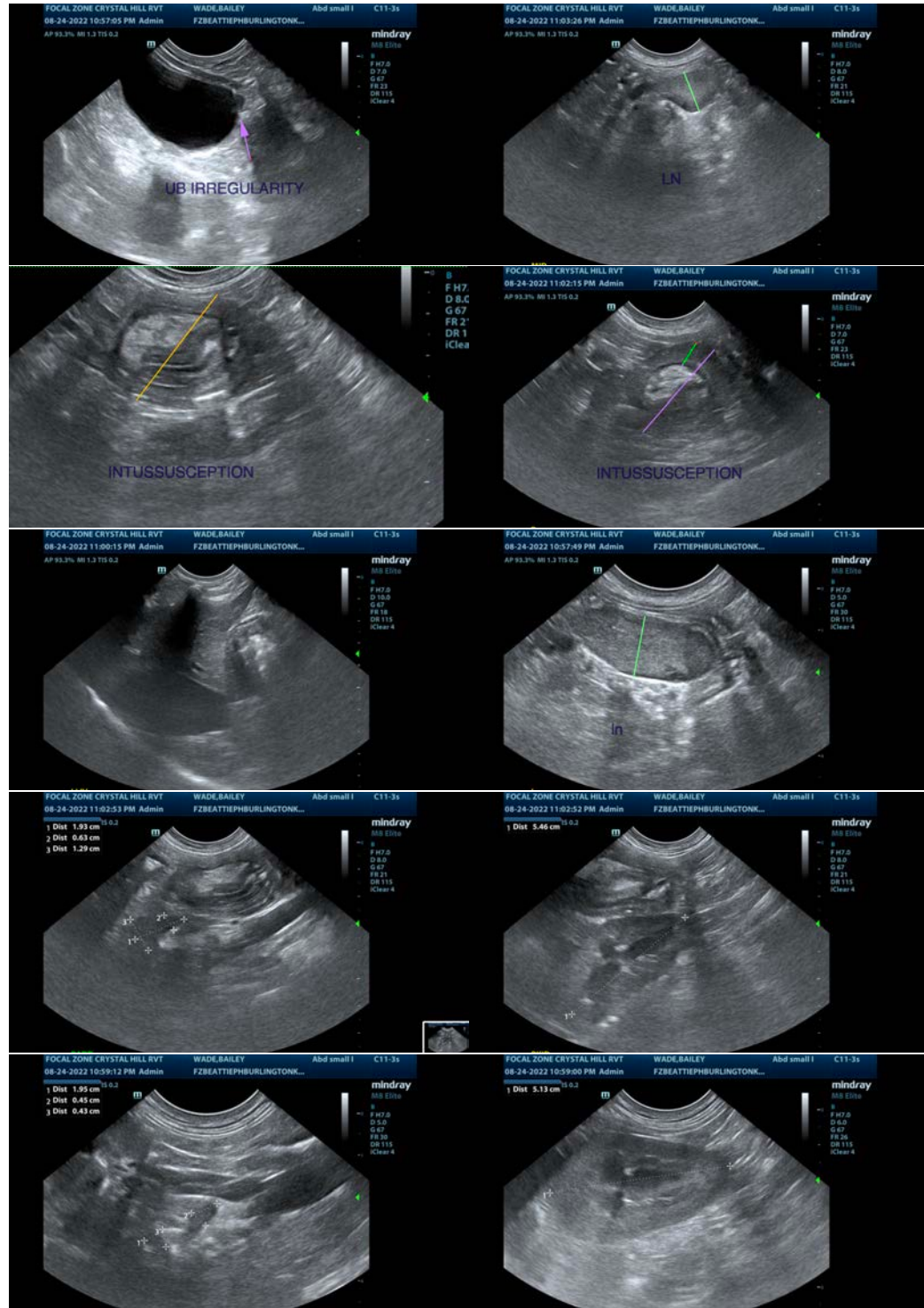
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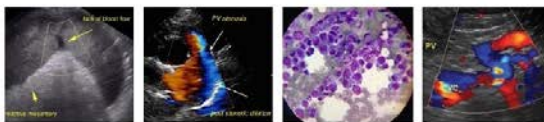
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**PATIENT**

Bailey Wade

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.

**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.

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

**BREED**

Labradoodle

kathleen.sennello@sonopath.com

**SEX**

Spayed Female

**AGE**

1 Year

**WEIGHT**

15.5 kg

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