

PATIENT PRESENTING CLINICAL SIGNS

Ice Breaker Levstein

Blood in urine, abnormalities of gastric wall observed during ultrasound as an incidental finding. History of pica, therefore some foreign bodies expected to be in stomach at any given time. Current Medications Librela given yesterday for second time

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: BLD 250 Ery/ μ L found on u/a-- free catch urine sample

BREED

Bull Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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.

AGE

10 Years

The prostate is borderline large, measuring 3.0 cm in height in the sagittal view. 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.

WEIGHT

23 kg

The left kidney has a normal shape and size (7.12 cm). Overall echogenicity is normal with adequate 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.

INTERPRETED BY

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

The right kidney has a normal shape and size (6.41 cm). Overall echogenicity is normal with adequate 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.

IMAGING PERFORMED BY

Kelly Reschny

Adrenal Glands

The left adrenal gland is normal in size measuring 0.59 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.

HOSPITAL NAME

Graham AH

The right adrenal gland is normal in size measuring 0.64 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.

REFERRING VET

Dr. Levstein

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.

INVOICE

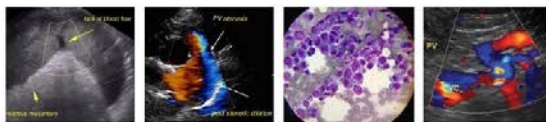
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Liver

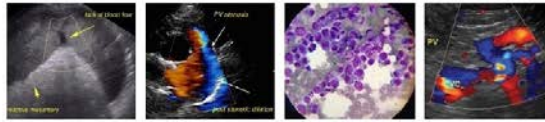
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

DATE

8/24/23



PATIENT	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 mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.
Ice Breaker Levstein	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach is distended with a large amount of shadowing ingesta. Overall, the gastric wall appears slightly prominent with intact wall layering, measuring approximately 0.53 cm. In some areas the rugal folding appears more prominent and thickened, measuring approximately 0.58 cm. No definitive focal lesions are visualized. Gastric motility is difficult to assess with the large amount of shadowing intraluminal material.
BREED	
Bull Terrier	
SEX	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 0.47 cm. Jejunum wall measures 0.34 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.
Neutered Male	
AGE	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.
10 Years	
WEIGHT	<i>Pancreas</i>
23 kg	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.
INTERPRETED BY	<i>Free Abdomen</i>
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)	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.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Kelly Reschny	<ul style="list-style-type: none"> • Borderline large prostate – Correlate these findings with the age of neutering. If the patient was neutered after puberty, this could be within normal limits. If the patient was neutered prior to puberty, this could be abnormal, and a fine needle aspirate may be warranted. • Large, shadowing material within the gastric lumen – Findings are concerning for a non-fasted patient or ingested foreign material. Correlate with abdominal radiographs and history. • Prominent, slightly thickened/irregular gastric wall – This could be secondary to gastritis, particularly if ingested foreign material is present. A definitive focal mass lesion is not observed but cannot be ruled out.
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Graham AH	There is no obvious source for the hematuria noted associated with the urinary bladder. The prostate appears somewhat large for a neutered male dog. Depending on the age of neutering, this could be normal if the prostate was large or if there was previous prostatic disease and the patient was neutered later in life. If the patient was neutered prior to puberty this would be concerning for possible prostatic
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SPECIES

Canine

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SEX

Neutered Male

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HOSPITAL NAME

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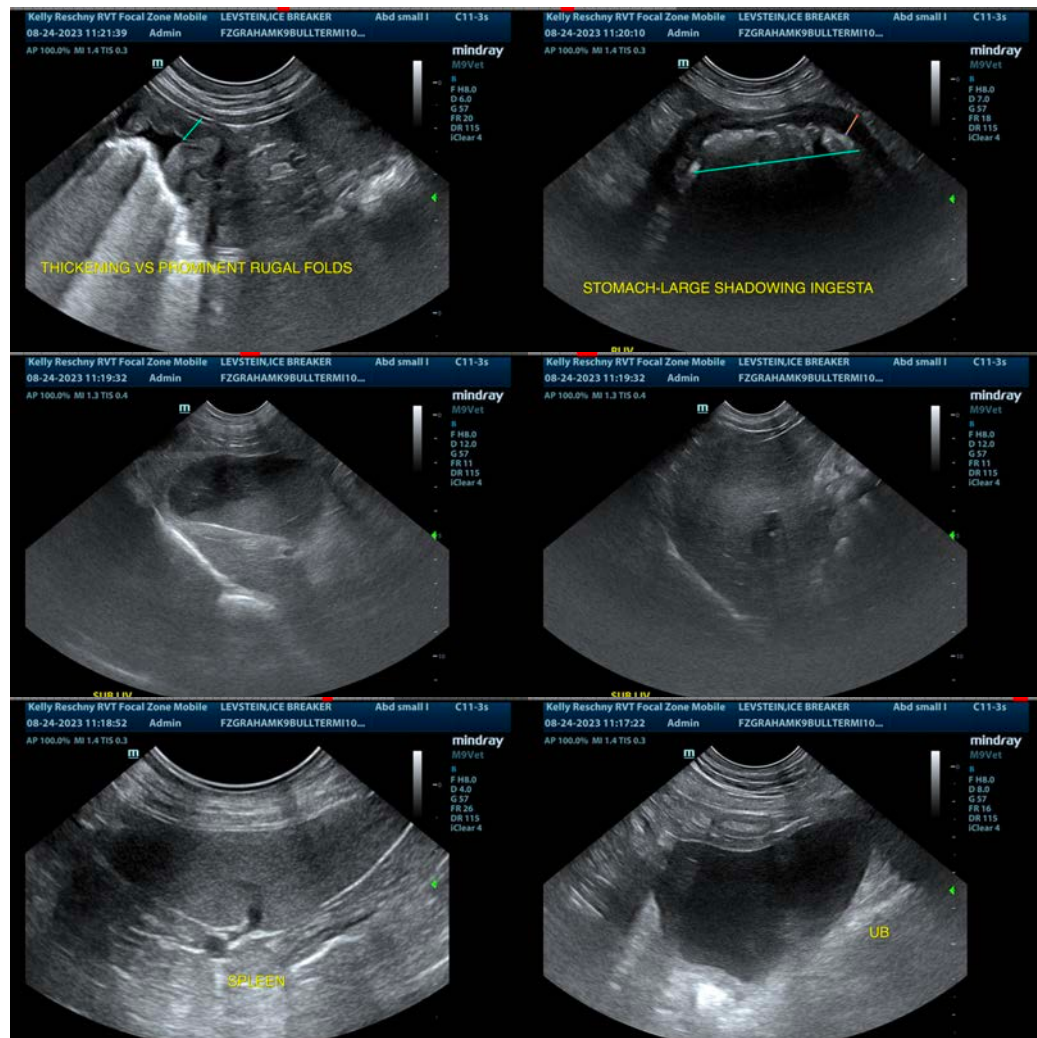
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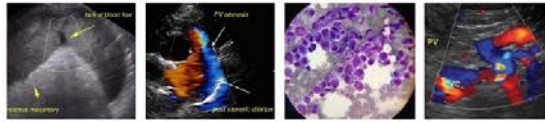
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neoplasia, etc. Correlate with a digital rectal exam and consider a fine needle aspirate of the prostate. Additionally, recommend a urinalysis and culture, looking for evidence of infection.

There is a large amount of shadowing material visualized within the gastric lumen. Given the history provided, this is concerning for ingested foreign material. Correlate these findings with abdominal radiographs and consider reevaluation after a more prolonged fast to see if this material passes. If it is persistent, then you could consider an endoscopic procedure to further evaluate the type of material present, and if it would need to be surgically removed, etc. The gastric wall appears subjectively thickened, largely with intact layering and prominent rugal folding. This could be secondary to gastritis, edema, or early neoplastic change. Surgical biopsies may be necessary if endoscopic evaluation is not diagnostic. Additionally, you could consider reevaluation of the gastric wall once the intraluminal material is gone and there has been time for possible gastritis to subside.





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HOSPITAL NAME

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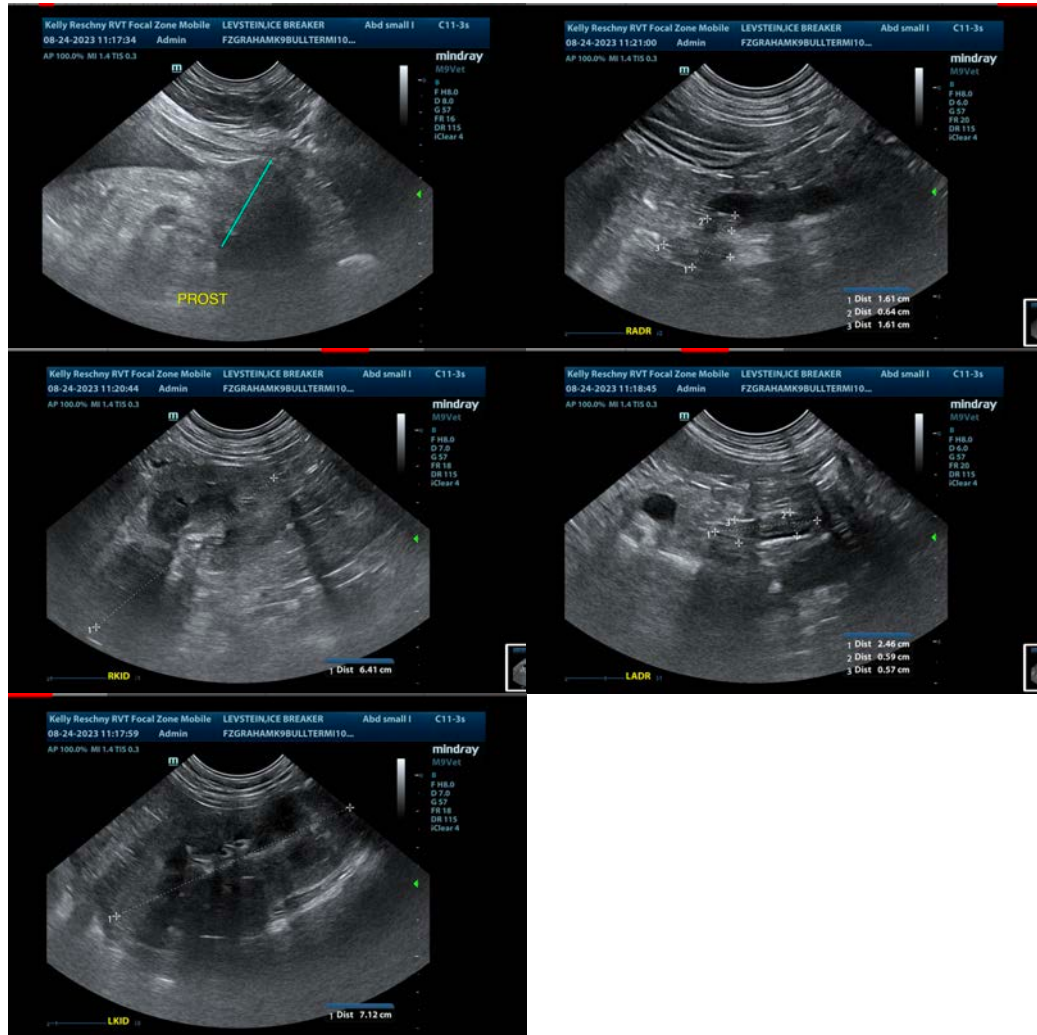
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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