



**PATIENT**

Walter Manton

**SPECIES**

Canine

**BREED**

American Bulldog

**SEX**

Male

**AGE**

1.5 Years

**WEIGHT**

113

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Nottingham

**HOSPITAL NAME**

All Creatures AH

**REFERRING VET**

Dr. Katy Green

**INVOICE**

24994

**DATE**

8/26/21

**PRESENTING CLINICAL SIGNS**

Pt vomiting for 3 days. not eating. Pt had a foreign body in feb 2021. Painful with regurgitation on palpation of abd.

Abnormal PE/Chem/CBC/UA Results: slightly low chloride.

**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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (8.56 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 (8.33 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. 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, 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 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.

**Gastrointestinal**

The stomach is significantly dilated with fluid and irregular shadowing material. This could be consistent with ingesta and gas. The gastric wall appears normal in thickness with normal layering and some variability due to the presence of rugal folds. No focal mass effect is visualized. No obstruction is visualized. However, the pylorus is not clearly seen.



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Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with mild fluid distension. In some areas there is the appearance of a somewhat plicated section of bowel, which is indistinctly visualized and appears to have a thickened wall with reduced layering (measured 1.0 cm in width). While no focal mass lesion or obstruction is clearly seen, that does not rule out the possibility of an obstruction or partial obstruction.

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 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**

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

- Significantly fluid dilated stomach – correlate with feeding history. If not recently fed, then this is most likely consistent with delayed gastric emptying or an obstruction.
- Area of plicated, thickened bowel – While this area is not clearly visualized and detail is poor, there is concern for focal pathology in this area (foreign body or abnormal bowel).

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I'm concerned about the gastric dilation and the appearance of some focal areas of bowel. A foreign body was not visualized directly, but there is still concern for one. Correlate with radiographs and history, as not all foreign material can be visualized on ultrasound. Recommend serial radiographs and ultrasounds. If patient's symptoms are persisting, recommend surgical explore.

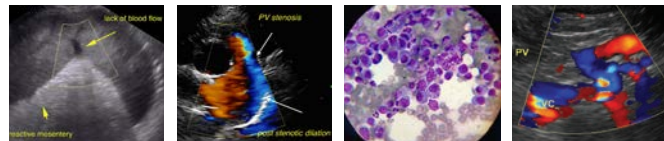


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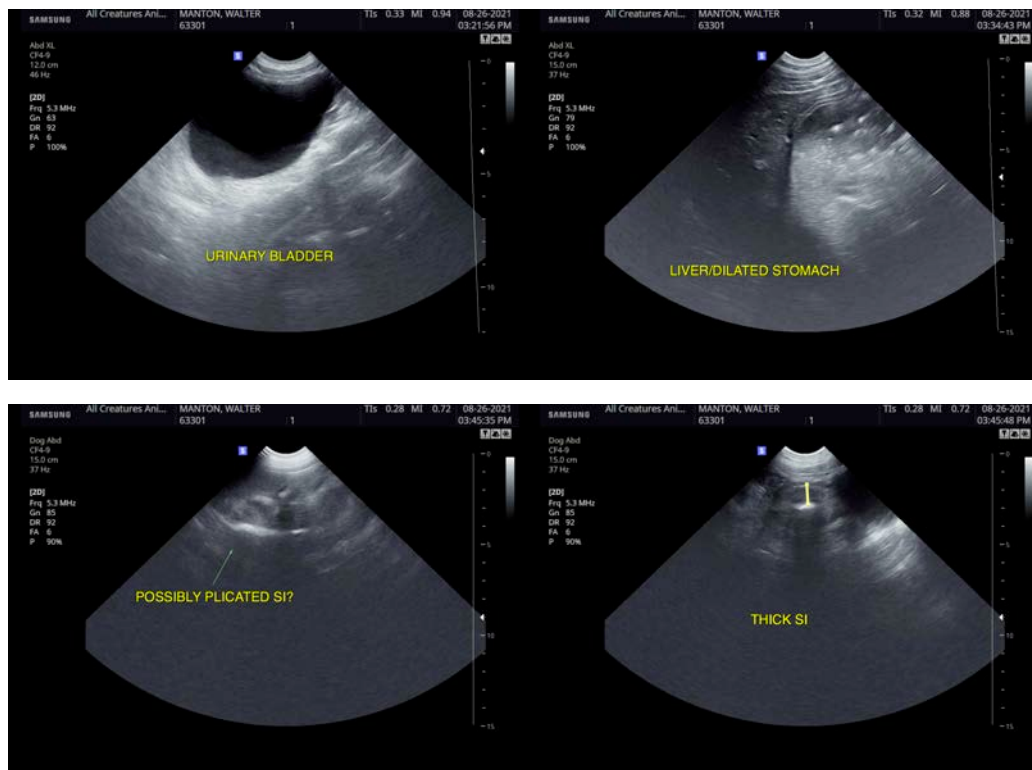
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
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