



PATIENT

Roxie Couri

SPECIES

Canine

BREED

Cavachon

SEX

Spayed Female

AGE

N/A

WEIGHT

27 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

The Venturing Vet

REFERRING VET

Dr. Marisa Herzog

INVOICE

40126

DATE

8/4/22

PRESENTING CLINICAL SIGNS

Patient with 2 year history of lung mass, IVDD, arthritis in hind end, and heart disease grade 3/6 heart murmur presents for vomiting for 2 days. Owner reports patient is better today and ate a small amount of chicken yesterday. Current meds: omeprazole, carprofen, vetmedin, +/- Apoquel. Getting SQ fluids today and Cerenia.

Abnormal PE/Chem/CBC/UA Results: Lym 0.52, HGB 18.2, HCT 61.7%, PLTs 125, ALP 184.

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 left kidney has a normal shape and size (5.11 cm). Overall echogenicity is slightly hyperechoic with poor 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 (4.25 cm). Overall echogenicity is slightly hyperechoic with poor 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 normal in size measuring 0.68 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 normal in size measuring 0.69 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, 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 mildly 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



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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.

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Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with moderate to 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 0.35 cm. Visualized peristalsis appears appropriate. No focal lesions are observed, but there are several areas of mildly fluid distended bowel, most consistent with ileus, but foreign material cannot be excluded.

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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.

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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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N/A

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a prominent sublumbar lymph node measuring 0.49 cm in diameter. The omentum is of normal echogenicity.

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PRIMARY FINDINGS

- Mild distention of the gastric lumen with fluid/ingesta – correlate with feeding history. If the patient was adequately fasted, consider the possibility of delayed gastric emptying or partial outflow tract obstruction (none observed).
- Mild diffuse fluid dilation of the small intestine – most consistent with generalized ileus, although continued monitoring for foreign material is warranted.

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SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Prominent sublumbar lymph node – This lymph node appears hypoechoic and prominent, but is relatively normal in size. Recommend continued monitoring and a good digital rectal exam to palpate the anal glands, etc.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions were visualized on today's exam associated with the gastrointestinal tract. There is some mild fluid dilation of the stomach and small intestine. These findings are most concerning for a generalized ileus, but a partial obstruction/ingested foreign material, etc. cannot be definitively ruled out. Correlate these findings with abdominal radiographs. Recommend symptomatic treatment for acute gastroenteritis. If the patient is not improving, or is worsening, then repeat imaging (radiographs +/- ultrasound) should be evaluated.

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There is a slightly prominent hypoechoic sublumbar lymph node visualized. Recommend continued monitoring and a rectal exam to evaluate the anal glands.

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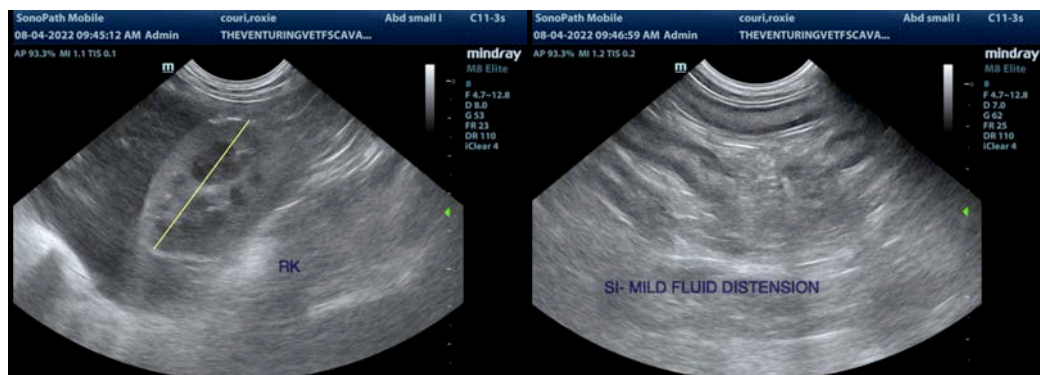
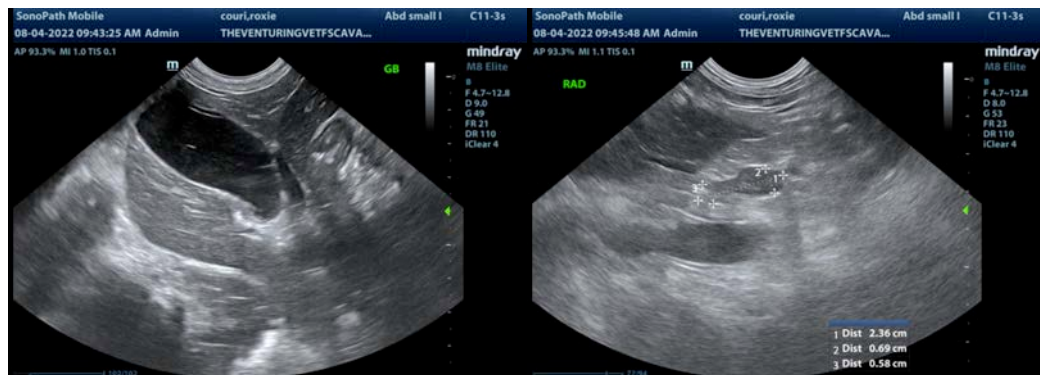
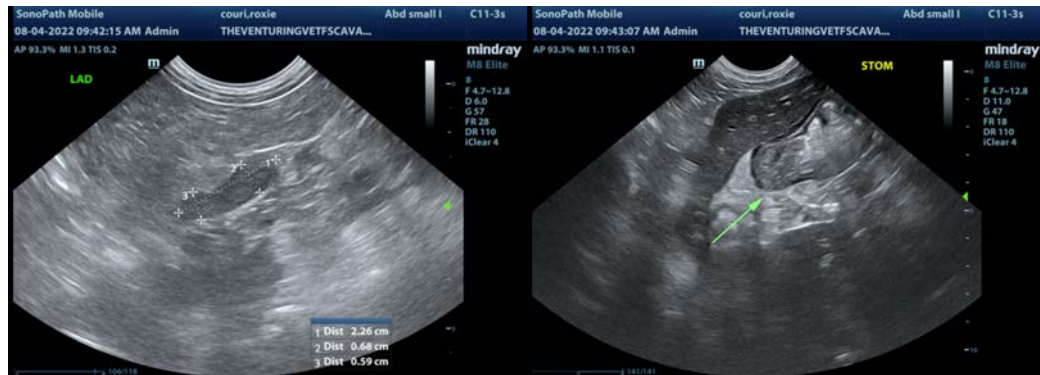
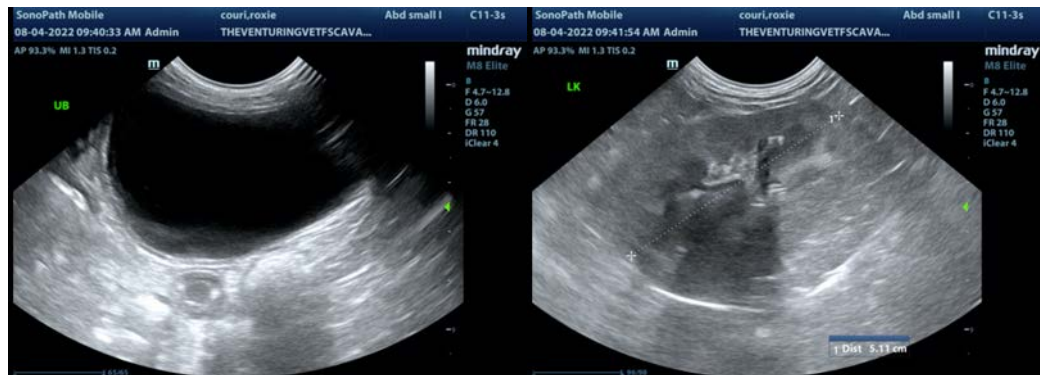
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

AGE

N/A

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

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