



PATIENT PRESENTING CLINICAL SIGNS

Riley Ashfield Not eating, drinking, lethargic, vomiting panting. Hyd: mild dehyd. mm: pink, not quite moist, <2. T: 38.4. Abd: tense, not sure if painful or just anxious. Peripheral LN: WNL. Current Medications omeprazole, zeniquin, cerenia, buprenorphine

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: cPL abnormal

BREED

Doodle

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

11 Years

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.

WEIGHT

10.5 kg

The left kidney has a normal shape and size (5.09 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 (4.05 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 0.57 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

Buck Animal Hospital

The right adrenal gland is normal in size measuring 0.50 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. Morin

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.

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Liver

DATE

8/9/23

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.



PATIENT

Riley Ashfield

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

SPECIES

Canine

Gastrointestinal

BREED

Doodle

The stomach contains moderate fluid/ingesta. 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

Neutered Male

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 0.37 cm. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

11 Years

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.

WEIGHT

10.5 kg

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.

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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.

IMAGING PERFORMED BY

Kelly Reschny

ULTRASONOGRAPHIC FINDINGS

- Moderate gastric distention 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 clearly observed).

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Buck Animal Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Morin

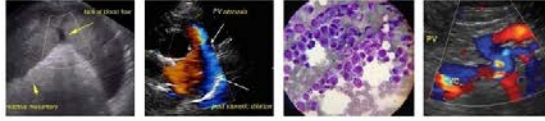
Today's scan appears relatively normal. There is no evidence of an obstructive pattern associate with the small intestine at this time. The stomach is somewhat distended with fluid and ingesta. Correlate this with the feeding history. Partial pyloric outflow tract obstruction cannot be definitively ruled out, but none is clearly visualized. Consider serial radiographs, looking for gastric emptying, as this could very likely be delayed gastric emptying secondary to severe gastroenteritis. There is no evidence of severe pancreatic inflammation at this time. Occasionally, this can become more apparent with rehydration. If this patient is not responding to symptomatic therapy for gastroenteritis/pancreatitis, consider repeat imaging (radiographs +/- ultrasound) looking for more pronounced pancreatic inflammation, an obstructive pattern, etc. Correlate these findings with current lab work, looking for any metabolic causes of illness.

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REFERRING VET

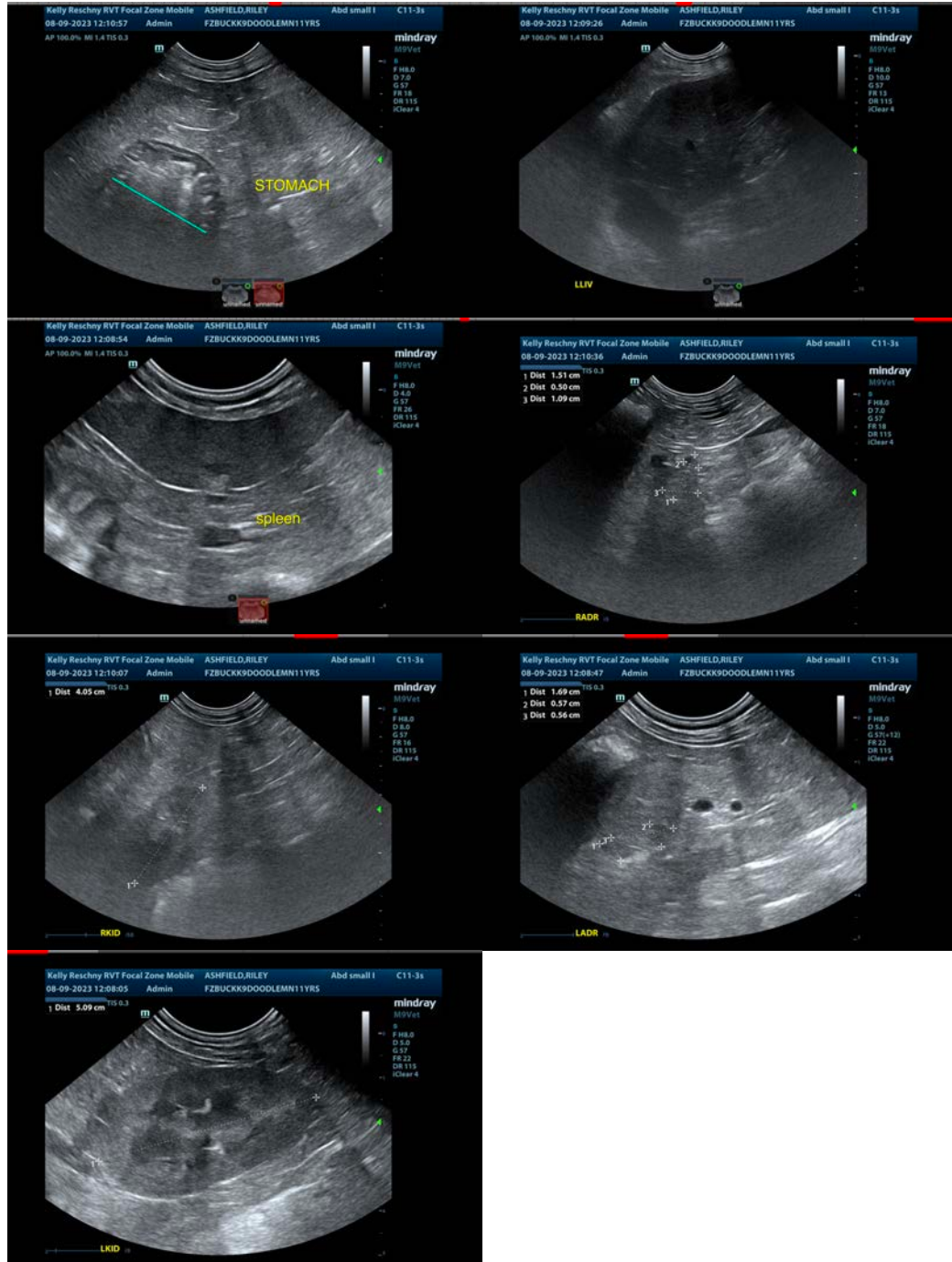
Dr. Morin

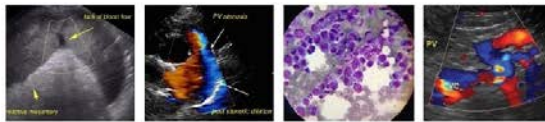
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PATIENT

Riley Ashfield

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.

BREED

Doodle

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

SEX

Neutered Male

info@sonopath.com

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