


PATIENT PRESENTING CLINICAL SIGNS

Bailey Sorensen dark brown mucousy stool, not eating, lethargic

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED

Coton de Tulear The urinary bladder is moderately distended with anechoic urine. The Bladder wall is diffusely mildly thickened (0.48 cm), and the mucosa is mildly irregular. The trigone, ureteral papillae, and visible urethra (to a depth of 2cm) appear normal with no evidence of severe mucosal irregularities, masses or cystic calculi. Findings are most consistent with bacterial cystitis or lack of urine distension. Recommend urinalysis and culture.

SEX

Neutered Male The prostate is normal in size (0.98 cm) and shape for this neutered male dog. 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.

AGE

13 Years The left kidney has a normal shape and size (4.39 cm). Overall echogenicity is slightly hyperechoic with poor 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.

WEIGHT

10.9 kg The right kidney has a normal shape and size (4.88 cm). Overall echogenicity is slightly hyperechoic with poor 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
Adrenal Glands

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

The left adrenal gland is normal in size measuring 0.47 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.

IMAGING PERFORMED BY

The right adrenal gland is normal in size measuring 0.47 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.

Kelly Reschny

Spleen
HOSPITAL NAME

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. There is a slightly mottled isoechoic mass effect towards the head of the spleen, measuring 1.7 cm x 1.58 cm. A second hyperechoic nodule is noted measuring 0.72 cm.

Burlington Lakeshore
 Vet Hospital

REFERRING VET

Dr. Aziz

Liver
INVOICE

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

40938

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.

DATE

9/1/22



PATIENT *Gastrointestinal*

Bailey Sorensen The stomach contains moderate fluid. 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.

SPECIES

Canine

Some of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Jejunum wall measures 0.29 cm. Duodenum wall measures 0.43 cm. Visualized peristalsis appears appropriate. There is a large section of bowel with corrugation and thick walls. In this area, the bowel wall is 0.66 cm. This lesion progresses to a long section of small intestine with severe wall thickening at 1.0 cm and a complete loss of layering. This extends for more than 7.0 cm of bowel. Additionally, there is an area of small intestine with a large shadowing object in the lumen, possibly consistent with a foreign body.

BREED

Coton de Tulear

SEX

Neutered Male

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.

AGE

13 Years

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.

WEIGHT

10.9 kg

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 mesentery is hyperechoic around the abnormal bowel.

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(Small Animal Internal
Medicine)

ULTRASONOGRAPHIC FINDINGS

- Abnormal thickened bowel wall with complete loss of layering – concerning for infiltrative disease. Primary differential is round cell neoplasia.
- Shadowing material within the lumen of the small intestine – This lesion is concerning for an impacted intraluminal foreign body (possible cloth?).
- Thickened urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Motheaten isoechoic mass effect in the cranial aspect of the spleen as well as a hyperechoic nodule – These lesions could represent benign or neoplastic processes. Options moving forward include continued monitoring, a fine needle aspirate, or splenectomy.
- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

IMAGING PERFORMED BY

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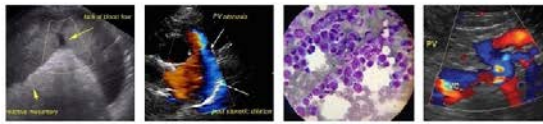
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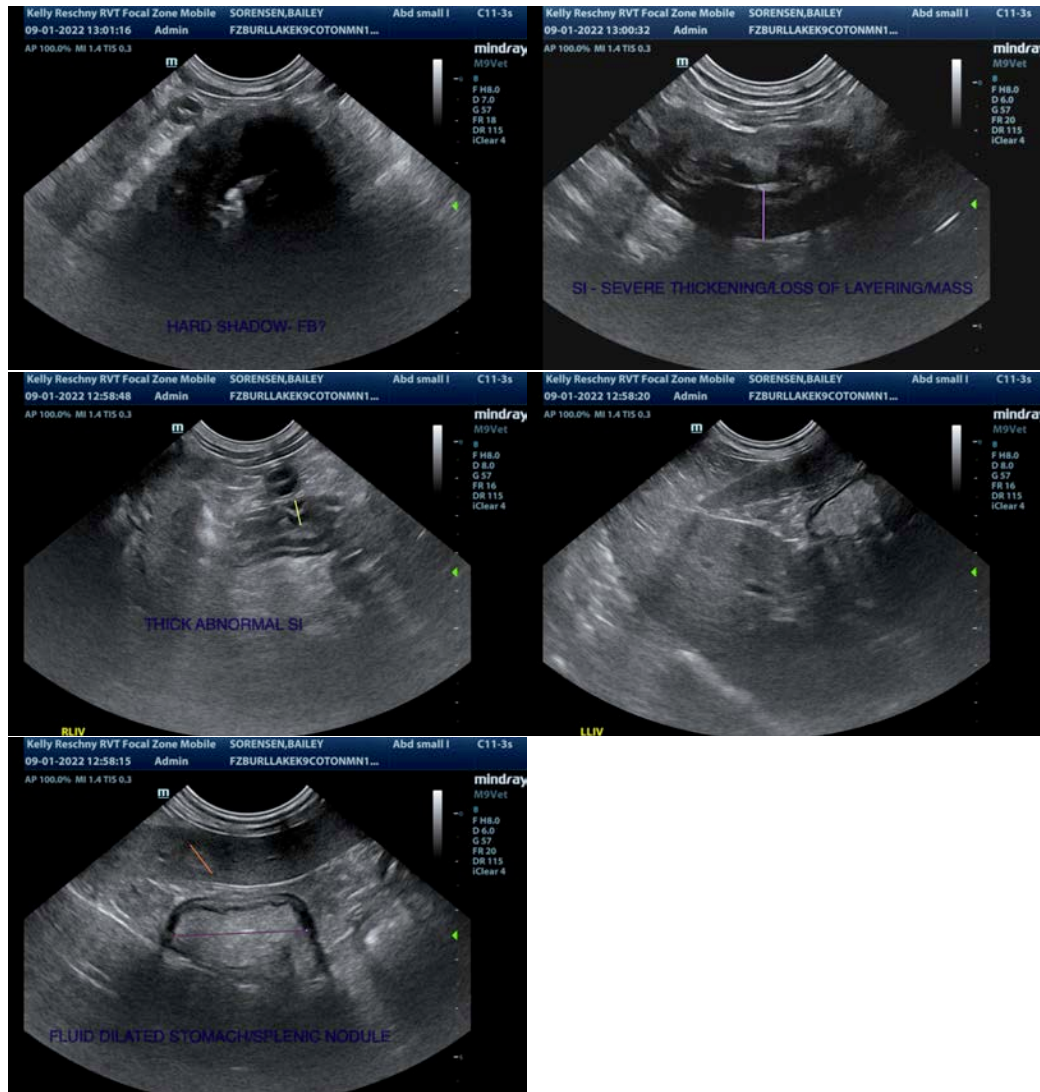
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bowel changes observed are significant. There are large areas of small intestine with severe wall thickening and complete loss of layering, most consistent with infiltrative neoplasia (other differential also exist). Additionally, there are some areas of small intestine with shadowing intraluminal material, most consistent with impacted foreign material such as cloth, etc.

Consider a STAT fine needle aspirate of the thickened bowel wall to try and determine if there is an underlying neoplastic process. This information will help you to formulate a treatment plan as surgery is likely necessary.

Splenectomy could be considered at the time of surgery.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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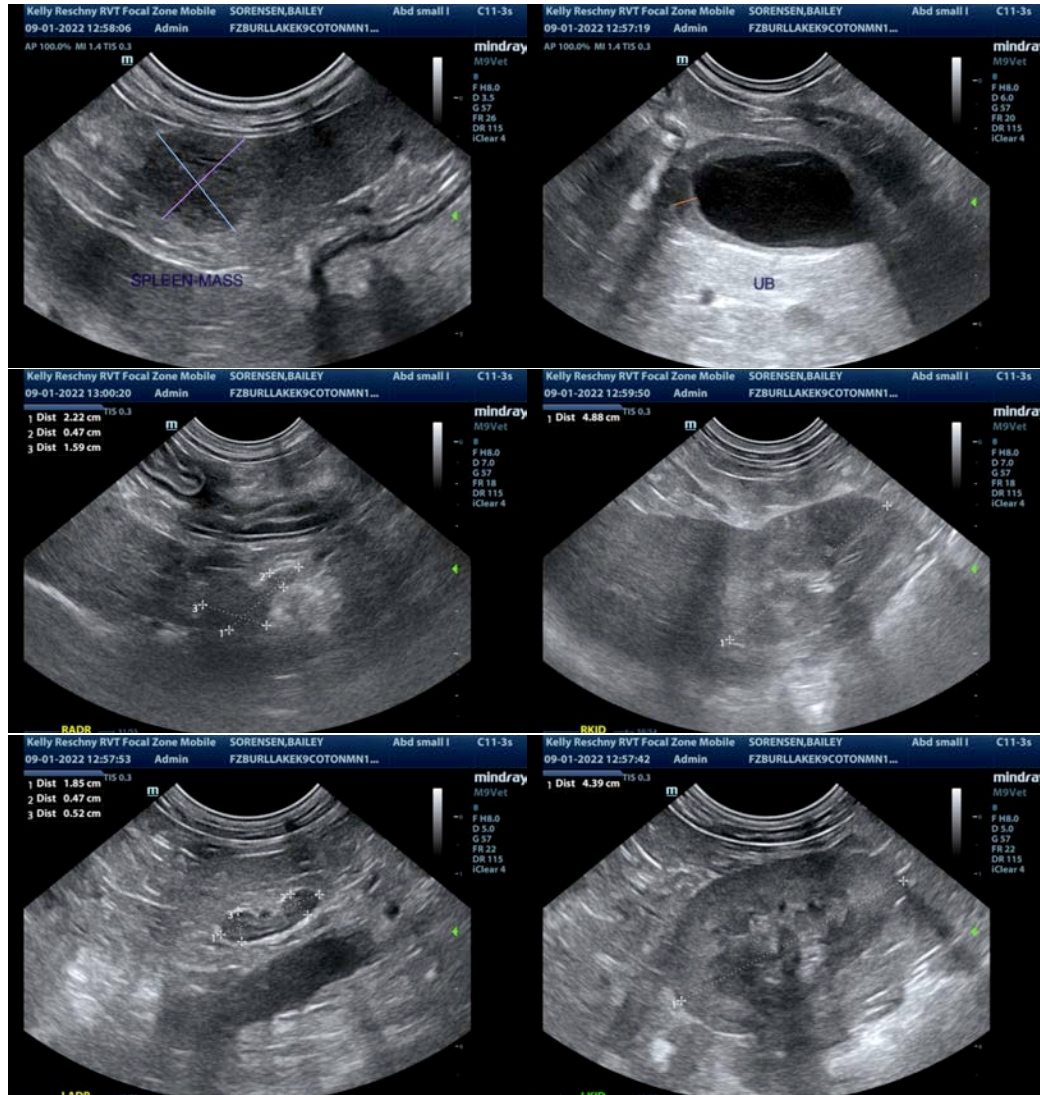
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com