



PATIENT

Pork Chop Asdell

SPECIES

Canine

BREED

Dachshund

SEX

Neutered male

AGE

10 years

WEIGHT

15.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hornbuckle

HOSPITAL NAME

Golden Isles AH

REFERRING VET

Dr. Hornbuckle

INVOICE

91783

DATE

9/13/21

PRESENTING CLINICAL SIGNS

History: Px has a h/o vomiting at least once daily, usually bile, prev. lab work has been unremarkable, GI panel at aTm was basically normal with mild elevation in cPLI. U/S was repeated in this patient as there was some evidence of thickening @ pylorus in prev. u/s and to investigate liver changes.
Abnormal PE/Chem/CBC/UA Results: cPLI --235 (n<200) Alt 136 (n<118)

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 prostate is normal in size (0.8 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.

The left kidney has a normal shape and size (4.04 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 (4.8 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 0.67 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 large 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. There is a 1.3 cm hypoechoic nodule observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a



PATIENT	smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.
Pork Chop Asdell	
SPECIES	Gastrointestinal
Canine	The stomach is moderately dilated with fluid and irregular shadowing material most consistent with large amount of ingesta and gas. The body wall measures 0.28 cm and the pylorus measures at 0.44 cm with some variability due to the presence 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.
BREED	
Dachshund	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. The duodenum measured as normal (0.41 cm) and the jejunum measured as normal (0.26 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.
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	
10 years	
WEIGHT	Pancreas
15.4 lbs	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	Free Abdomen
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
Dr. Hornbuckle	PRIMARY FINDINGS:
HOSPITAL NAME	<ul style="list-style-type: none"> Large, mildly heterogenous liver with a hypoechoic nodule. 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.
Golden Isles AH	<ul style="list-style-type: none"> Large, fluid, dilated stomach. Correlate with feeding history. If the patient is fasted this is inappropriate and either consistent with delayed gastric emptying or with a partial outflow obstruction. No abnormalities associated with the pylorus were visualized.
REFERRING VET	SECONDARY FINDINGS:
Dr. Hornbuckle	<ul style="list-style-type: none"> Decreased corticomedullary distinction in both kidneys. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial
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PATIENT nephrosis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is mildly heterogenous with an ill-defined, hypoechoic nodule. I suspect this is a subjective change rather than a dramatic change from the previous scan. Correlate with recent blood work to determine if liver enzymes are elevated.

BREED

Dachshund

The stomach is very dilated with fluid and what appears to be ingesta. If a meal was recently eaten this may be normal, but if the patient was fasted then consider either delayed gastric emptying or partial outflow tract obstruction (foreign material, wall thickening, etc). The visualized pylorus and gastroduodenal junction appeared relatively normal on today's scan.

SEX

Neutered male

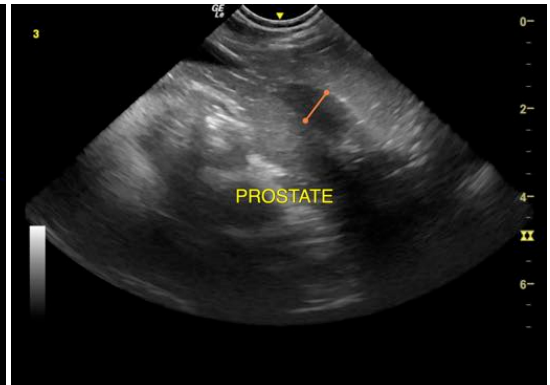
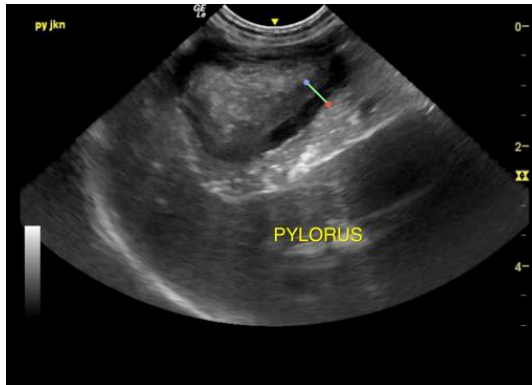
If the patient's vomiting continues and lab work is fairly stable then consider upper GI endoscopy.

AGE

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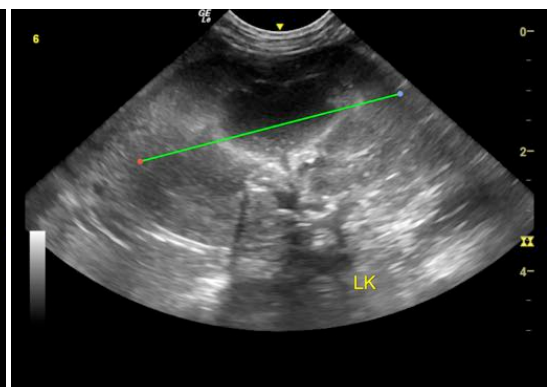
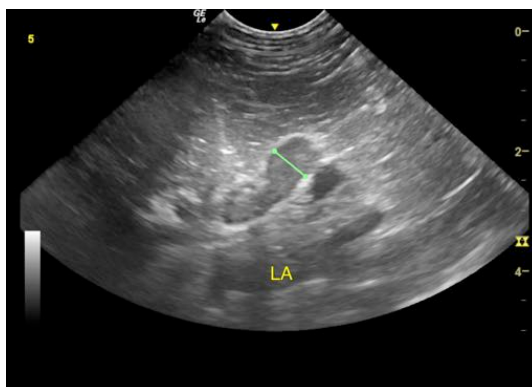
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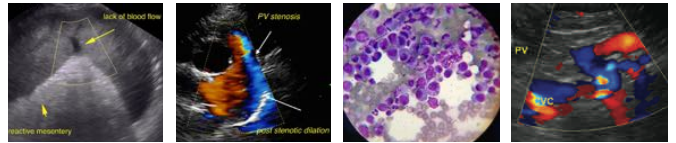
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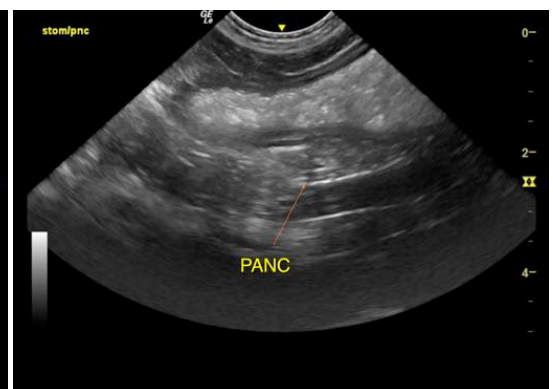
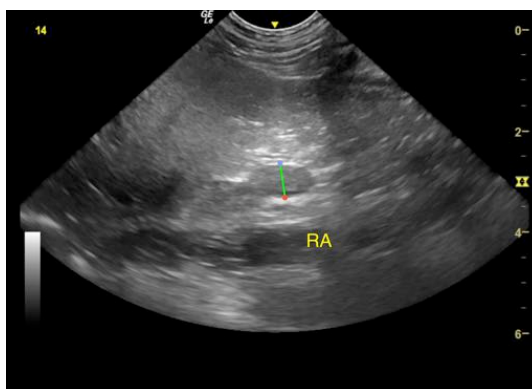
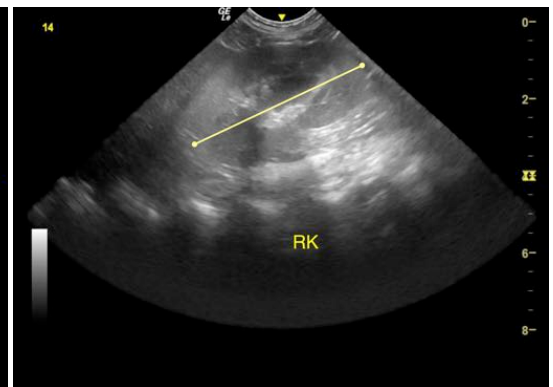
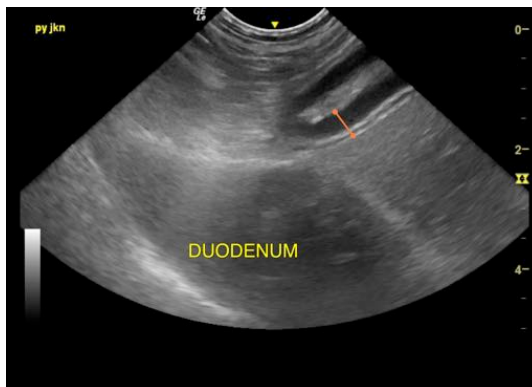
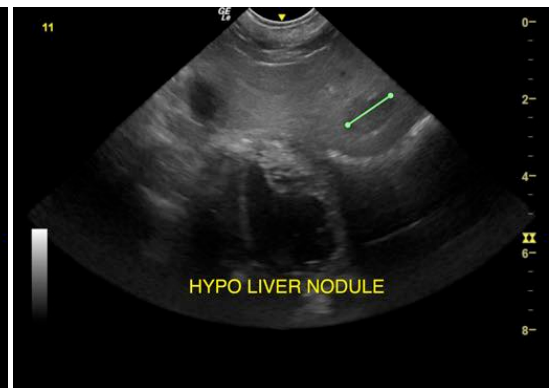
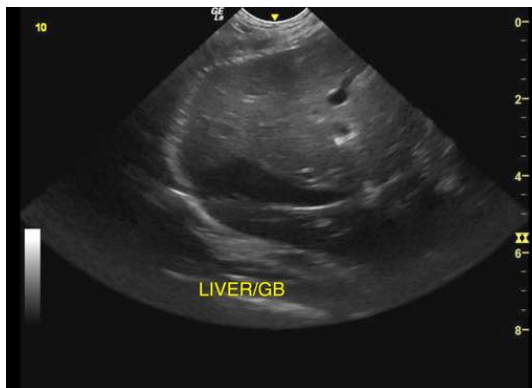
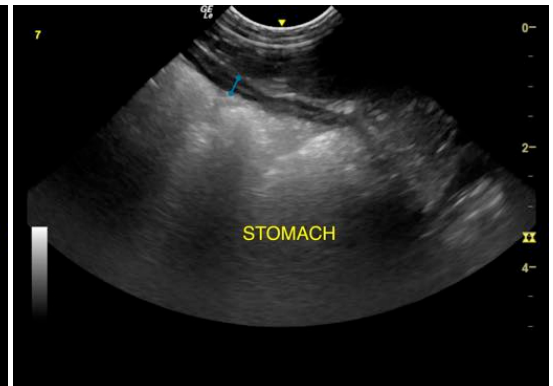
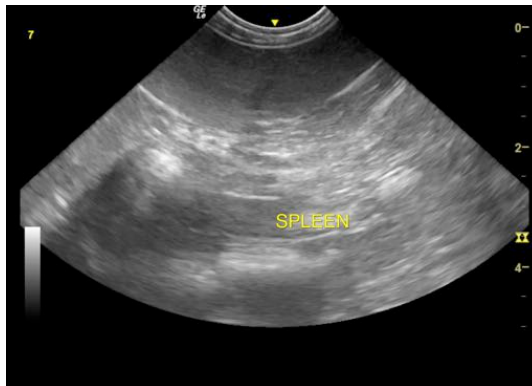
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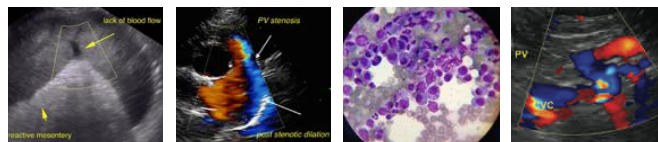
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The information and recommendations provided are based on the images presented by the referring



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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.

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kathleen.sennello@sonopath.com

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