



PATIENT

Ranger Chobody

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

5 Months

WEIGHT

32.6 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Susan Lincoski

HOSPITAL NAME

University Drive VH

REFERRING VET

Dr. Susan Lincoski

INVOICE

41432

DATE

9/20/22

PRESENTING CLINICAL SIGNS

Suspect PLE, patient has had diarrhea with non-response to metronidazole, on simparica trio. He has negative fecal and giardia, and diarrhea PCR. Mild hypoproteinemia. Has not been eating and has lost weight. No vomit. Normal GI panel (texas)

Abnormal PE/Chem/CBC/UA Results: Thin body condition, quite puppy. Palpable gi mass, suspect intussusception. Mild decreased albumin, 2.5, Sdma=19.

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 (5.32 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.

The right kidney has a normal shape and size (4.97 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.30 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 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains minimal luminal contents. 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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with mild/moderate (in some areas) 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 measures 0.23 cm. Visualized peristalsis appears appropriate. There is a focal section of bowel that appears to be a bowel lumen within another bowel lumen, most consistent with an intussusception (ileo-cecal colic?)

The intussusception is suspected to be at the ileo-cecal junction. Sections of colon are visualized that appear dilated with non-formed fecal material and gas shadowing distally. No focal distal colonic lesions are observed.

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.

Free Abdomen

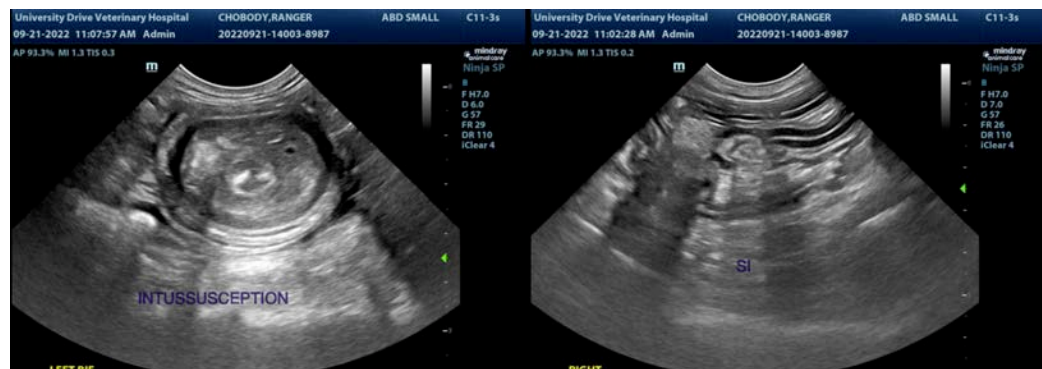
There is a small amount of free abdominal fluid. Occasional prominent mesenteric lymph nodes noted. One such lymph nodes measures 1.0 cm in diameter. The omentum is hyperechoic around the intussusception.

ULTRASONOGRAPHIC FINDINGS

- Focal area of bowel visualized within the lumen of a larger dilated loop of bowel – most consistent with an intussusception.
- Possible partial small intestinal obstruction
- Fluid dilated colon – most consistent with the diarrhea reported.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal abnormal area of bowel that is most consistent with an intussusception. This is likely causing a partial obstruction and there is additionally some diarrhea evident. Recommend surgical correction of the intussusception (resect or manual reduction and tacking) and biopsies of the small bowel to look for a possible underlying gastrointestinal disease, which may be underlying this condition.





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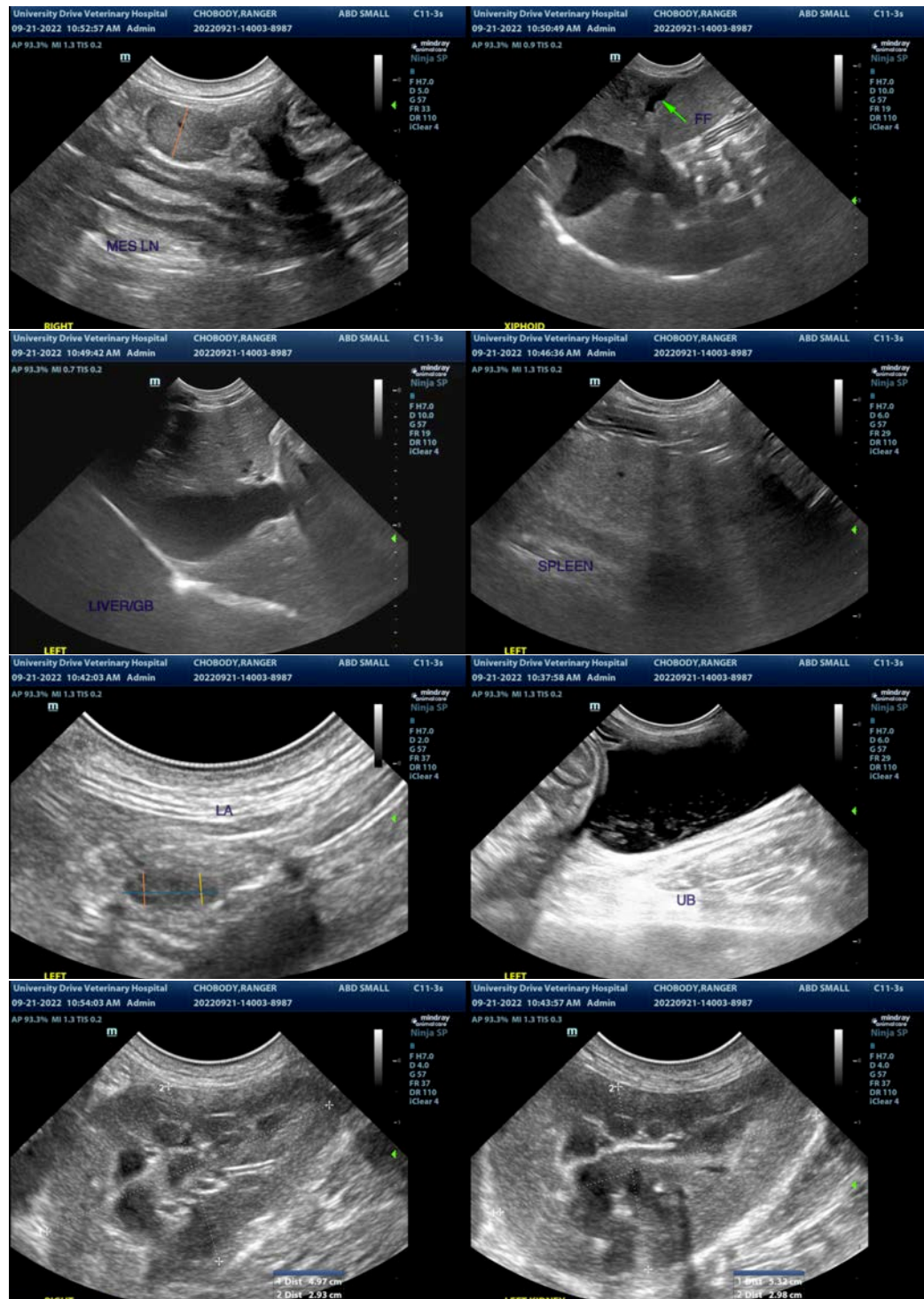
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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kathleen.sennello@sonopath.com

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