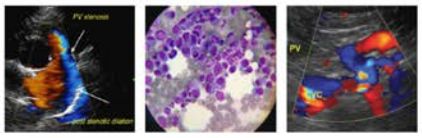
IMAGING PERFORMED BY
SVS Mobile Imaging KC 816-401-5010
svsimagingkc@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Shadow Ross

SPECIES

Canine

BREED

Great Dane

SEX

Neutered Male

AGE

4 Years

WEIGHT

162 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Elizabeth Oetting

INVOICE

41679

DATE

9/27/22

PRESENTING CLINICAL SIGNS

Two weeks hx of intermittent, ACTIVE vomiting, anorexia, lethargy; vomitus is bile. Still intermittent vomiting of copious amounts of bile despite Cerenia, sucralfate, prilosec, metoclopramide and canned EN low fat. Has not been on Sildenafil for previously diagnosed megaesophagus. However, his megaesophagus vomitus was normally a small ball of food and was notably regurgitation, not active vomiting. Had an intermittent cough at home, but lungs clear during exam. Does better when he will take his meds. Has been hopping off of his elevated chair as though his back hurts, but will eat from an elevated food bowl.

Abnormal PE/Chem/CBC/UA Results: Exam, TPR, CBC/Chem/spec cPL/UA unremarkable. Abdominal Rads showed thickened gastric mucosa, possibly decreased detail in cranio-central abdomen. Spondylosis in several thoracic and lumbar vertebrae. Abdominal VD very difficult to get correct settings for his size. No evidence of aspiration on thorax rads.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly/moderately distended with anechoic urine. The Bladder wall appears slightly thickened and irregular with an echogenic structure measuring 0.89 cm x 1.1 cm, most consistent with a polypoid type structure, and additionally some intraluminal echogenic debris/mucus. The area of the proximal urethra appears free of any mass lesions and no calculi are visualized.

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 (9.27 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 (8.98 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 0.76 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.

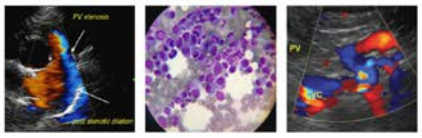
The right adrenal gland is normal in size measuring 0.97 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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.

IMAGING PERFORMED BY
SVS Mobile Imaging KC 816 - 401 - 5010
svsimagingkc@gmail.com

SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Shadow Ross

SPECIES

Canine

BREED

Great Dane

SEX

Neutered Male

AGE

4 Years

WEIGHT

162 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Elizabeth Oetting

INVOICE

41679

DATE

9/27/22

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.

Gastrointestinal

A portion of the stomach is visualized caudal to the liver and appears empty and free of any significant ingesta. The stomach wall appears somewhat prominent and mildly thickened, possibly consistent with gastritis.

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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There is a poorly defined mass effect in the cranial abdomen medial to the spleen, measuring approximately 13.84 cm x 5.28 cm. This is somewhat poorly defined but has the suggestion of a lumen and a thickened wall, causing concern for a possible bowel lesion/mass effect. Advanced imaging may be necessary to better define.

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.

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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a small hypoechoic structure adjacent to the right kidney of questionable origin, possibly a lymph node, measuring 1.32 cm in diameter. The omentum is generally of normal echogenicity.

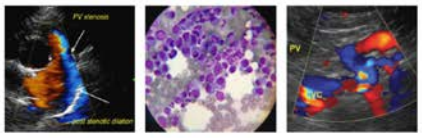
ULTRASONOGRAPHIC FINDINGS

- Polypoid structure/mucus visible in the urinary bladder – Recommend urinalysis and culture and close continued monitoring, as a mass lesion cannot be excluded as a possibility.
- Possible mass effect visualized medial to the spleen – This is concerning for a gastrointestinal lesion/mass effect.
- Small hypoechoic structure adjacent to the right kidney – Suspect prominent lymph node, most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a soft tissue structure visualized within the urinary bladder, most consistent with a polyp and some debris, although an underlying early neoplasm cannot be excluded. Recommend urinalysis and culture and continued monitoring (ideally with a fuller bladder), as further evaluation may be necessary

IMAGING PERFORMED BY
SVS Mobile Imaging KC 816-401-5010
svsimagingkc@gmail.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Shadow Ross

SPECIES

Canine

BREED

Great Dane

SEX

Neutered Male

AGE

4 Years

WEIGHT

162 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Elizabeth Oetting

INVOICE

41679

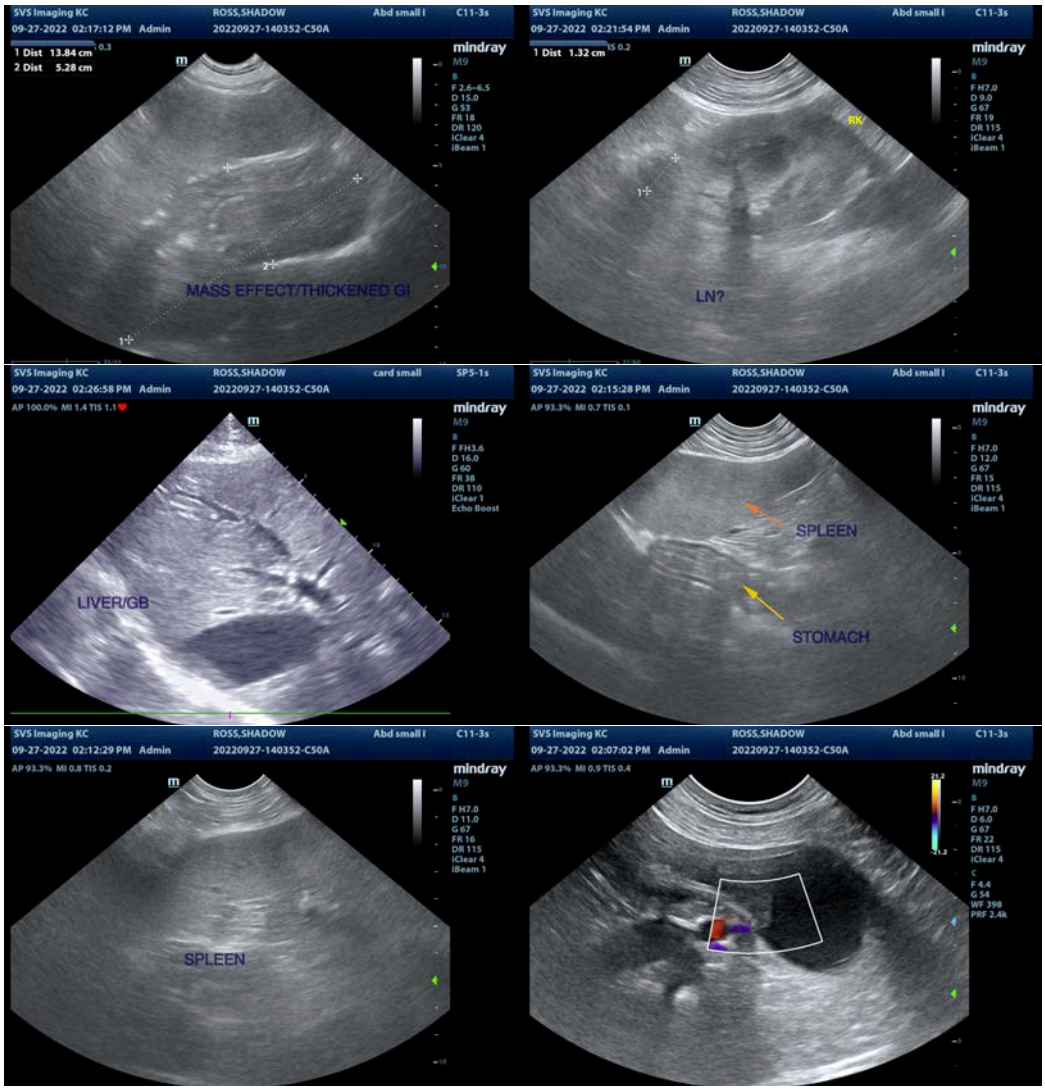
DATE

9/27/22

if this lesion does not resolve.

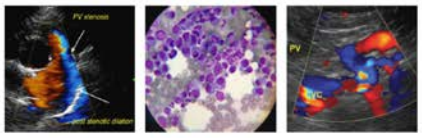
There is the suggestion of some possible gastritis/inflammation in the region of the stomach, and there is a structure medial to the spleen, which creates the impression of a mass effect/thickened intestinal structure. Unfortunately, with the size of this patient and resolution, clear identification is very difficult, as resolution is compromised. There is no obvious obstructive pattern visualized. In a patient this large you may need to consider a contrast CT scan to better evaluate the deeper structures in the cranial abdomen +/- upper GI endoscopy to evaluate the esophagus and stomach.

There is an ill-defined hypoechoic structure visualized associated with the right kidney. This is most consistent with a prominent lymph node in the region. I suspect this is too deep to easily sample.



IMAGING PERFORMED BY
SVS Mobile Imaging KC 816 - 401 - 5010
svsimagingkc@gmail.com

SVS IMAGING



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Shadow Ross

SPECIES

Canine

BREED

Great Dane

SEX

Neutered Male

AGE

4 Years

WEIGHT

162 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

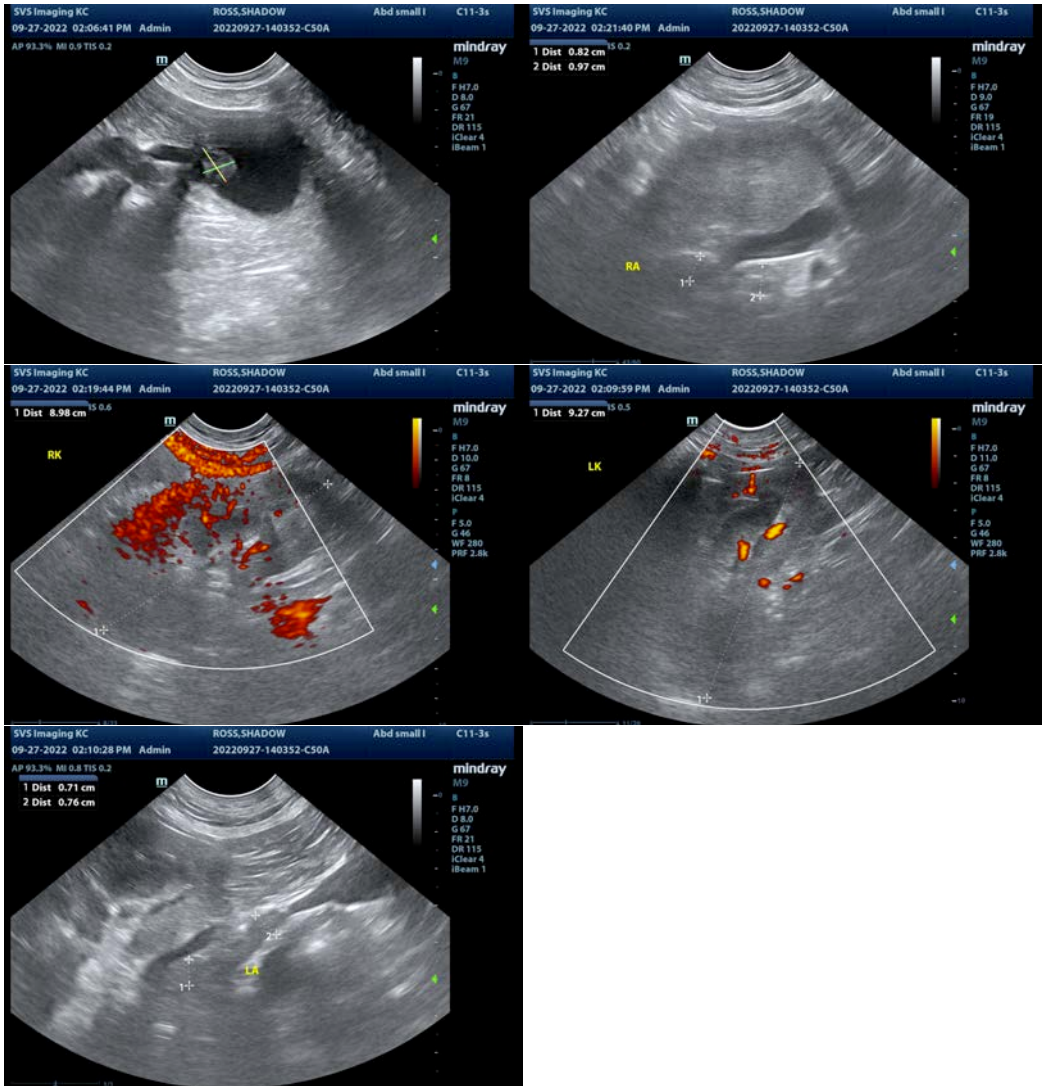
Dr. Elizabeth Oetting

INVOICE

41679

DATE

9/27/22



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