



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Desi Bennett  
**SPECIES** Canine  
**BREED** Yorkie X  
**SEX** Neutered Male  
**AGE** 9 Years  
**WEIGHT** 17

Presented for acute vomiting and pancreatitis suspect; hospitalized since 9/24 on GI protectants, IV fluids, and AB Owner unsure if patient ingested a FB No appetite even with appetite stimulants Patient vomited today even with anti-emetics  
 Abnormal PE/Chem/CBC/UA Results: CBC: NSF Chem on 09/24: AMY 2426 Chem on 09/27: AMY 581 ALP 284 cPL: Abnormal 605 (<400) Fecal: NPS Radiographs: No obvious FB or intestinal obstruction seen

**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 (0.88 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 (4.4 cm). Overall echogenicity is normal with adequate 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 (4.6 cm). Overall echogenicity is normal with adequate 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. 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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Mayra Sanchez

**HOSPITAL NAME**

Sunset Animal Hospital

**REFERRING VET**

Dr. Mayra Sanchez

**INVOICE**

25893

**DATE**

9/28/21



**PATIENT**

**Gastrointestinal**

Desi Bennett

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

**SPECIES**

Canine

There are several loops of dilated, fluid-filled small intestine visualized. Some loops are not dilated and have a more normal appearance. There is no evidence of wall thickening. In two images, there is a hypoechoic intraluminal structure measuring approximately 2.5 cm, which I'm concerned could be a foreign object.

**BREED**

Yorkie X

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.

**SEX**

Neutered Male

**Pancreas**

The right limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

**AGE**

9 Years

**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.

**WEIGHT**

17

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

- Gastric and proximal bowel dilation with a shadowing, discreet intraluminal structure – most concerning for a possible small intestinal foreign body.
- Prominent, hypoechoic right limb of the pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

**IMAGING PERFORMED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I suspect this is an obstructive pattern, as the proximal stomach and small intestine appear fluid dilated and distended. Some more distal areas of bowel appear normal, and there are two images representing a discreet shadowing object, which I'm concerned could be a small intestinal foreign body. Recommend surgical explore and biopsies of the stomach and small intestine. Recommend 3-view thoracic radiographs.

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**PATIENT**

Desi Bennett

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

Yorkie X

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

Neutered Male

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