



PATIENT

Nunu DeJesus

PRESENTING CLINICAL SIGNS

Preputial abscess - unneutered male - scrotal swelling. Current meds: Clavamox and Rimadyl.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem: leukocytosis.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Bichon

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.

SEX

Intact Male

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.

AGE

1 Year

The left kidney has a normal shape and size (4.42 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.

WEIGHT

13.3 Pounds

The right kidney has a normal shape and size (4.12 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

INTERPRETED BY

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

The left adrenal gland is normal in size measuring 0.39 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 0.57 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.

IMAGING PERFORMED BY

Kelly Vazquez

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.

HOSPITAL NAME

North Jersey AH

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.

REFERRING VET

Dr. Shaw

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.

INVOICE

25971

Gastrointestinal

DATE

9/30/21

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.



PATIENT

Nunu DeJesus

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.)

SPECIES

Canine

Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Bichon

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with a large volume of liquid fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

SEX

Intact Male

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

AGE

1 Year

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The caudal abdominal lymph nodes are prominent. Sublumbar lymph node measured 0.54 cm. The omentum in the caudal abdomen appears somewhat hyperechoic in general.

Other

WEIGHT

13.3 Pounds

There is a large open wound in the preputial area of this dog. Tissue in this area appears hyperechoic and edematous. This includes the scrotal wall, the body wall, and associated tissues. These findings are most consistent with severe cellulitis, likely infection and necrosis.

The left and right testicle are visualized and appear relatively normal. There is concern for this wound penetrating the abdominal cavity, although no free abdominal fluid is visualized.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Kelly Vazquez

- Severe subcutaneous and cutaneous cellulitis and edema – secondary to a cutaneous wound.
- Scrotal swelling and likely orchitis – secondary to associated cellulitis.
- Fluid dilation of distal colon – suspect impending diarrhea.
- Localized mild lymphadenopathy – The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.

HOSPITAL NAME

North Jersey AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the wound in the photos provided is fairly dramatic. The tissue appears necrotic and there is concern for penetration into the abdomen, although there is no direct visualization of this on the ultrasound. I suspect the testicular and scrotal changes are reactive to the generalized inflammation. Risk for infection in this area is very high. Consider referral to a veterinary surgeon for wound management, debriding, and possible closure with drains, etc. Caution in this area needs to be taken, as this lesion could penetrate into the abdomen and cause peritonitis. Ultrasound changes are non-specific and consistent with infection, inflammation, edema and cellulitis. A discreet abscess is not visualized.

REFERRING VET

Dr. Shaw

INVOICE

25971

DATE

9/30/21



PATIENT

Nunu DeJesus

SPECIES

Canine

BREED

Bichon

SEX

Intact Male

AGE

1 Year

WEIGHT

13.3 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

North Jersey AH

REFERRING VET

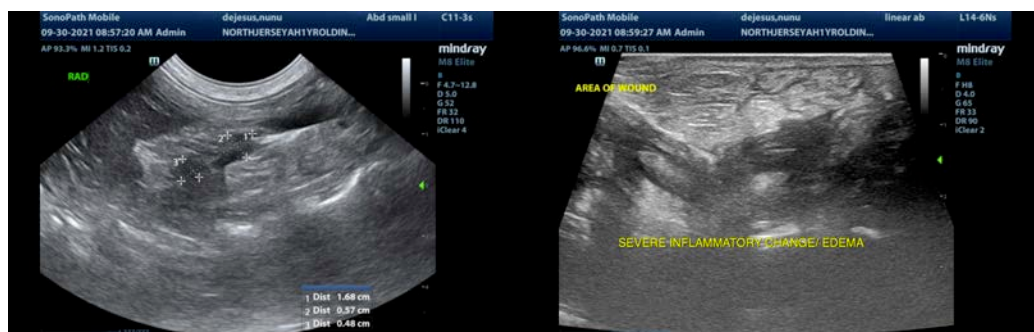
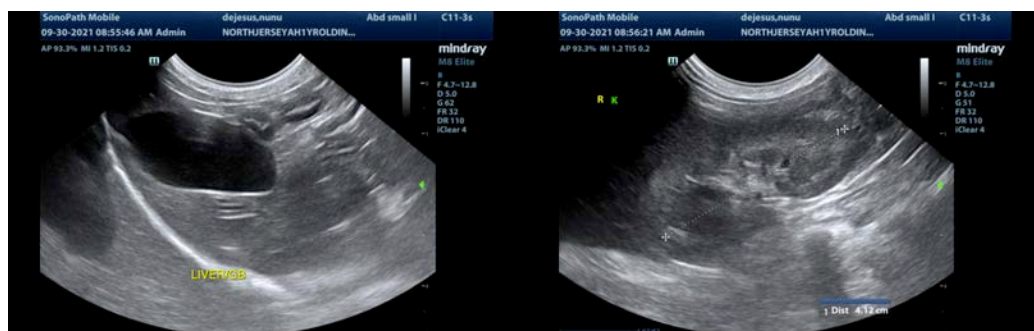
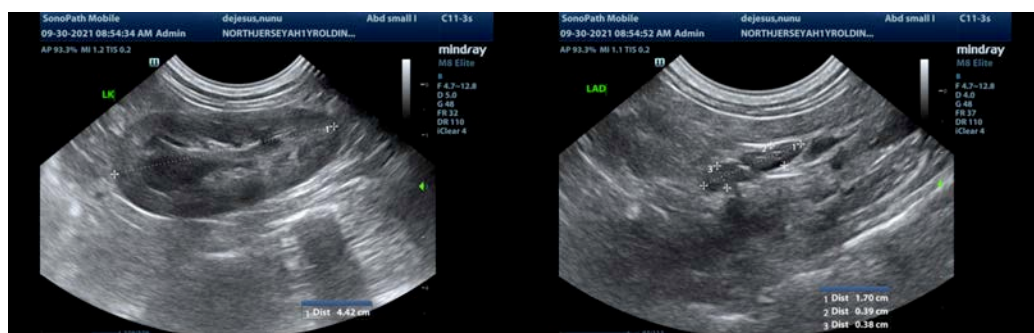
Dr. Shaw

INVOICE

25971

DATE

9/30/21





PATIENT

Nunu DeJesus

SPECIES

Canine

BREED

Bichon

SEX

Intact Male

AGE

1 Year

WEIGHT

13.3 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

North Jersey AH

REFERRING VET

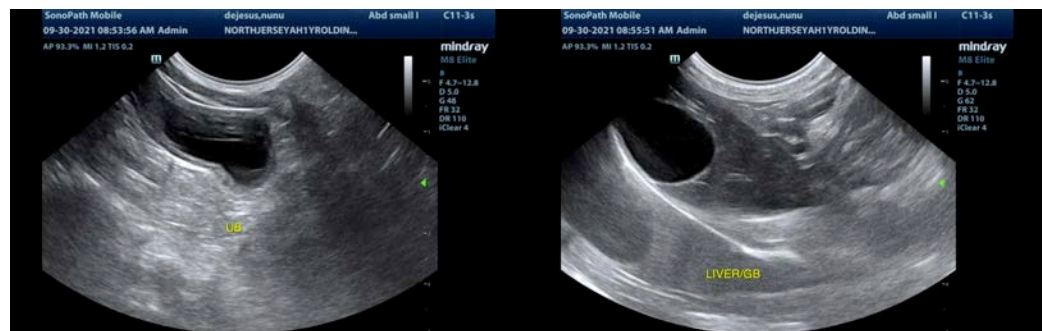
Dr. Shaw

INVOICE

25971

DATE

9/30/21



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.

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