



**PATIENT PRESENTING CLINICAL SIGNS**

Monty Cronin

History: bloody mucous stool started March 6th, abd uncomfortable, lip smacking, lethargy meds: proviable probiotic, metronidazole

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: please see attached BW and rads MOVEH did note --let O know that there were some suspicious round structures within the abdomen cranial to bladder, dorsal to colon, and around the kidneys on the Left and right lateral views. I stated that these structures could just be ends of intestinal loops overlapping vs. mass vs. other,

**BREED**

Doodle

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Neutered male

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.

**AGE**

4 years

The prostate is normal in size (0.9 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.

**WEIGHT**

69 lbs

The left kidney has a normal shape and size (6.45 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 (7.68 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.

**INTERPRETED BY**

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

**Adrenal Glands**

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

The left adrenal gland is normal/borderline flat in size measuring 0.37cm 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.

**HOSPITAL NAME**

South Side Pet Hospital

The right adrenal gland is normal/borderline flat in size measuring 0.47 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.

**REFERRING VET**

Dr. Hughes

**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.

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96695

**DATE**

3/9/22



**PATIENT**

**Liver**

Monty Cronin

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.

**SPECIES**

Canine

The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

**BREED**

**Gastrointestinal**

Doodle

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.

**SEX**

Neutered male

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. The duodenum measured 0.47 cm and the jejunum measured 0.32 cm. Bowel loops follow a typical curvilinear path with distinct wall layering.

**AGE**

4 years

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

**WEIGHT**

69 lbs

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.

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Internal Medicine)

**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.

**IMAGING PERFORMED BY**

Kelly Reshny, RVT

**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is occasional prominent mesenteric lymph node visualized. The most prominent is visualized and measures 1.2 x 3.89 cm. The omentum is of normal uniform echogenicity.

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South Side Pet Hospital

**ULTRASONOGRAPHIC FINDINGS**

**REFERRING VET**

Dr. Hughes

**PRIMARY FINDINGS:**

- Subjectively mildly thickened small intestine. The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Borderline flat adrenal glands. Recommend ACTH stimulation testing.
- Prominent, mesenteric lymph node. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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**PATIENT**

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**SPECIES**

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**BREED**

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**SEX**

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**AGE**

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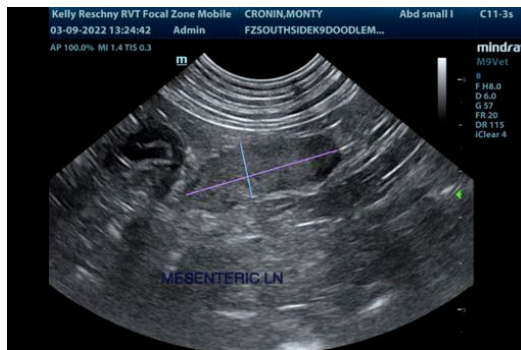
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No large, focal bowel lesions are observed to explain the symptoms reported. The bowel appears subjectively thickened, but this is a relatively large dog, so this can be within normal limits. Additionally there is a prominent mesenteric lymph node visualized. This is likely reactive secondary to whatever is going on in the GI tract, but continued monitoring is warranted and a FNA can be considered if symptoms persist.

The adrenal glands are somewhat flat in appearance. I recommend an ACTH stimulation test to rule out Addison's disease.

Hopefully this is a bout of acute colitis and symptomatic therapy will result in improvement of the clinical signs. If symptoms persist consider screening and empirical treatment for large bowel parasites. Consider testing for Clostridium, Campylobacter and histoplasmosis is appropriate. A colonoscopy can be considered if symptoms worsen dramatically.





**PATIENT**

Monty Cronin

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.

**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**

Doodle

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

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