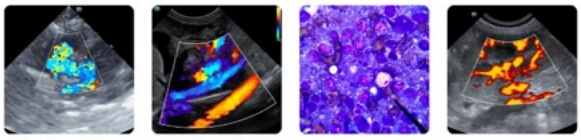


DATE

2/16/26

PATIENT

Lemon Pepper McDowell

SPECIES

Canine

BREED

Pomeranian mix

SEX

Female, spayed

AGE

2/15/2018

WEIGHT

12.9 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Reynolds

INVOICE

13476

PRESENTING CLINICAL SIGNS

Patient History: Lemon Peper FS 8 yr Pomeranian Referral from HWB for HGE Patient has IV cath from rDVM in front Right limb Owner was in Florida last week, p was traveling with them, 2 days ago p started with loose stool, which has progressively gotten worse, now having very bloody diarrhea, and vomiting foamy liquid with blood. Owner states severe symptoms w/blood started within the past 12 hours. Owner states other family members p also had GI signs, but that p seem to have improved with outpatient care Owner states unknown if p ingested anything foreign, no known to get into things Owner states p travels regularly with owner, never had issues in the past Owner states no known dietary changes Owner states p did eat normal meal last night, did not eat this morning, but was drinking large amount of water - owner gave nutrical. Date: 02-15-2026 Notes: Presenting Complaint: Lemon Pepper presents for acute onset of severe hemorrhagic diarrhea and vomiting.
Patient History: - Referred from Homeward Bound for continued care of acute hemorrhagic gastroenteritis. - History of travel between current location and Florida. - Another pet in the household in Florida had GI signs last week but recovered without significant hemorrhagic signs. - Diarrhea started two days ago as soft stool. - Client arrived home at 3 AM this morning, at which time the patient had soft stool. - The severe, voluminous hemorrhagic diarrhea began sometime after 3 AM this morning. - Vomited foam with a pink tinge. - Ate last night but was not offered food this morning. - Client administered Nutrical this morning. - Diagnostics from referring veterinarian: - Radiographs: No significant findings, consistent with gastroenteritis. - Blood work: - Platelets: Mildly decreased. - Neutrophils: Mildly elevated. - PCV: 67% [Normal 35-45%]. - Chemistry: BUN, ALP, and total protein did not return values on machine. Other liver and kidney values were within normal limits. - Treated with an anti-emetic at referring hospital. - Upon arrival here, patient regurgitated a small amount of
blood-tinged liquid.

Current Medications: Metronidazole, Ondansetron, Gabapentin, Buprneorphine, Proviable, Protonix, Sucralfate.
Labwork Results: ALT 132, ALP 81, BUN and creat normal, albumin and globulin normal
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (4.21 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.23 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.42 cm at cranial pole) (0.52 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.58 cm at cranial pole) (0.51 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.28 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate to large amount of aggregated, echogenic, partially dependent sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is minimally fluid distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal to mildly thickened (up to 0.36 cm) with retention of the normal layering pattern. Discreet masses are not identified. The ileocecocolic junction is normal. The wall of the descending colon is borderline thickened (up to 0.22 cm) with retention of the normal layering pattern. The colonic lumen contains soft appearing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

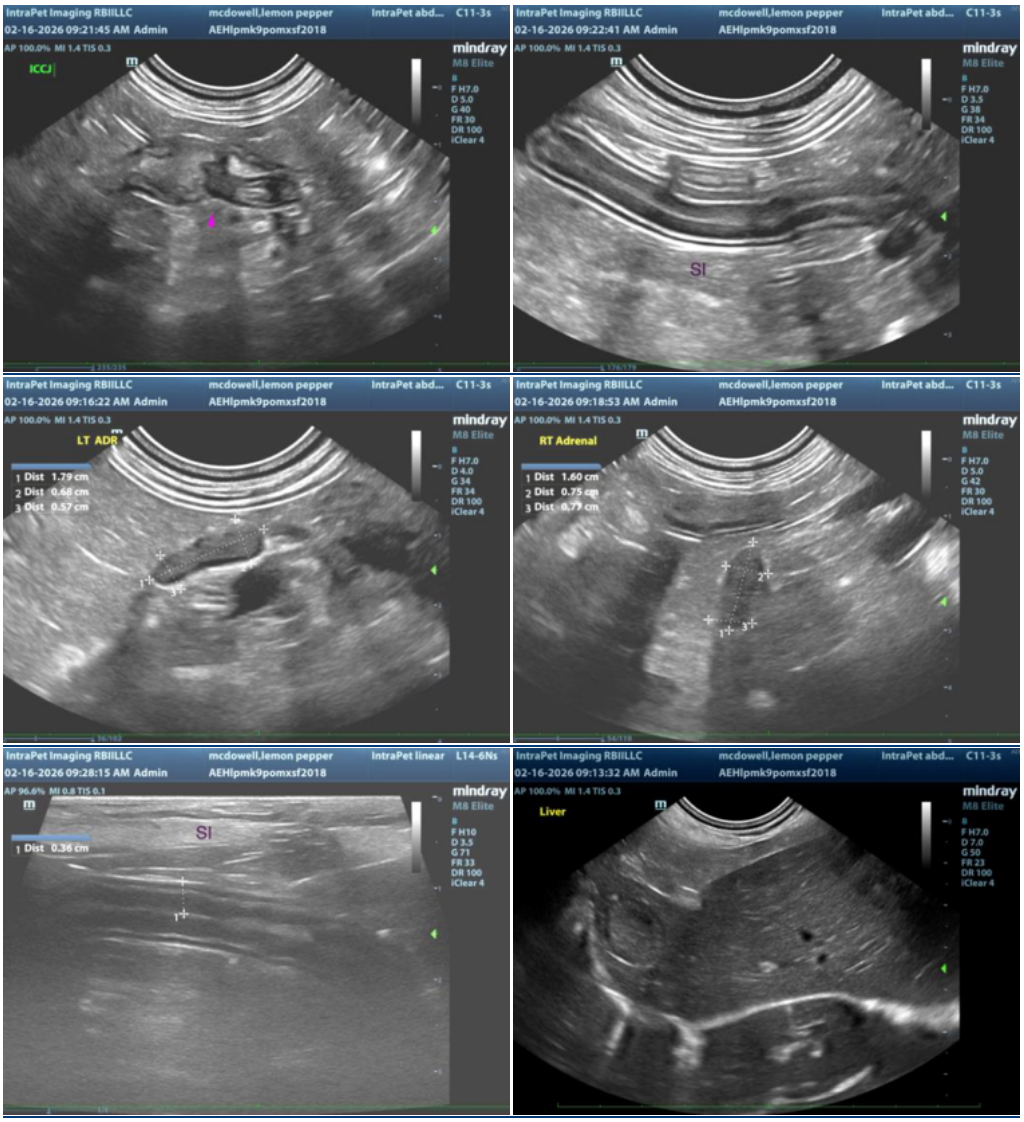
- The small intestinal and colonic wall changes are most consistent with an inflammatory process (i.e., enteritis and colitis, respectively) an underlying cause of which is not identified. Considerations include dietary indiscretion, toxicity, food allergy/intolerance, infectious/parasitic disease, inflammatory bowel disease, underlying metabolic issue, other.

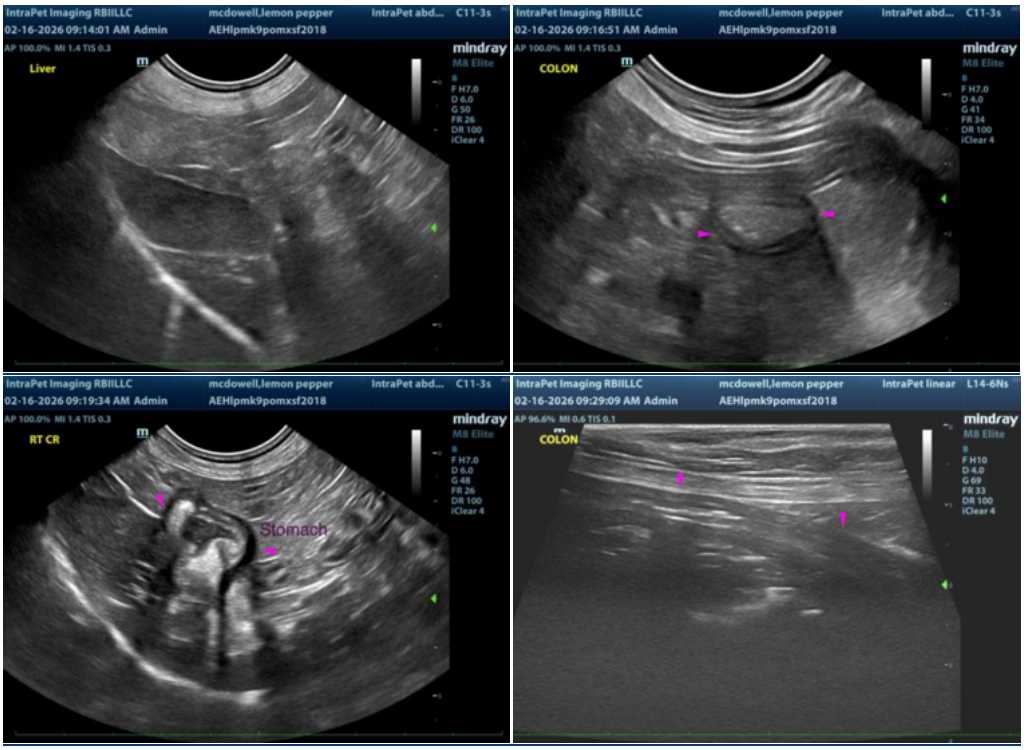
Secondary Findings:

- Excessive gallbladder sludge, which may be secondary to cholestasis, fasting or an emerging mucocele.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. A fecal evaluation for ova and Giardia is recommended along with a fecal PCR infectious disease panel.
2. Consider prophylactic deworming with fenbendazole.
3. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended
4. Supportive care for acute hemorrhagic gastroenteritis is recommended. If clinical signs persist despite medical management, further GI workup may be indicated.





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.

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