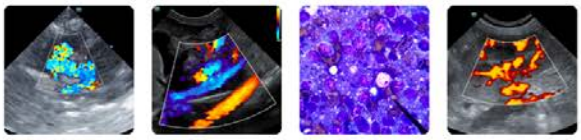


DATE

1/29/26

PATIENT

Vy Alemi

SPECIES

Canine

BREED

Cane Corso

SEX

Spayed Female

AGE

1/5/18

WEIGHT

120 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Fullerton Animal Hospital

REFERRING VET

Dr. Unger

INVOICE

72599

PRESENTING CLINICAL SIGNS

Patient History: Presented on 1/22: History: Presents for acute onset of explosive, mucoid diarrhea since 01/19/2026. Increased frequency and urgency of defecation, requiring multiple nighttime trips outside. Owner reports straining to defecate was observed prior to the onset of diarrhea. One episode of bilious vomiting occurred on 01/19/2026; no vomiting since. Patient is not on any medications or preventatives. Diet consists of Kirkland Weight Management kibble, supplemented with rice. Also receives a daily microwaved egg with milk and a quarter of a dog bone treat. Age is estimated at 8 years, but is not definitively known. On exam very watery diarrhea but rest of exam unremarkable. Bloodwork showed elevated pancreatic values and bloody urine. Since exam diarrhea has stopped but pet is not eating as well and vomited once. Still having bloody urine.

Current Medications: Metronidazoe 750 mg BID since 1/22, Proviable capsules
Labwork Results: Labwork attached, reported as: Amylase 2,084 (337 - 1,469 U/L), Lipase 1,634 (0 - 250 U/L). UA shows RBS >100/hpf but no WBC or bacteria
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Torb.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (6.89 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (7.3 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.74 cm at cranial pole and 0.74 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.79 cm at cranial pole and 0.85 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size (2.9 cm thick at the hilus) with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

Subjectively, the uterine stump is mildly prominent in appearance. This finding may be normal patient variant and is of unknown clinical consequence.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly– can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

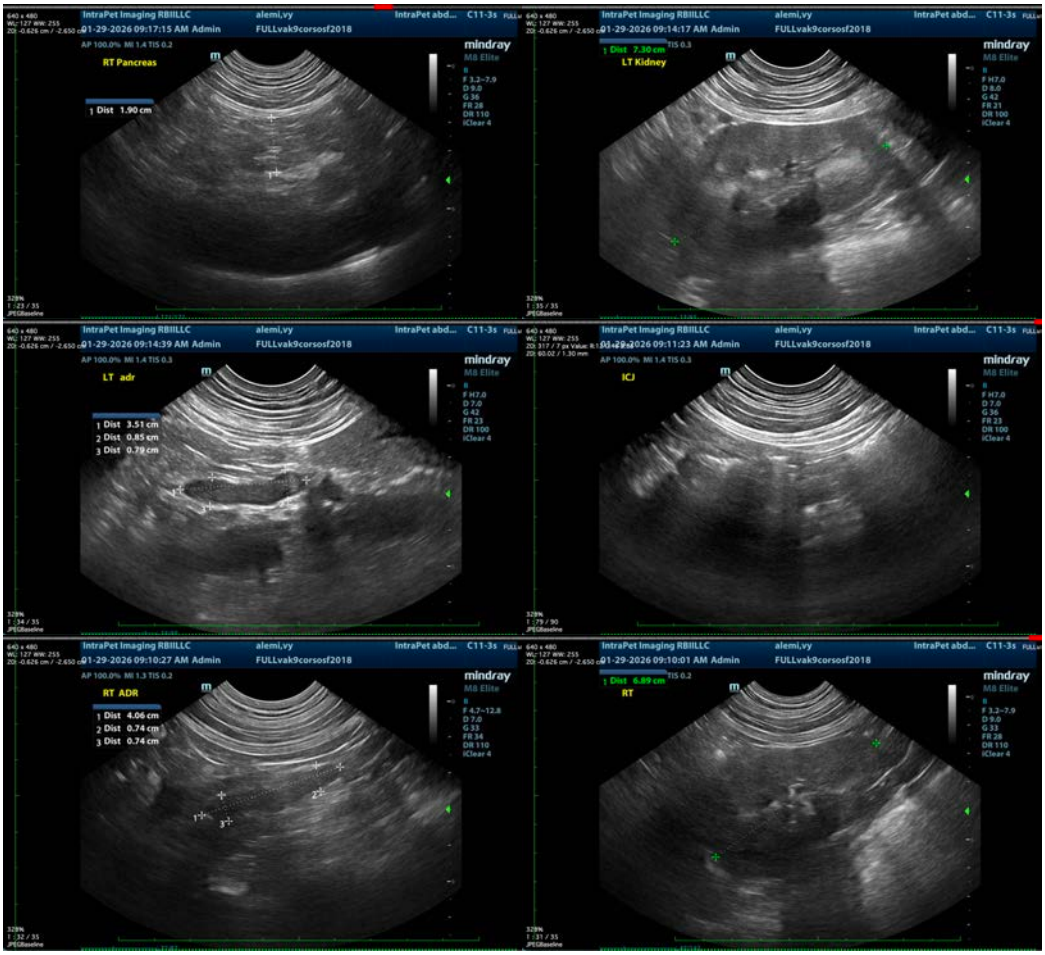
- Chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.

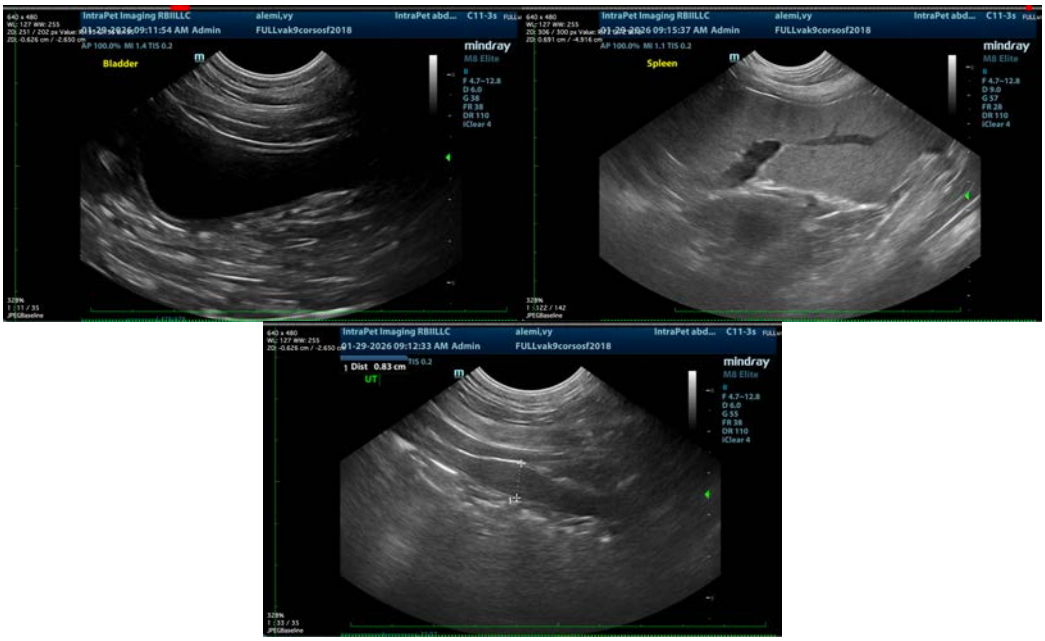
- Subjectively prominent uterine stump as described above.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient's history of explosive diarrhea combined with the prominent uterine stump, reassessment of the hematuria via cystocentesis could be considered to help further localize hematuria truly to the urinary tract, certainly the upper urinary tract versus lower urinary tract, reproductive tract, etc. If the hematuria is persistent, assessment of patient's coagulation status is recommended. Additionally, a urine culture could be considered.

Ultimately, if clinical signs persist and a diagnosis is not made, further evaluation via cystoscopy/vaginoscopy, etc. could be considered for further visual evaluation, sampling, potentially evaluation for renal hematuria, etc.





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.

Beth Johnson, DVM, DACVIM
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