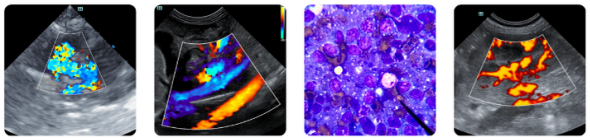


PATIENT

Zaira Medina

SPECIES

Canine

BREED

Doberman

SEX

Intact Female

AGE

2.5 months

WEIGHT

16.5 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Alexandra Pasaturo

HOSPITAL NAME

Greater Staten Island Veterinary Service

REFERRING VET

Dr. Alexandra Pasaturo

INVOICE

11584

DATE

3/31/2026

PRESENTING CLINICAL SIGNS

- Presented for AUS after previously seen at 3am this morning for vomiting. Xrays were performed (linked report). Zaira was given SQ fluids, and cerenia with no further vomiting. Three normal bowel movements this morning. Owner concerned Zaira may have ingested two small felt pads but unsure. Purchased 4 days ago from breeder, coughing at that time. Owner saw primary vet, patient was diagnosed with suspect kennel cough. Vaccinated for parvo/distemper on 3/3, and 3/24.

Abnormal PE/Chem/CBC/UA Results: Abdominal xray radiology review: Conclusion: - Gastrointestinal content with small intestinal changes. DDx: Recent ingesta vs non-digestible ingested foreign material VS combination of them. The combination of small intestinal changes is concerning for possible mechanical obstruction (partial VS complete) and needs correlation with abdominal ultrasound for a more thorough evaluation of the gastrointestinal tract and remaining abdominal organs.

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 (5.5 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 (3.9 cm - this measurement is obtained in a partially oblique transverse view without a full sagittal view for measurement available,), 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 adrenal glands are unable to be visualized in these images.

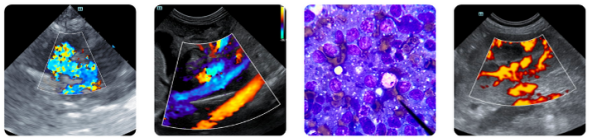
Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). 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.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.



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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen is mildly distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. There is no evidence of obstruction, foreign material, or infiltrative disease. Pyloric outflow tract appears patent.

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 mildly thick measuring 0.3 cm thick, with normal intact layering and the lumen is empty to mildly distended with fluid.

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted.

Free Abdomen

There is a very scant/trace amount of anechoic free fluid in these images.

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

Reproductive System

No reproductive tract abnormalities are noted in these images at this time.

ULTRASONOGRAPHIC FINDINGS

- The mildly thick colon trends in appearance toward benign as is seen with parasitic, infectious, dietary related, other benign inflammatory disease causing colitis. Infiltrative neoplasia can't be ruled out but is considered much, much less likely.
- Mild acute pancreatitis may be contributing.
- Mildly reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely. This finding may be in part normal patient variant/juvenile lymphadenopathy given signalment.
- Scant/trace free fluid may similarly be pathologic or normal age variant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) is recommended.

A routine fecal/giardia exam is recommended if not recently evaluated.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

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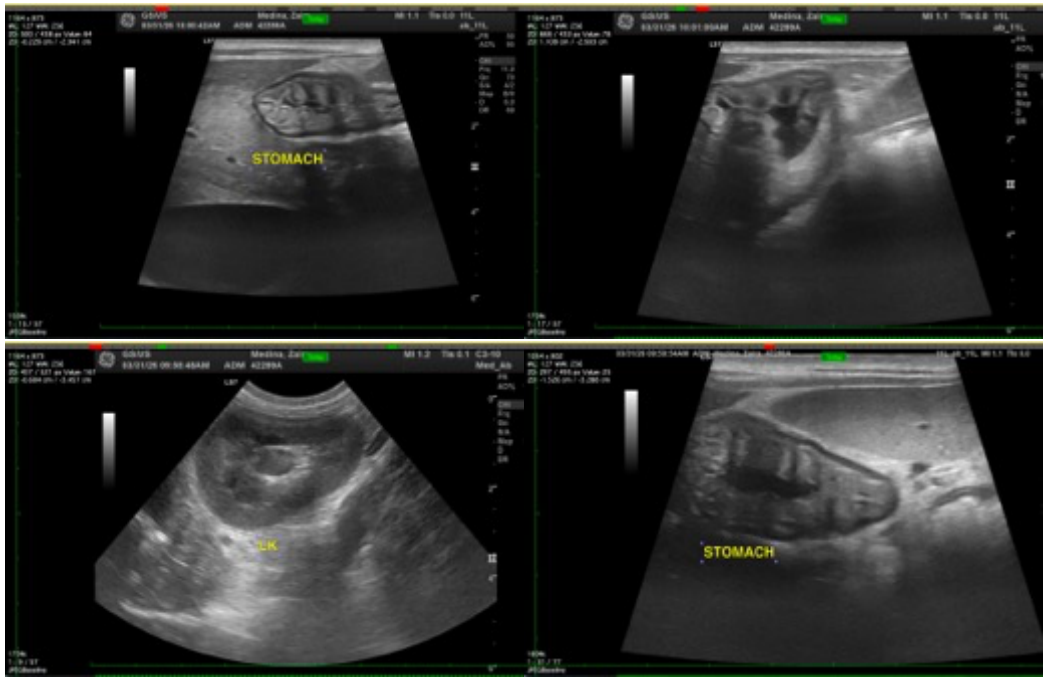
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

In the meantime:

- Supportive/symptomatic medical management of clinical signs is recommended, including anti-emetics, gastroprotectants (+/- sucralfate, especially with any history of hematemesis), an appetite stimulant and fluid therapy if indicated, etc.
- Additionally, empirical deworming with a 5-day course of Panacur is recommended.
- A full course of empirical Helicobacter triple therapy could be considered.
- A probiotic, such a visbiome or proviable, may be helpful.
- Finally, if tolerated, a transition in diet could be considered, based on trial-and-error response with some options to consider including a gastrointestinal biome diet vs a hydrolyzed protein diet (sometimes several trials with different brands are necessary) vs an easy to digest, bland or low-fat diet vs other.

If clinical signs persist without a diagnosis, recheck/follow up imaging of the GI tract and pancreas could be considered,



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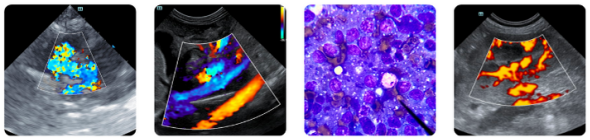

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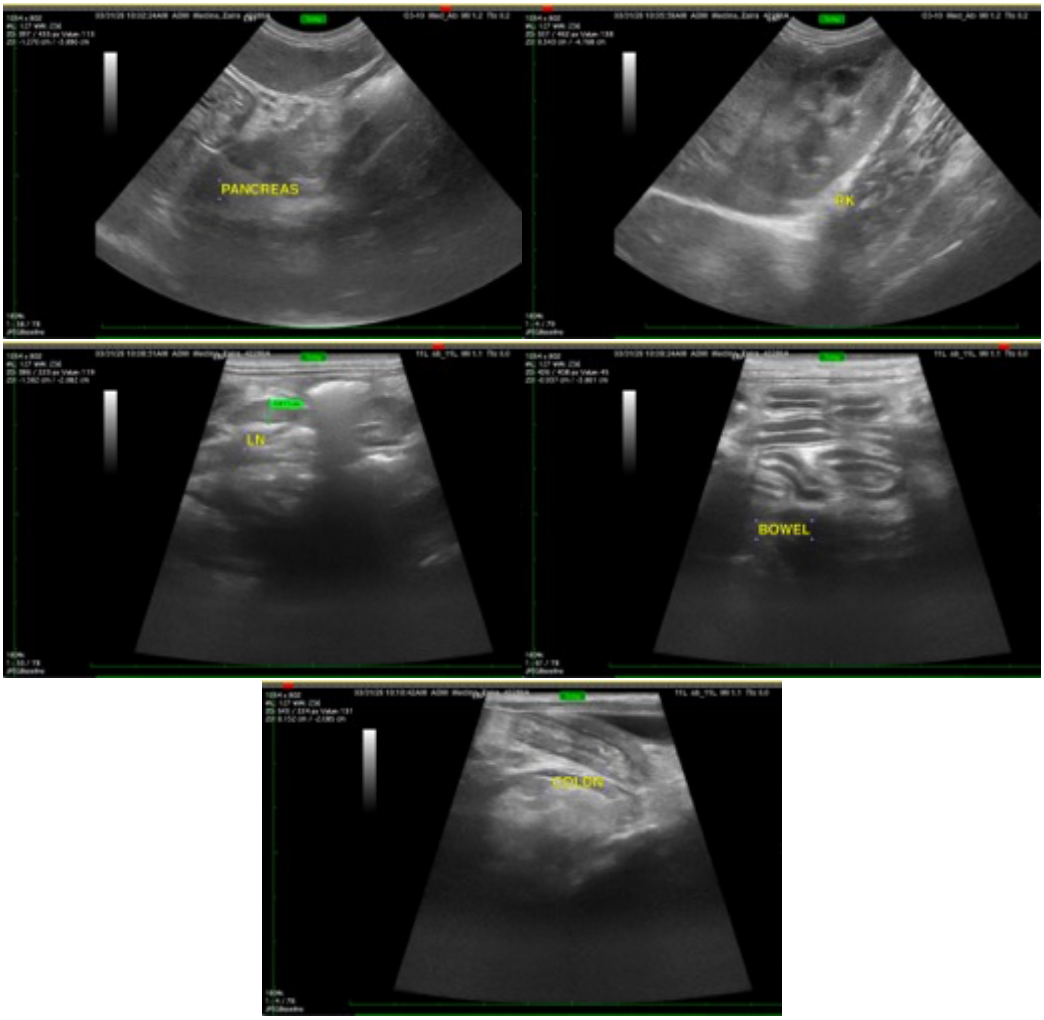

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com