



PATIENT

Nutella Faulds

SPECIES

Canine

BREED

Aussiedoodle

SEX

Spayed Female

AGE

8 Years 1 Month

WEIGHT

12.7 kg

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline practice)

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski, DVM

HOSPITAL NAME

Apex VS

REFERRING VET

Save Emergency/ER
Doctor

INVOICE

35840

DATE

2/14/26

PRESENTING CLINICAL SIGNS

- Nutella presented for acute liquid diarrhea for 2 days and reduced appetite. She vomited bile twice last night and woke the owner multiple times overnight (6x) to go outside for bowel movements. She is currently only interested in treats (now discontinued). Blood in stool.
- Abnormal PE/Chem/CBC/UA Results: Vitals: T: 38.2°C, HR: 120 bpm, RR: Panting, MM pink, CRT <2 sec Abdominal: No organomegaly or mass effects. No pain on palpation. The abdomen is soft with gas on intestinal loops. BW general panel CBC - WNL CHEM - WNL LYTES - WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The trigone and visible urethra were normal in appearance. The urine was anechoic with no visible sediment or uroliths.

Both kidneys were normal in size and shape with a smooth capsule contour. There was normal cortical echotexture, with a normal 1:3 cortex to medulla ratio. There was no pelvic dilation. The left kidney measured 5.0 cm in length. The right kidney measured 5.6 cm in length.

The iliac trifurcation was visualized and evaluated. There was normal vascular perfusion with no evidence of thrombus formation. There was no visible lymphadenopathy.

Adrenal Glands

Both adrenal glands were normal in size and shape, with a smooth capsule contour. The parenchyma was a normal echogenicity. There were no nodules or masses visible. The left adrenal gland measured 0.57 cm at the caudal pole and 0.46 cm at the cranial pole. The right adrenal gland measured 0.54 cm at the caudal pole and 0.68 cm at the cranial pole.

Spleen

The spleen was normal in size and shape, with a smooth capsule contour. The parenchyma was finely textured and homogeneous. There were no visible masses, nodules or evidence of infiltrative disease. The vasculature showed good vascularity with power doppler.

Liver/Gallbladder

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and normal portal markings. The hepatic vasculature was normal in volume and structure. The gall bladder was normal in size and contents. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

Gastrointestinal

The stomach was empty, except for shadowing gas. The stomach wall was normal in thickness and layering. There was no visible obstruction in pyloric outflow. The small intestines were diffusely mildly thickened with maintained wall layering. The ICJ was clearly visualized and appeared normal. The colon



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wall was diffusely thickened with maintained wall layering. The mucosal layer was moderately thickened, while the submucosal layer was echogenic and prominent. The colon was largely empty.

Pancreas

The pancreas was isoechoic to the surrounding mesentery with normal size, shape and capsule contour. There was no evidence of inflammation or masses within the right and left limbs or body of the pancreas.

Free Abdomen

Focally enlarged mesenteric lymph nodes were present. The lymph nodes were homogenous, mildly hypoechoic with a smooth capsule contour. A normal width: length ratio was maintained (<0.5). There was mild adjacent mesenteric inflammation. An example of jejunal lymph node size was 3.8 cm x 0.47 cm.

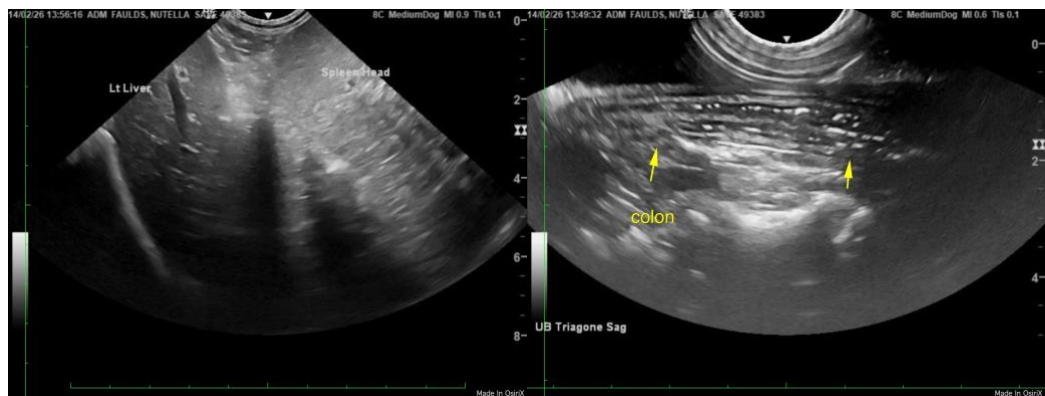
ULTRASONOGRAPHIC FINDINGS

- Enterocolitis pattern
- Mesenteric lymphadenopathy, reactive pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic appearance of the intestines and colon is non-specific, and could be seen with dietary indiscretion, food sensitivity, GI parasites and/or IBD without significant visible wall changes. A GI panel (PLI, TLI, Cobalamin and Folate; [TAMU GI assays](#)), a fresh fecal smear and a resting cortisol to rule out Addison's disease could all be considered.

Supportive care should be helpful (hydration, GI support, etc.).





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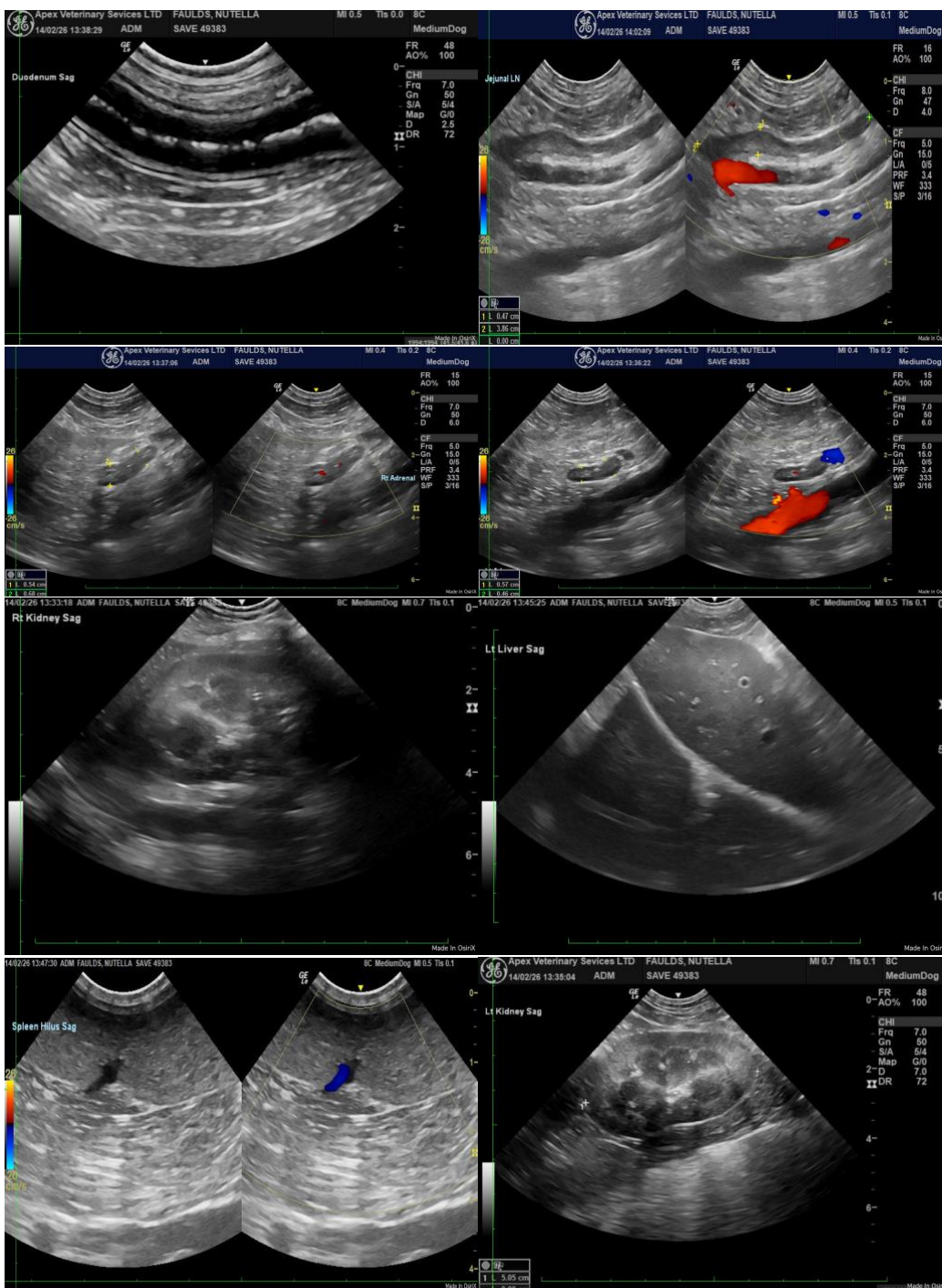
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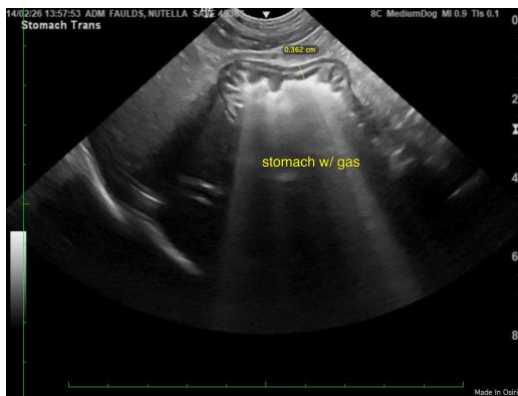
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

info@SonoPath.com