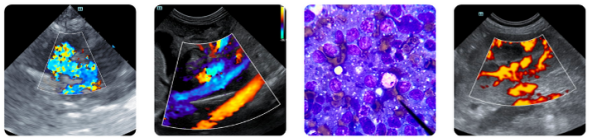


PATIENT

Poppy Sears

SPECIES

Canine

BREED

Poodle Mix

SEX

Spayed Female

AGE

6.5 years

WEIGHT

70 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Emily Kirk

HOSPITAL NAME

Shiloh Animal Hospital

REFERRING VET

Dr. Audra Alley

INVOICE

11122

DATE

1/15/2026

PRESENTING CLINICAL SIGNS

Intermittent hyporexia and diarrhea. Stools are currently starting out formed and then losing form/soft. No vomiting or abdominal pain appreciated. Lab testing has been unremarkable. She is currently eating Purina HA dry and wet food with ground beef added.

Abnormal PE/Chem/CBC/UA Results: CBC/chemistry in the past has been unremarkable. TLI/PLI/Cobalamin/Folate and resting cortisol have been normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The left kidney has a normal shape and size (5.83 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (6.01 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.46 cm at the cranial pole and 0.52 cm 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.

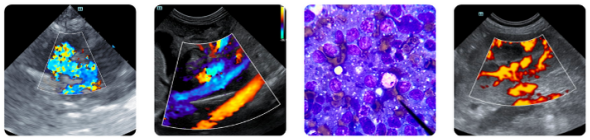
The right adrenal gland is normal in size measuring 0.66 cm at the cranial pole and 0.4 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.48 cm in width at the level of the hilus), and normal in shape, and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are occasional subtle hypoechoic nodules visualized in the parenchyma. Examples measure 0.24 cm and 0.33 cm.

Liver

The liver is subjectively normal in size, slightly irregular in shape, with rounded margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. In the left side of the liver there is a poorly defined hyperechoic rounded region most consistent with a rounded liver lobe, or an iso/hyperechoic mass effect measuring 3.4 cm x 3.49 cm.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (0.32 cm in wall thickness) and the jejunum measured as normal (0.23 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with non-formed fecal material and gas shadowing distally. The descending colon wall measures 0.11 cm with intact wall layering.

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional visible/mildly prominent mesenteric lymph nodes. An example measures 0.63 cm x 0.92 cm, and 0.64 cm x 1.27 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Occasional small hypoechoic nodules in the spleen. The general appearance favors a benign process (lymphoid hyperplasia, etc.) An early neoplastic process cannot be ruled out.
- Left sided hyperechoic “mass effect” visualized in the liver. Findings could be consistent with a rounded liver lobe or poorly defined mass effect (adenoma, less likely carcinoma, etc.)
- Visible mesenteric lymph nodes most consistent with reactive lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the decrease in appetite, and diarrhea reported. Unfortunately, there are many causes for these symptoms which cannot always be definitively diagnosed with ultrasound alone. Typical initial treatment for a suspected enteropathy would include a hydrolyzed protein prescription diet. This is already being done but it is being supplemented with beef. If patient is not feeling well enough to eat a prescribed diet, you could consider consultation with a veterinary nutritionist to help formulate a novel protein homemade diet.

If current lab work is not available, consider repeat evaluation in addition to a repeat GI panel.

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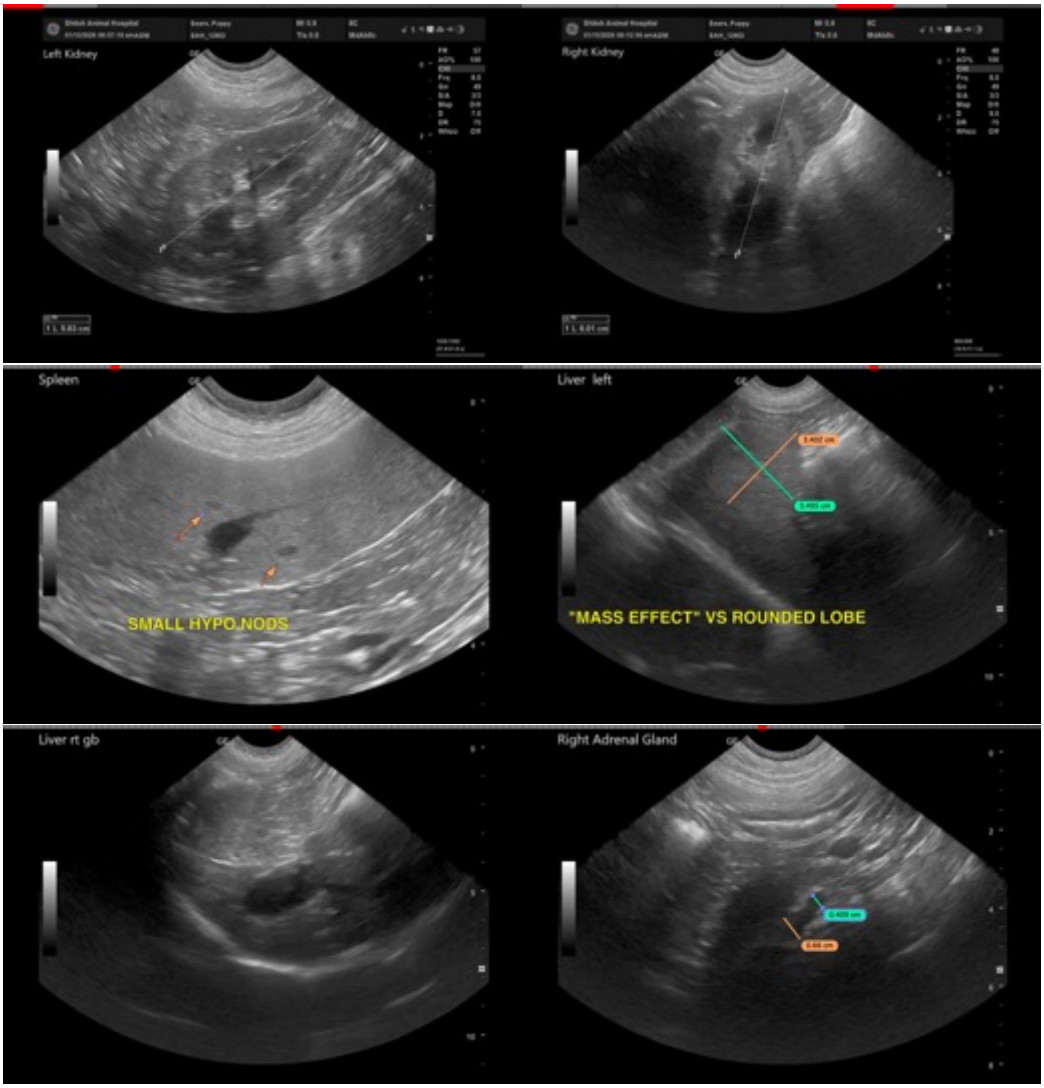
If symptoms are persistent and primary gastrointestinal disease is strongly suspected, biopsies of the GI tract may eventually be warranted.

Additionally, consider baseline cortisol to screen for Addison's.

There are subtle hypoechoic nodules visualized in the spleen. These generally have a somewhat benign appearance, but an early neoplastic process cannot be ruled out. Options moving forward would include a fine needle aspirate or continued monitoring with ultrasound.

Some views of the left side of the liver, there is a poorly defined hyperechoic rounded region. This could be consistent with an atypical, rounded liver lobe or even an early mass effect. This generally has a benign appearance. Further evaluation would likely involve a contrast CT scan to better delineate this region and a fine needle aspirate. Alternately, continued monitoring with ultrasound could be considered.



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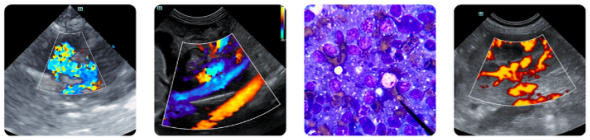

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Educational Teleconsultation Services™

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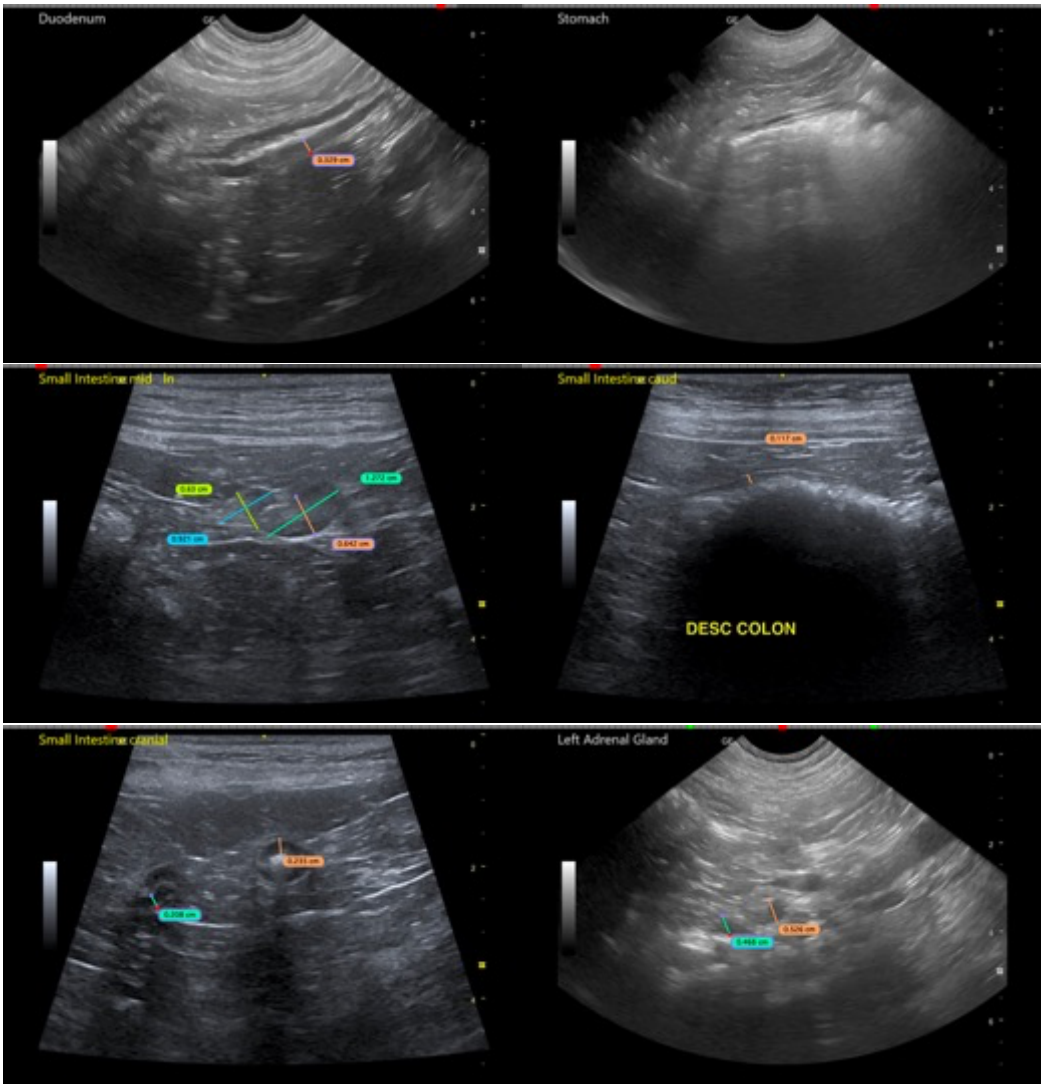

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com