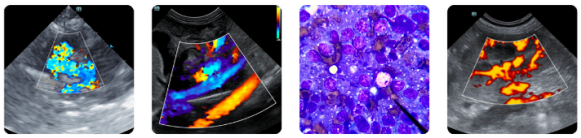


DATE

1/16/2026

PATIENT

King Turnbull

SPECIES

Canine

BREED

Akita Mix

SEX

Neutered Male

AGE

8 years

WEIGHT

63.2 lbs

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Goessling

INVOICE

11141

PRESENTING CLINICAL SIGNS

Patient History: King presents for acute vomiting with hematemesis and suspected hematochezia. Patient History: - History of GI sensitivity to dietary changes - Signs began approximately 2 days prior to presentation (Tuesday night) - Initial signs: borborygmi, decreased appetite - Vomiting episodes: - Day 1 (Wednesday): Vomited bilious material, had not eaten breakfast- Day 2 (Thursday morning): Vomited dark brownish-red material (mostly bile with suspected blood) - Possible dietary indiscretion: - Small piece of turkey given - Exposure to visiting dog (sister's dog, Sunday night through Tuesday afternoon) - May have consumed treats not normally given - Possible access to craft materials in office (no known toxin exposure) - Appetite: Uncertain if ate dinner Wednesday night - Stool: Not observed by client - No known history of foreign body ingestion (toys, bones, etc.)

Current Medications: Protonix, Ondansetron, Acepromazine, Buprenrophine.

Labwork Results: Labwork attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV Ace.

Stat Report: Not requested.

Imaging Performed by: Rachel Brilhart, RDMS.

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 prostate is normal in size (1.67 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.93 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 (6.12 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 0.57 cm at the cranial pole and 0.61 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 0.6 cm at the cranial pole and 0.6 cm at the caudal pole 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 (2.28 cm) 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. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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 contains minimal luminal contents. 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 layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid and gas 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 (0.43 cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There is a somewhat diffuse “ropey” appearance to the small intestine with some areas exhibiting mild fluid and gas distension. A focal lesion is not clearly visualized.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with non-formed fecal material and gas shadowing distally. The descending colon wall is prominent with intact wall layering measuring 0.31 cm.

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 is no significant lymphadenopathy. A prominent mesenteric lymph node is visualized measuring 0.48 cm x 3.34 cm. The omentum is of normal uniform echogenicity.

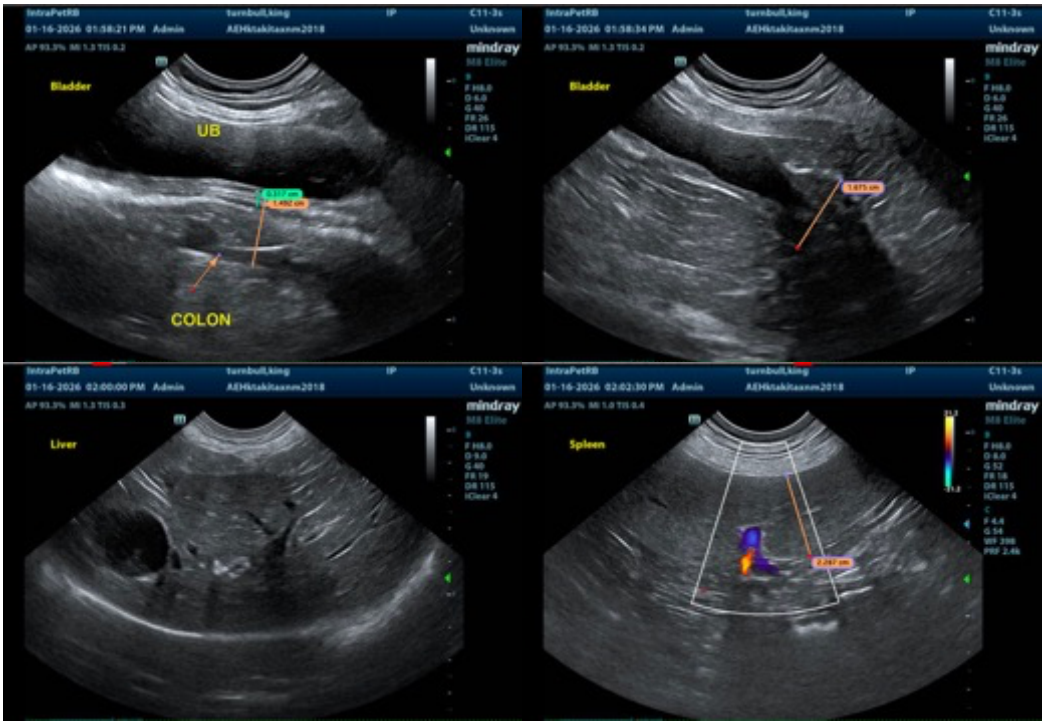
ULTRASONOGRAPHIC FINDINGS

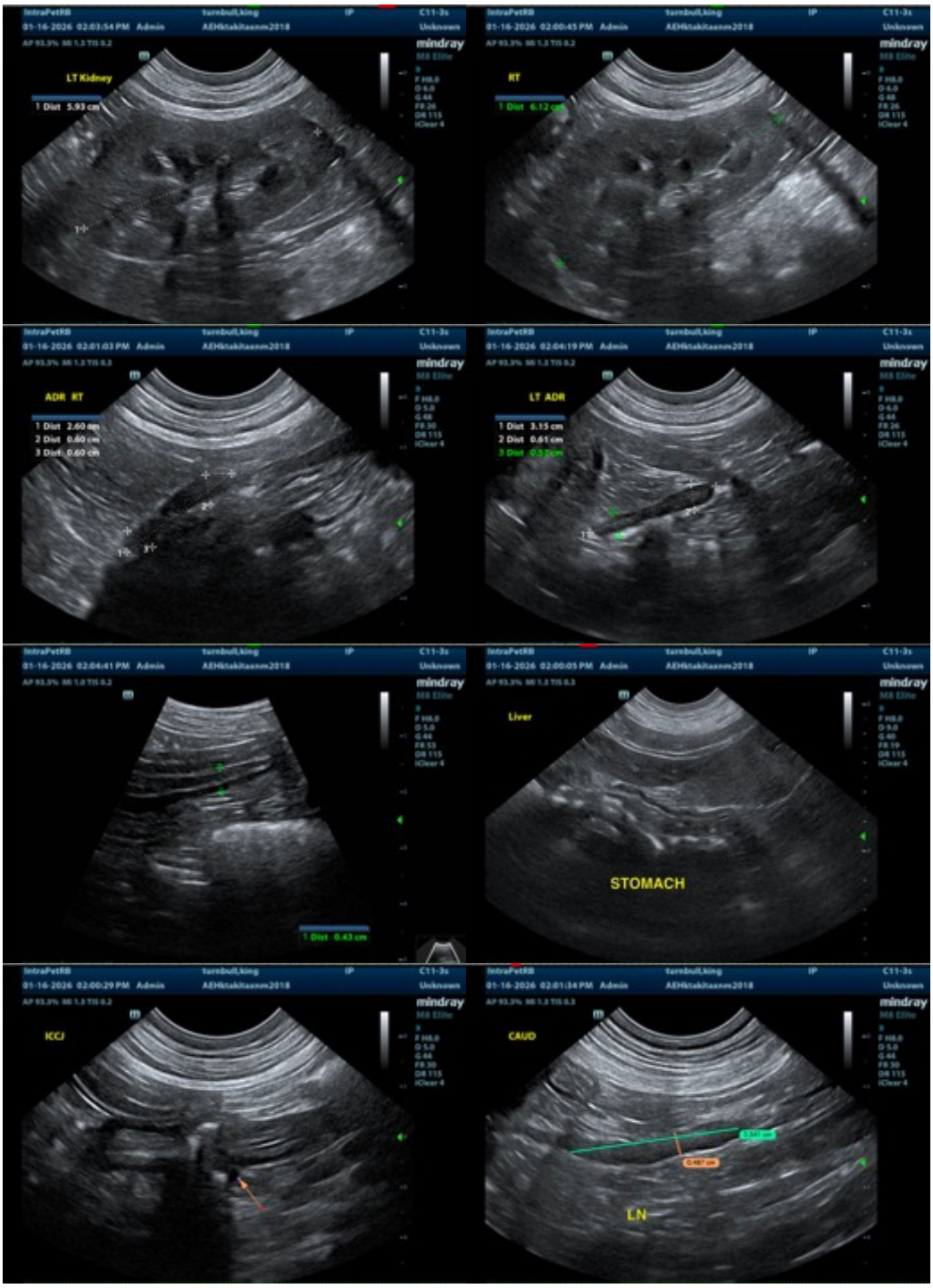
- Enteritis pattern visualized associated with the small intestine.
- Mildly thickened distal colon wall with intact wall layering. Findings are most consistent with colitis.
- Suspect reactive lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears somewhat “ropey” in appearance and some sections have mild fluid and gas distension. No definitive focal lesions are visualized and diffuse gastroenteritis is suspected. Recommend aggressive treatment for hemorrhagic gastroenterocolitis (rehydration, antiemetics, gastroprotectants, etc.) If symptoms are persistent despite appropriate treatment, consider repeat imaging (radiographs +/- ultrasound) looking for the development of new findings/new lesions. Additionally, consider the following:

- If not already done, recommend screening for GI parasites, and empirical deworming.
- Consider infectious diarrhea panel.
- If clinically appropriate, consider a baseline cortisol to rule out Addison’s.





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)
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