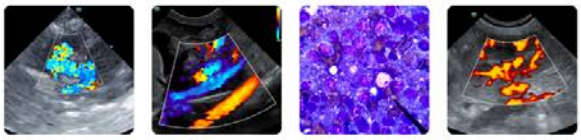


DATE

1/23/26

PATIENT

Vinnie Nunn

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

6/24/21

WEIGHT

14 lbs

INTERPRETED BY

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

HOSPITAL NAME

Hickory Veterinary Hospital

REFERRING VET

Dr. McNesby

INVOICE

72416

PRESENTING CLINICAL SIGNS

Patient History: Patient presented to ER on January 15, 2026 for vomiting of approximately 2 days duration. Owner was giving high fat treats prior to vomiting. Seen at Er - rads showed gastric dilation, unable to clearly view duodenum. Concern for possible mass located with scant peritoneal effusion located between stomach and spleen on POCUS at ER. Treated with Cerenia 8 mg 24 hours (last dose on January 19), Gabapentin 100 mg (last dose January 21).

Current Medications: Cerenia 8 mg Q24 hours last dose 1/19/26, Gabapentin 100mg Q12 hours, last dose 1/20/26 – Owner currently feeding bland diet.
Labwork Results: Labwork not attached, reported as: Labwork (wellness labwork performed 12/26/25 - sent to intrapetstaff@gmail.com. Labwork performed at ER on January 15, 2026: Full CBC/Chem/U/A, Lactate, all values WNL except: lactate increased at 4.82mmol/L (0.5-2.5 mmol/L reference range). HCT 49.5% USG 1.022 +1 protein in urine no casts, no crystals.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
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 (0.95 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 (4.29 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 (4.49 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 0.52 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 0.70 cm at the cranial pole and 0.54 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 (1.4 cm), echotexture is homogenous, and the splenic capsule is smooth with no 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 distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.44 cm. Jejunum wall measures 0.28 cm. Visualized peristalsis appears appropriate. The proximal duodenum is mildly fluid distended, and there are loops of small bowel in the caudal abdomen with segmental mild fluid and gas distention, most consistent with an enteritis type pattern.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas
The right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

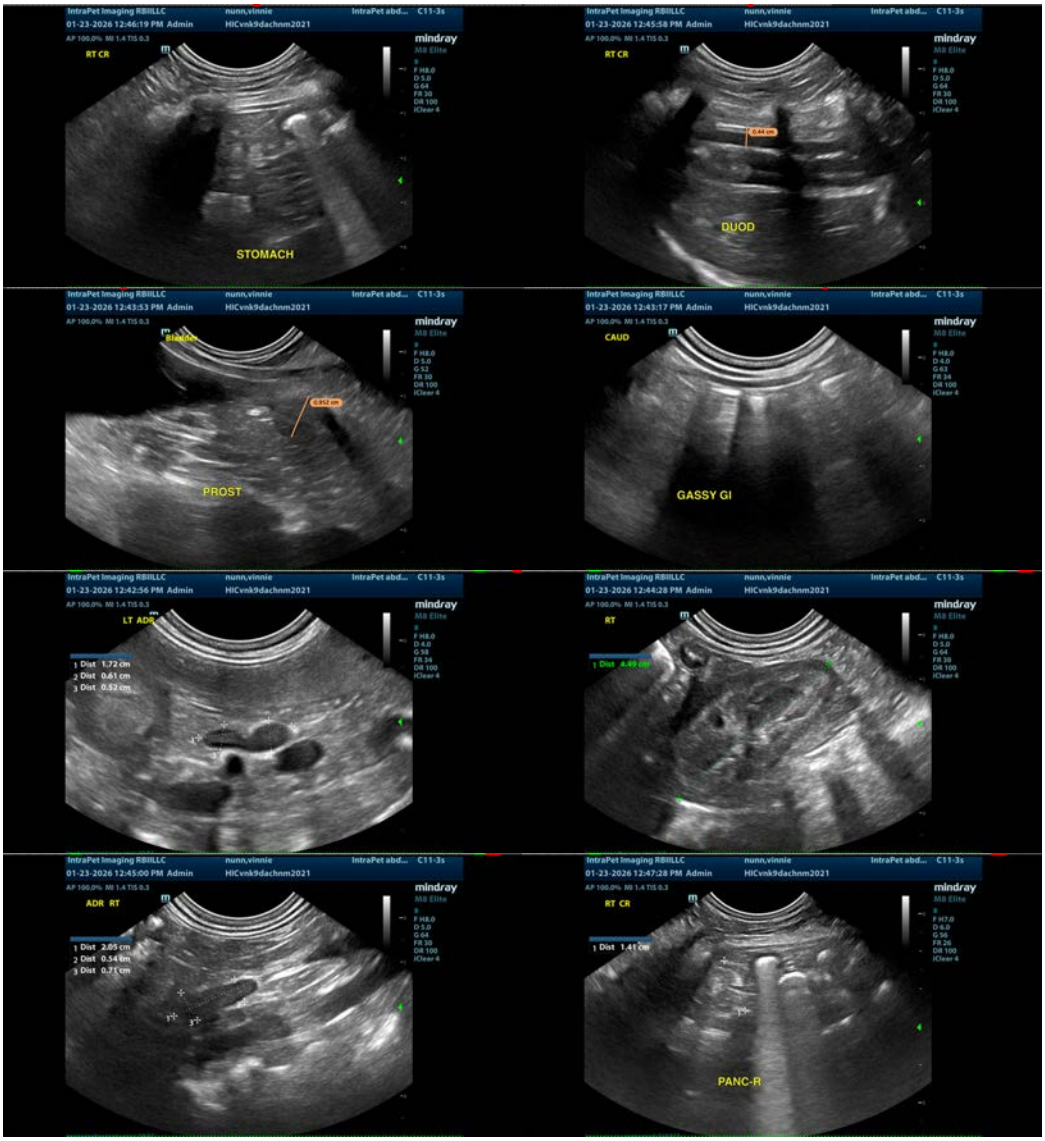
- Prominent, mottled right limb of the pancreas – Findings are most consistent with pancreatic remodeling +/- mild pancreatitis.

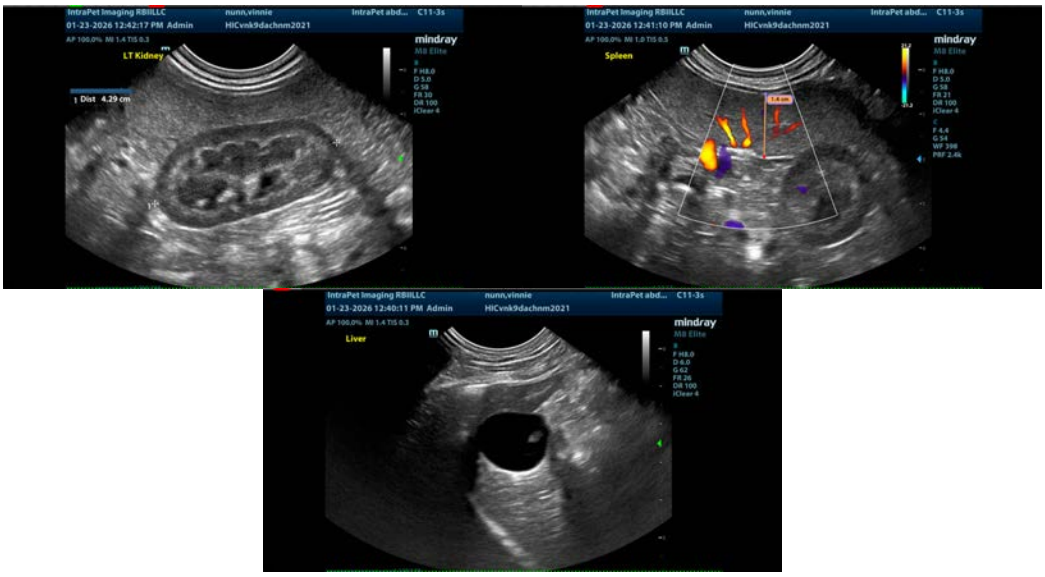
- Enteritis type pattern visualized associated with the small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the vomiting reported. Some sections of small intestine have mild fluid distention or mild gas distention. Gas distention interferes with visualization of some areas of the GI tract. Findings are most suggestive of a generalized enteritis type pattern. Recommend

treatment for non-specific gastroenteritis. If PLI level is elevated, consider concurrent treatment for pancreatitis. If symptoms are persistent and there is no biochemical cause for the vomiting, you could consider repeat imaging in the future (radiographs +/- ultrasound), looking for the development of an obstructive pattern or changes that could indicate a more significant issue.





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.

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