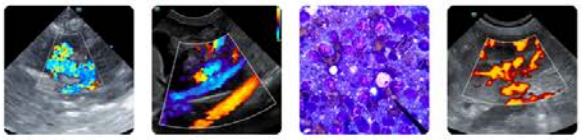


DATE

1/29/26

PATIENT

Zeke Giliam

SPECIES

Canine

BREED

Chow Chow

SEX

Neutered Male

AGE

12/25/10

WEIGHT

45.9 lbs

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Seeberger

INVOICE

72583

PRESENTING CLINICAL SIGNS

Patient History: Presenting Complaint: vomiting blood starting today with pieces of tissue in it.

Current Medications: Protonix, Ondansetron, Cerenia, Buprenorphine, Sucralfate.
Labwork Results: Labwork not attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Propofol.
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 (0.80 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 (5.7 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (4.57 cm) with mild pyelectasia at 0.30 cm. There is a complex cystic visualized in the cortex measuring 1.13 cm in diameter. Overall echogenicity is slightly hyperechoic with poor 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is large and irregular in appearance, measuring 1.02 cm at the cranial pole and 1.35 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that the caudal pole is isoechoic and rounded, with the shape most consistent with a nodule measuring 1.35 cm x 1.36 cm. No evidence of vascular invasion is visualized.

The right adrenal gland is normal in size measuring 0.88 cm at the cranial pole and 0.69 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 surgically absent.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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 mild gas/fluid. It measures at a normal thickness of 0.30 cm 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. The pylorus appears somewhat prominent and thickened, measuring at 0.52 cm, with intact wall layering.

Most of 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. Duodenum wall measures 0.45 cm. Jejunum wall measures 0.36 cm. Visualized peristalsis appears appropriate. There is a section of small intestine visualized in the mid abdomen, which exhibits focal wall thickening and reduced detail of wall layering. This section of bowel measures at 0.61 cm.

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 left 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.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

PRIMARY FINDINGS

- Large left adrenal gland with a questionable isoechoic nodule in the caudal pole – Findings could be consistent with hyperplasia or an early adenoma. A neoplastic lesion is thought less likely but cannot be ruled out.
- Mildly thickened pylorus with intact wall layering – Findings could be consistent with image artifact or mild inflammation. Neoplastic change seems less likely.
- Focal section of small intestine with focal wall thickening and loss of layering – Findings are concerning for infiltrative disease, although severe inflammation cannot be ruled out.

SECONDARY FINDINGS

- Age related changes visualized associated with both kidneys.

- Surgically absent spleen.
- Pancreatic changes most consistent with pancreatic remodeling.
- Heterogeneous liver – The appearance is mild, and the significance is uncertain given the lack of liver enzyme elevations reported.

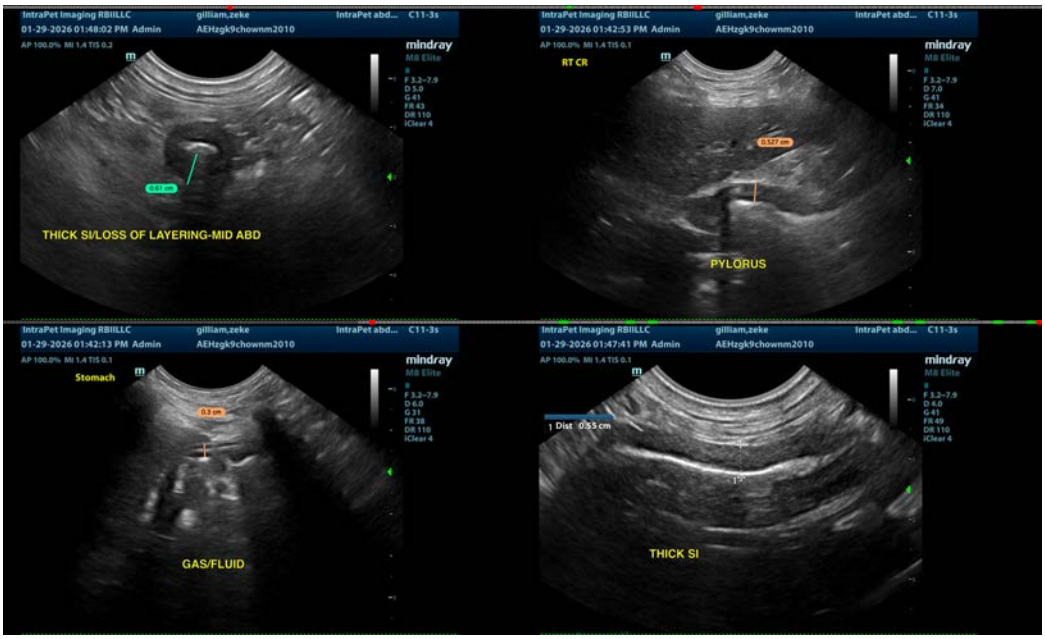
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

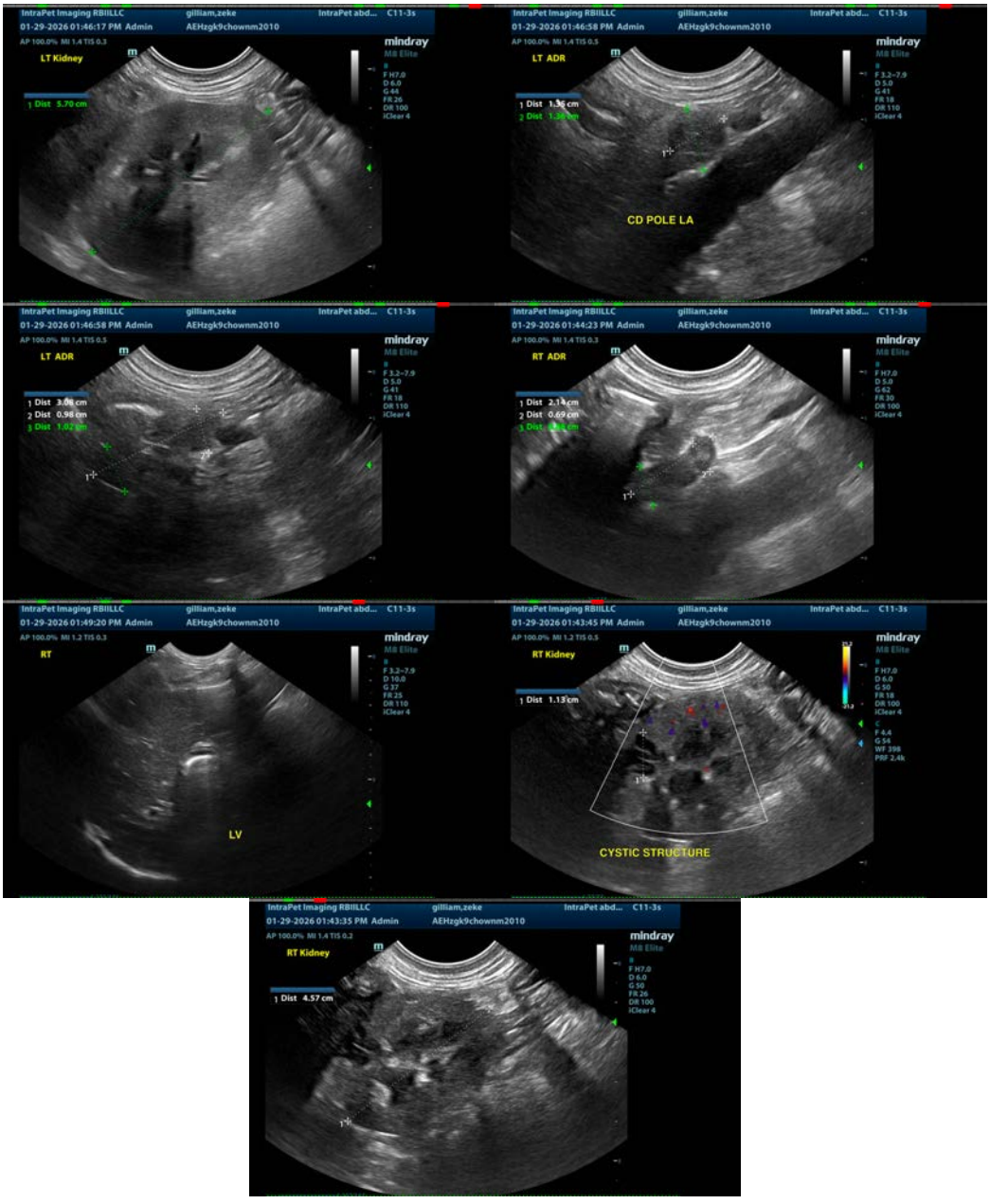
No focal lesions are visualized associated with the stomach to explain the hematemesis reported. There is some gas and a small amount of fluid visualized in the stomach interfering with full evaluation. A small area of ulceration or a small mass effect cannot be definitively ruled out. The pylorus appeared somewhat thickened with intact wall layering.

There is a section of small intestine that appeared focally thickened with reduced detail of wall layering. Typically, I would suspect that this would cause melena, but the appearance is concerning. Options could include the possibility of a fine needle aspirate (although no mass effect is visualized, so technically this may be challenging), surgical biopsies, or consider reevaluation in 4-6 weeks to see if this can be persistently identified.

Consider non-specific treatment for gastroenteritis and gastric ulceration with possible treatment for helicobacter in the meantime.

The left adrenal is large, particularly with a rounded nodule-like appearance to the caudal pole. If signs of Cushing's are present, you could consider adrenal function testing. Otherwise, consider repeat evaluation in 2-3 months, looking for any progression/change. Additionally, you could consider a blood pressure. If hypertension is present consider measuring catecholamine levels, looking for a small pheochromocytoma.

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CYSTIC STRUCTURE
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RT Kidney
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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)
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