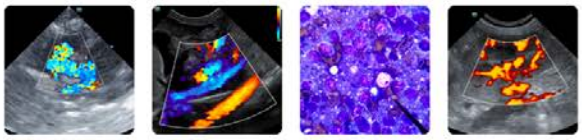


PATIENT

Blue Wells

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

Neutered Male

AGE

1.5 Years

WEIGHT

23.95 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Roundhill Animal Hospital

REFERRING VET

Dr. Carl Kelly

INVOICE

72617

DATE

1/30/26

PRESENTING CLINICAL SIGNS

Intermittent diarrhea since adopted at 4 months old (about 1.5 years now). Moderately underweight. Currently has normal feces but majority may be soft with occasional diarrhea. Never has blood in feces. Current diet of ground beef and rice seems to provide better feces. Emesis not a factor but increased "gagging" is a concern.

Diarrhea Real PCR and a TLI/b-12/folate to Idexx attached. Recent bloodwork and allergy test from December 2025 show basically NAF.

Abnormal PE/Chem/CBC/UA Results: LABS attached under "Blue Mills"

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 (0.98 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 (6.8 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 (7.37 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.

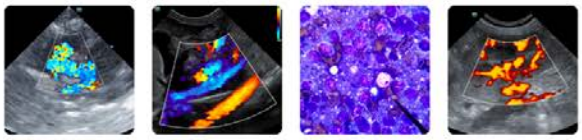
Adrenal Glands

The left adrenal gland is normal in size measuring 0.54 cm at the cranial pole and 0.56 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 0.46 cm at the cranial pole and 0.49 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 (2.86 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.



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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.

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 0.37 cm. Jejunum wall measures 0.31 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. There is no observed focal or generalized colon wall thickening or loss of layering. The descending colon wall measures 0.18 cm with intact wall layering.

Pancreas

The right limb of the pancreas is prominent and hypoechoic as 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. There is a mild diffuse mesenteric lymphadenopathy with examples measuring 0.58 cm x 1.48 cm and 0.49 cm x 1.48 cm. Iliac lymph nodes are prominent, the left measures 0.46 cm x 1.66 cm. The omentum is generally normal in echogenicity/slightly hyperechoic around the prominent lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Prominent, hypoechoic right limb of the pancreas – Findings are most consistent with mild pancreatic remodeling or mild chronic pancreatitis.
- Prominent mesenteric and iliac lymph nodes – Findings are most consistent with reactive lymph nodes, although early neoplastic or infectious lymph nodes cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the diarrhea reported. This does not exclude the possibility of a primary enteropathy. Not all causes for diarrhea can be diagnosed by ultrasound alone. Consider the following (if not already done):

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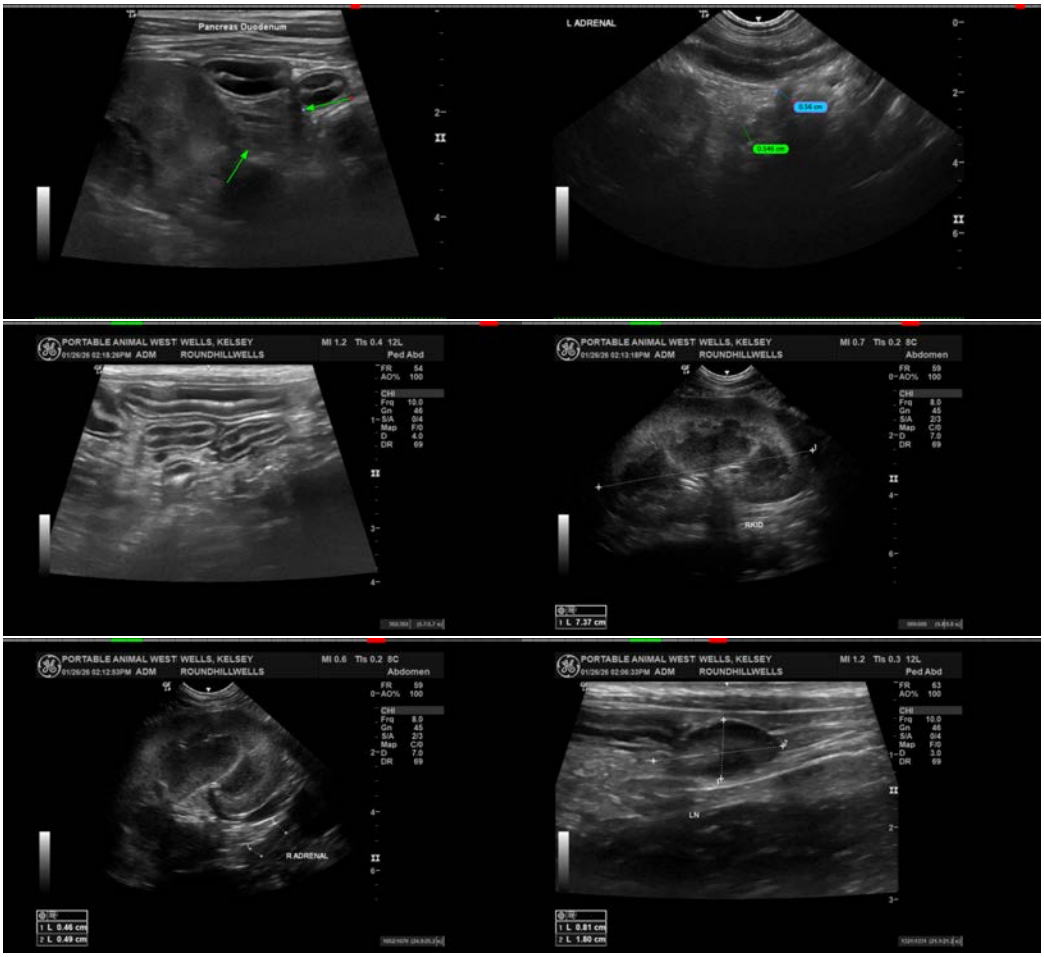
- Consider a combination hydrolyzed protein/ultra low-fat prescription diet (Royal Canin has this combination).
- If not already done, recommend a baseline cortisol to screen for atypical Addison's.
- Recommend chronic probiotic therapy.
- If dysbiosis or similar is strongly suspected, you could consider a fecal transplant.

Based on the nearly lifelong symptoms, IBD seems less likely, as does intestinal neoplasia. You could consider a consultation with a veterinary nutritionist (this is offered for a fee from several universities, I've previously used the University of Tennessee) to see if they have suggestions regarding a homemade novel protein diet that could be of benefit.



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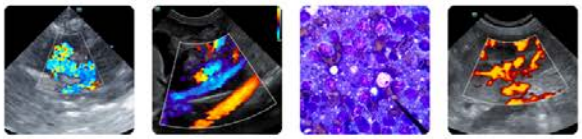

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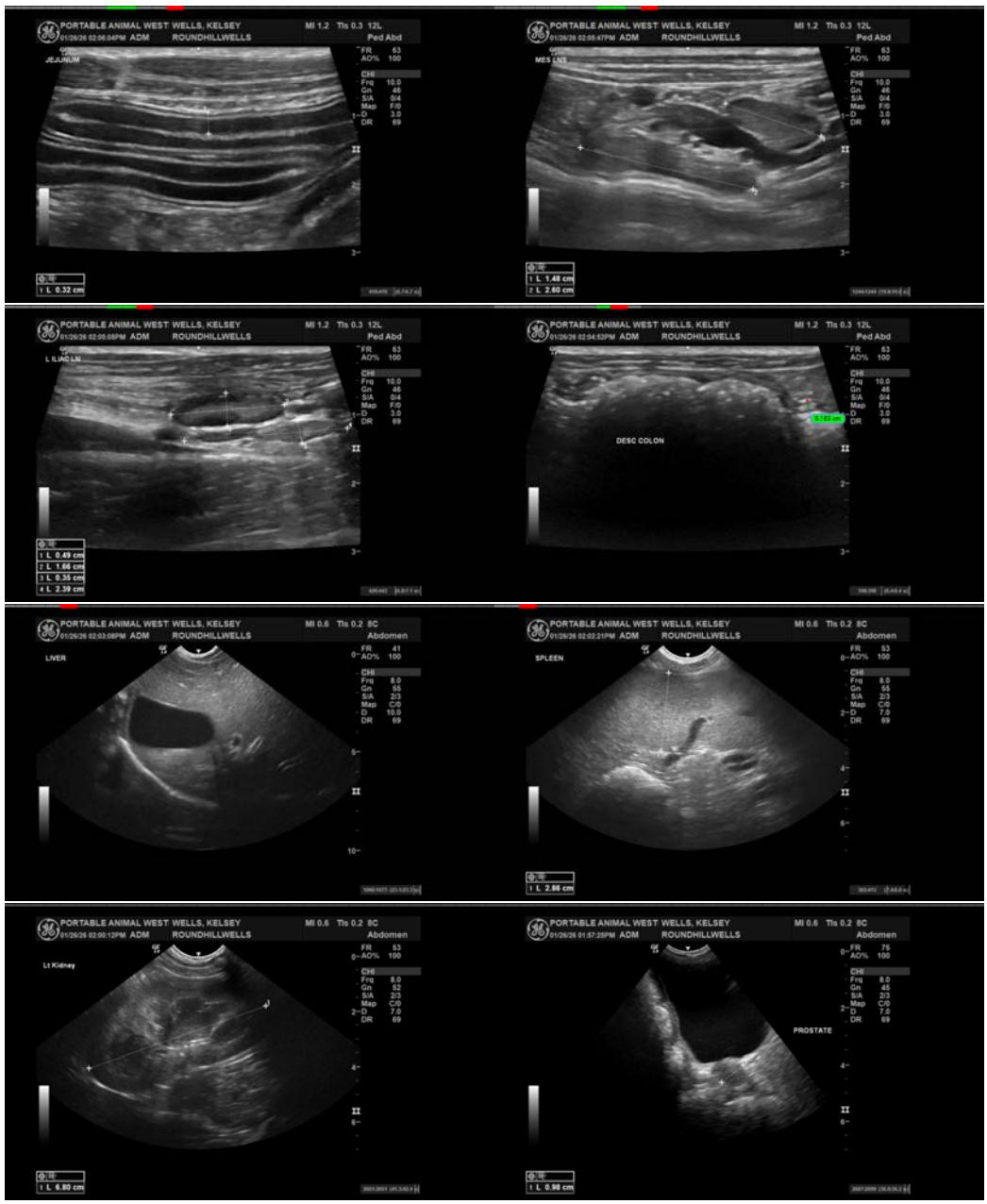

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com