PATIENT

Rebel Incopero

SPECIES

Canine

BREED

German Shepherd

SEX

Intact Male

AGE

6 years

WEIGHT

38 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Alpine Animal Hospital

REFERRING VET

Dr. Rachel Zsumel

INVOICE

11063

DATE

1/7/2026

PRESENTING CLINICAL SIGNS

2-3 year hx of diarrhea as well as perianal fistulas. Treated at previous vet with diets (Blue Vet diets GI and HF tried), prednisone 20mg BID then tapered, cefpodoxime (at same time as pred), metronidazole, ketoconazole, cyclosporine, diphenoxylate. Per O none of the above resolved the fistulas or the diarrhea. Had been intermittent flares but now is fairly consistent diarrhea. GI panel done in September - low cobalamin. Started supplementation. Fecal O+P Neg Propectalin and Tylan started September as well due to extreme uncontrollable diarrhea. Improved initially but no longer seem to be helping. MEDS_ Cyclosporine 100mg SID; Topical Tacrolimus SID; B12 1000mg SID. Just finished tylan and propectalin. O gave immodium AD tablet 1 week ago once - no change.

Abnormal PE/Chem/CBC/UA Results: RS: 09-10-25 at 7:52a: Chem Glob 3.9, all else normal. CBC WBC 20k, Neut 16k, Mono 1.2k T4 1.3 UA pending collection TLI and CPL normal Cobalamin low normal - 269. Rec supplementation Folate normal. Fecal O+P with giardia ELISA neg LABS also attached.

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 or masses. In the dependent portion of the urinary bladder there's very small mineralization/calculi visualized measuring 0.2 cm.

The prostate is large, hyperechoic and mottled measuring 2.91 cm in height in the sagittal view.

The left kidney has a normal shape and size (7.96 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 (8,7 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.

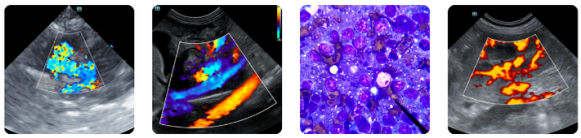
Adrenal Glands

The left adrenal gland is normal in size measuring 0.66 cm at the cranial pole and 0.65 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 0.97 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 (2.82 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. On some views on the splenic vein, or branch of the splenic vein there is a hyperechoic shadowing material, possibly consistent with a mineralized



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thrombus measuring 1.12 cm x 0.38 cm. Intravascular blood flow appears reduced in this region but the parenchyma appears normal.

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. The duodenum measured as normal (0.44 cm in wall thickness) and the jejunum measured as normal (0.35 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 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 evidence of a significant diffuse lymphadenopathy. A prominent jejunal lymph node is visualized measuring 0.71 cm. The omentum is of normal uniform echogenicity.

Other

Both testicles are visualized and appear within normal limits.

ULTRASONOGRAPHIC FINDINGS

- Small dependent mineralization/stone visualized in the urinary bladder. Recommend urinalysis +/- culture.
- Large, hyperechoic, mottled prostate. Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.

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- Focal shadowing mineralization and reduced intravascular blood flow visualized associated with the splenic vein/branch of the splenic vein. Findings are most consistent with a mineralized thrombus. No evidence of splenic infarction is visualized.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant lesions are visualized associated with the GI tract to explain the chronic diarrhea reported. Unfortunately, you can still have a significant enteropathy despite normal relative appearance particularly when currently on steroid therapy. Based on the low B12 levels reported and the clinical symptoms reported, significant gastrointestinal disease is suspected.

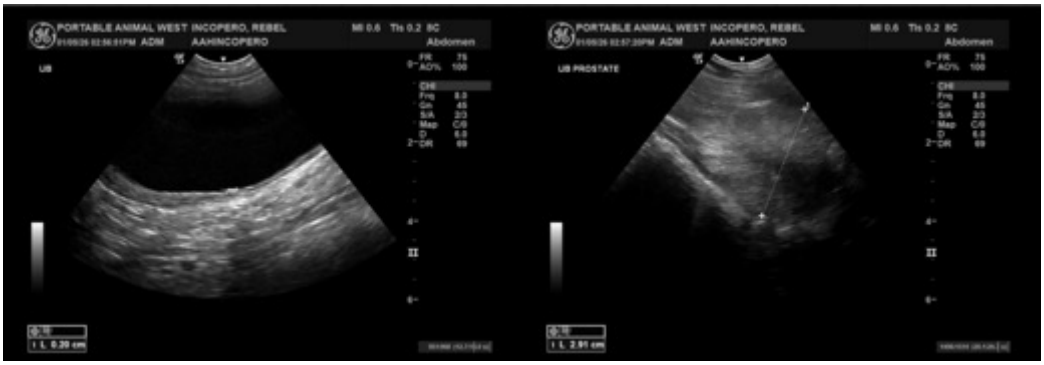
This patient has a chronic history with multiple previous therapies, immunosuppression, etc. Ideally, referral to a veterinary internalist and specialist would be helpful as this is a complicated case which will likely require lifelong therapy.

There is focal shadowing material visualized within the splenic vein (or branch of the splenic vein.) On some views, blood flow appears reduced in the region but blood flow to the splenic parenchyma appears normal. This could be consistent with an old infarct given the history of chronic inflammatory disease, steroid therapy, etc., this patient could be hypercoagulable. I'm not convinced any therapy is indicated at this time, but close monitoring is warranted.

The prostate is large and hyperechoic as would be typical for an intact male. Recommend a urinalysis and culture given the immunosuppression and the small stone visualized.

Consideration/avenues of potential therapy could include therapeutic blood monitoring of cyclosporin levels, topical immunosuppressants, reduction in drug doses incase some symptoms are drug related, dysbiosis, alternate therapies, etc.

The right adrenal appears somewhat large despite steroid therapy. This should be monitored but it appears normal shape at this time.



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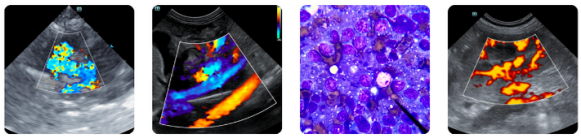

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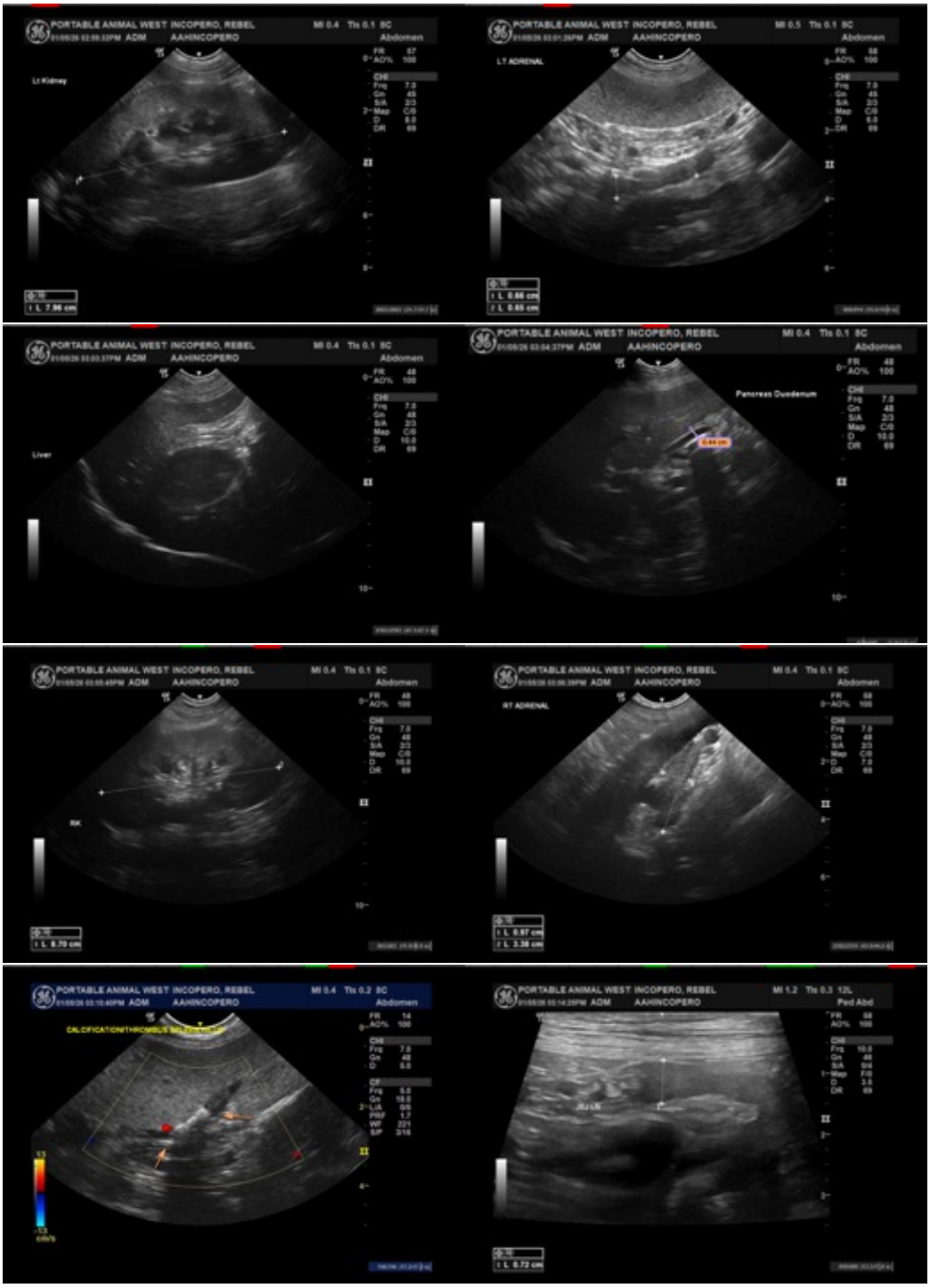

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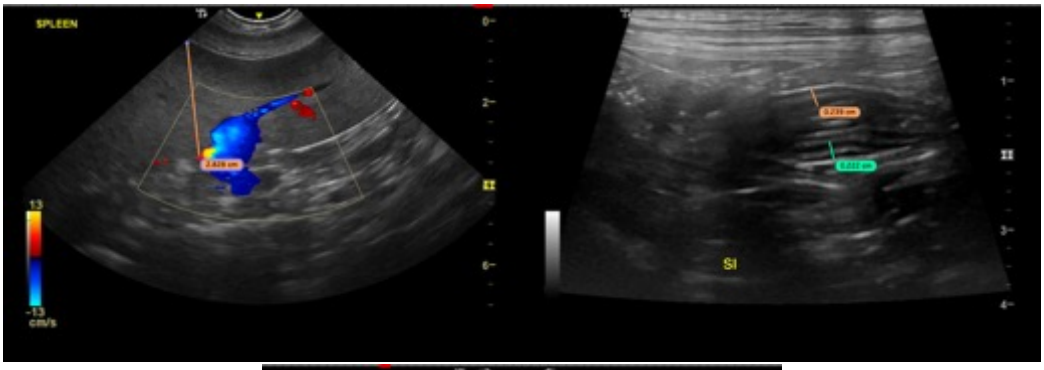

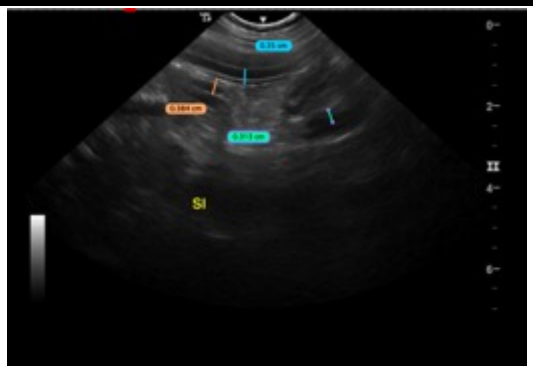

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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