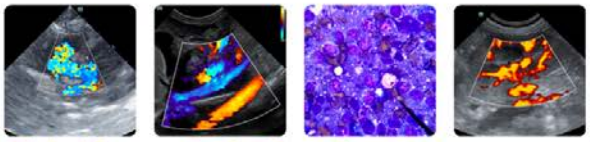


PATIENT

Kiku Grauer

SPECIES

Canine

BREED

Shiba Inu

SEX

Spayed Female

AGE

12 Years 11 Months

WEIGHT

9.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti,VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Blue Pearl Wyomissing

INVOICE

71724

DATE

11/12/25

PRESENTING CLINICAL SIGNS

AUS to further evaluate Chronic diarrhea, inappetence, weight loss, intermittent vomiting for past month. Initially seen by rDVM and BW was reported unremarkable, radiographs reported hepatomegaly, fecal -neg. Started on Entyce (will eat after receiving), Prednisone and Probiotic. O has not seen much improvement. Presented to the ER on 11/10/25 for continued signs as described. PMH: Anxiety and Allergies. Diet: Taste of the Wild. Meds: Trazadone prn, Prednisone 5 mg po EOD now, probiotic, entyce O gave Acepromazine 25 mg - 1/2 tab PO prior to arrival.

Abnormal PE/Chem/CBC/UA Results: ER Diagnostics: - Keyscreen fecal: Pending pDVM Diagnostics: - CBC: Hct 60.5 % H, RBC 10.5 H, Hgb 19.6-n, MCV 57.5 L, MCH 18.6 L, MCHC 32.4-n, RDW 22.3 H, Retic 134.7 H, Retic-Hgb 21.0 L, nRBC suspected, Mild leukocytosis (WBC 19.63 H), mild lymphocytosis (Lymph 5.51 H 1.05-5.1), Mono 1.13 H (0.16-1.12); Plts 411-n, PCT 0.51 % H (0.14-0.46) - Chem: SDMA 15 H, Cr 1.7-n, BUN 13, Phos 2.4 L, Ca 9.0-n, ALb 2.7-n, Glob 3.2-n, normal LES, - TT4: 2.2-n

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 left kidney has a normal shape and size (4.0 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 (4.17 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.

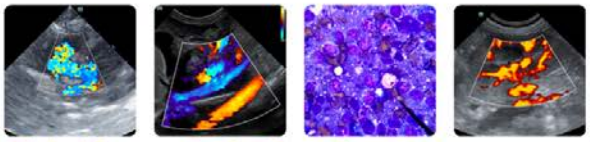
Adrenal Glands

The left adrenal gland is borderline large, measuring 0.52 cm at the cranial pole and 0.70 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is somewhat abnormal in appearance in that there is a poorly defined hyperechoic region in the mid portion of the adrenal, which does not distort the shape of the adrenal, measuring 0.30 cm x 1.13 cm. No evidence of vascular invasion is visualized.

The right adrenal gland is large, measuring 0.50 cm at the cranial pole and 0.77 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 (1.38 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 large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a small complex cyst visualized in the parenchyma measuring 1.27 cm x 0.97 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild/moderate fluid/shadowing ingesta. 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.49 cm. Jejunum wall measures 0.46 cm. There is rare mucosal speckling visualized. 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 mildly mottled in both limbs. 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 appears mildly hyperechoic in the mid abdominal region.

ULTRASONOGRAPHIC FINDINGS

- Mild bilateral adrenomegaly with a hyperechoic area in the mid region of the left adrenal gland – This has the appearance most consistent with a benign lesion (focal fibrosis, adenoma, other). An early neoplastic lesion cannot be ruled out. The bilateral enlargement could be consistent with mild hyperplasia.
- Age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with chronic pancreatic remodeling. Mild chronic pancreatitis cannot be ruled out.
- Large, mildly heterogeneous liver – Findings could be consistent with current steroid therapy. Correlate with current lab work.

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- Mildly diffusely thickened small intestine with mild mucosal speckling – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Small cystic lesion in the liver – Findings are most consistent with a benign hepatic cyst. Recommend continued monitoring.

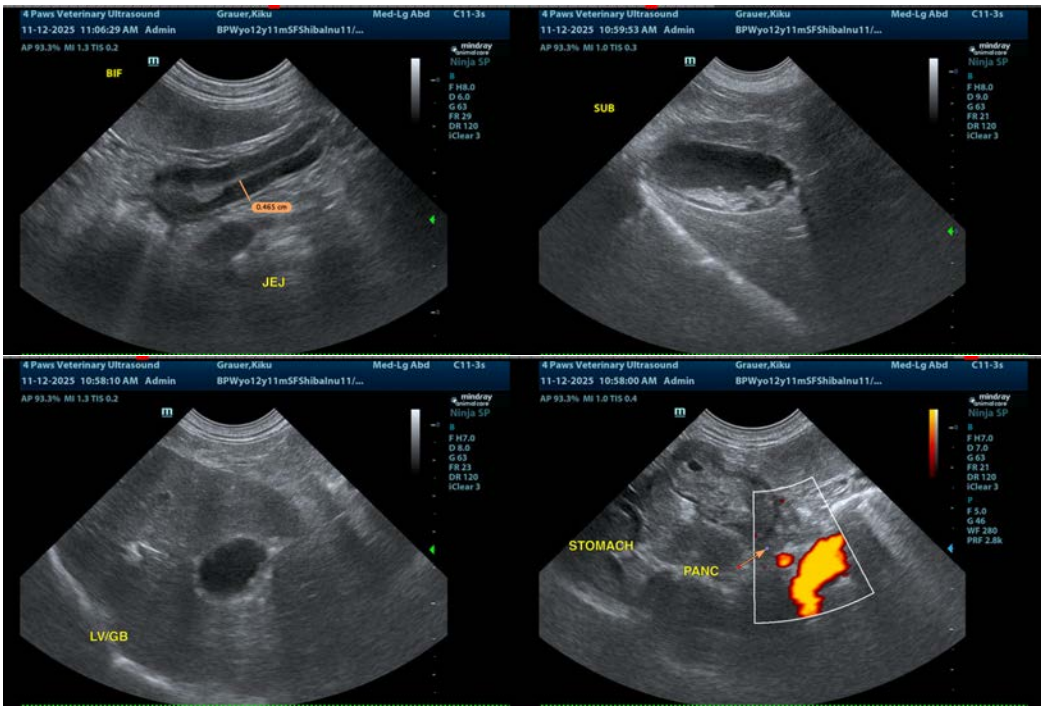
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine subjectively appears thickened, and there is some mild mucosal speckling rarely observed. These changes are very mild, but given the chronic gastrointestinal symptoms reported, an underlying enteropathy is possible. Additionally, steroid therapy may be reducing the appearance of potential lesions. Consider the following:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

If symptoms are persistent despite taking these measures and there is no metabolic reason for these symptoms, then consider obtaining GI biopsies (ideally done off steroids once weaned).

Both adrenals are “plump”. The significance of this is uncertain. There is a small hyperechoic region in the left adrenal gland that should be monitored (recheck in 2-3 months).



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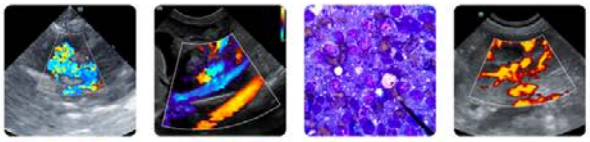

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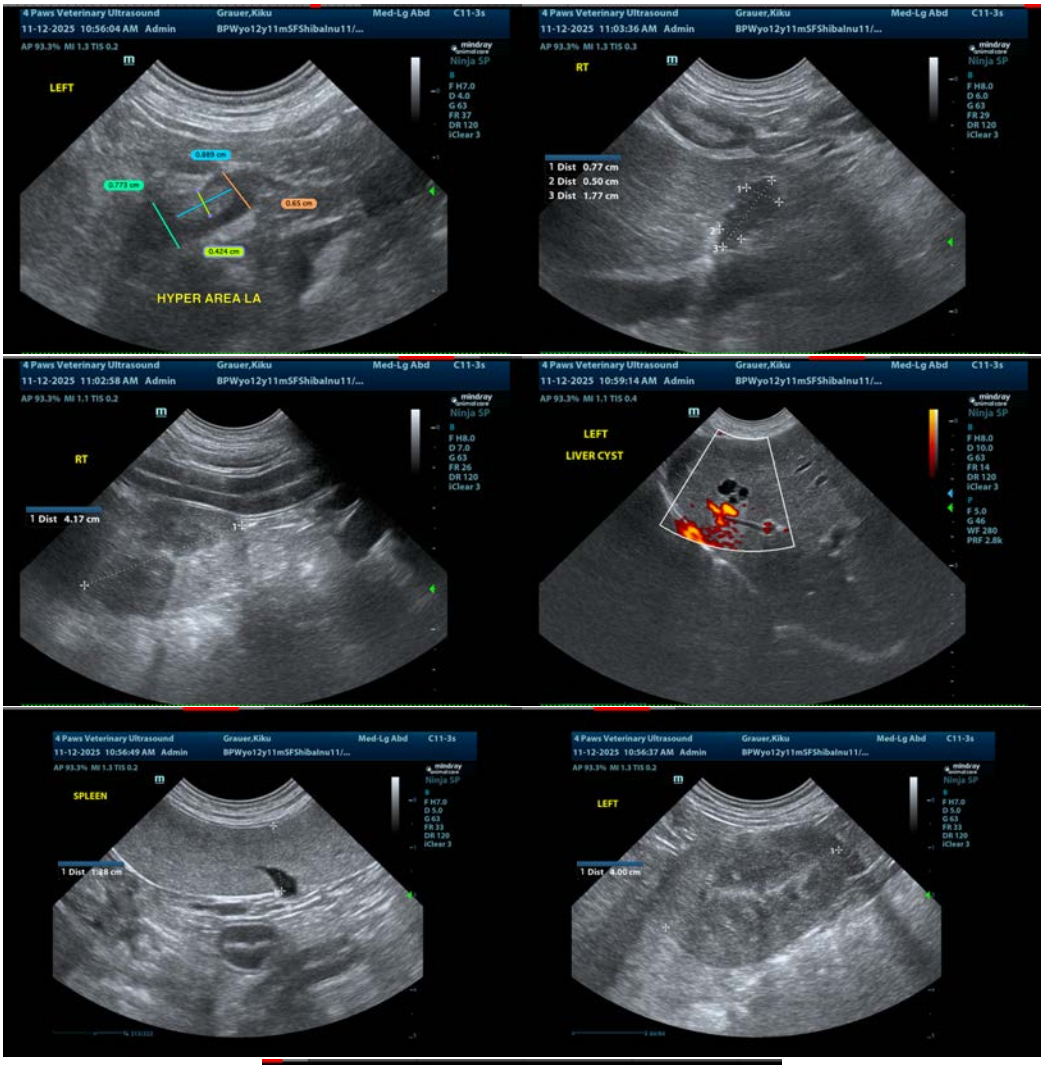

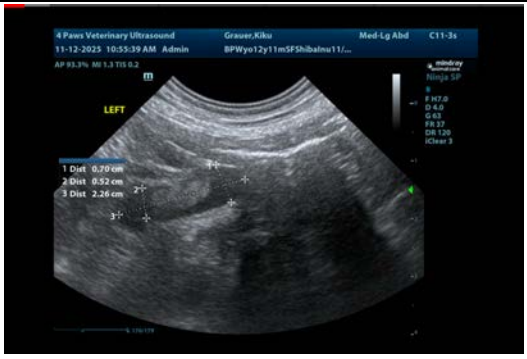

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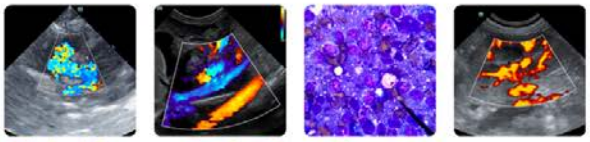

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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