PATIENT

PennyLane Normington

SPECIES

Canine

BREED

Mini Schnauzer

SEX

FS

AGE

10 years

WEIGHT

4.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Incline Veterinary Hospital

REFERRING VET

Dr. Sovik, Kateryna

INVOICE

10766

DATE

11/18/2025

PRESENTING CLINICAL SIGNS

Pt had abdominal ultrasound preformed with UC Davis June 21, 2023. Rechecking AUS due to unmanaged IBD vs. lymphoma symptoms - diarrhea, vomiting and weight loss despite hydrolyzed protein diet. Hx of HM, HM 6/6 auscultated 11/3/2025, no previous echo preformed. Pt had fainting episode, approx. 1 min before pt was responsive and behaving normally again. Grade 6/6 heart murmur auscultated. Working diagnosis Chronic enteropathy/IBD - historical finding, confirmed on ultrasound Dec 2024 showing large intestine involvement VS GI neoplasia - Significant weight loss/cachexia - r/o progression of IBD, malabsorption/maldigestion, cardiac cachexia, underlying neoplasia, others - Grade 6/6 heart murmur - r/o advanced mitral valve disease, other structural cardiac disease, CHF, others - Syncope - r/o cardiogenic cause, neurologic event, vasovagal response, others.

Abnormal PE/Chem/CBC/UA Results: 11/17/2025: CBC- RBC: 5.0 (reference: 5.65-8.87), Mono 1.30 (0.16 - 1.12K/µL). CHEM- ALT 252 (previously 168), ALP >2000 (reference 23–200) Urinalysis confirms UTI with bacteriuria (rods), pyuria, and hematuria (2+ RBCs) Blood Pressure- 103/84 (97), 153/95 (123), 146/103 (123) Medication -include dosage & frequency B12, prednisone 5mg 1/2-1T SID, (Atopica) Cyclosporine 50mg SID, Tylosin 50mg SID.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with urine and a large amount of suspended echogenic debris. In the dependent portion of the urinary bladder and along the wall, there is pinpoint mineralizations most consistent with sandy debris. In the region of the trigone, ureteral papillae and visible urethra no focal mass lesions are observed. The bladder wall is prominent but not overtly thickened.

The left kidney has a normal shape and size (3.78 cm). 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 are numerous medullary mineralizations and occasional pinpoint cortical mineralizations most consistent with dystrophic mineralization. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.23 cm). 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 are numerous medullary mineralizations and occasional pinpoint cortical mineralizations most consistent with dystrophic mineralization. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 cm at the cranial pole and 0.57 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 0.47 cm at the cranial pole and 0.39 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.

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Spleen

The spleen is subjectively normal in size (1.31 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal.

Liver

The liver is subjectively large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in 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. There is a moderate amount of non-organized echogenic debris. Some of the debris visualized appears mildly mineralized, most consistent with mineralized debris/sandy debris. 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 pylorus appears prominent and mildly thickened measuring at 0.8 cm, with intact wall layering.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased (Duodenum measures 0.38 cm, and the jejunum measures 0.39 cm). Bowel loops follow a typical curvilinear path. Visualized peristalsis appears appropriate. The mucosal layer of the duodenum appears very prominent and hyperechoic.

The ileocecal junction was visualized. The cecum appears very prominent with a thickened, hypoechoic wall measuring at 0.28 cm. Sections of colon are visualized with non-formed/liquid fecal material and gas shadowing distally. The descending colon wall appears thickened, with intact wall layering and a prominent mucosal layer, measuring up to 0.35 cm.

Pancreas

The pancreas is prominent and mottled, particularly in the right limb. 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 significant lympadenopathy. A prominent jejunal lymph node is visualized measuring 0.39 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mineralized dependent debris and suspended echogenic debris visualized in the urinary bladder. Recommend urinalysis and culture.
- Age related changes visualized associated with both kidneys, including medullary mineralizations.

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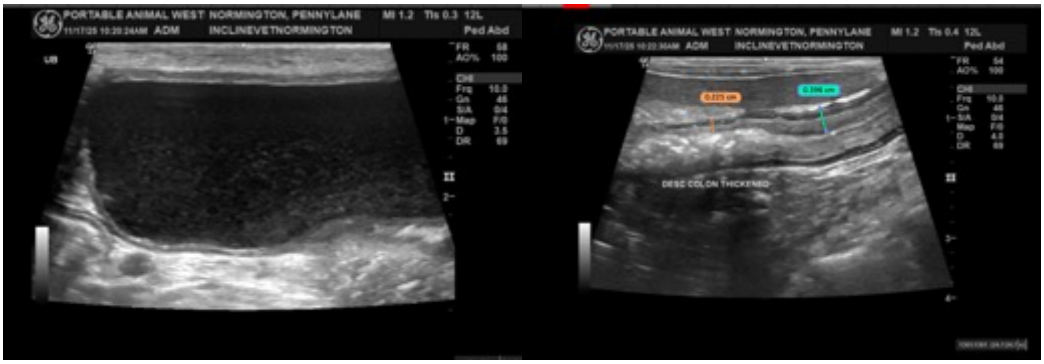
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Large, hyperechoic liver. The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy.
- Moderate gallbladder debris with some mineralization.
- Subjectively thickened pylorus. Findings could be consistent with imaging artifact, inflammation, edema, less likely neoplastic change.
- Moderate thickening of the duodenum and jejunum with some mucosal hypertrophy. The bowel wall thickening could be consistent with inflammation, edema, or infiltrative neoplasia.
- Moderate to severe thickening of the cecum and descending colon. Findings could be consistent with severe inflammatory or early neoplastic change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are similar to those previously described 6/2023. No overt mass lesions are visualized. Generally, wall layering is intact but some areas it is somewhat diminished making the likelihood of severe inflammatory or early neoplastic change likely. Strongly consider endoscopic biopsies (colonoscopy +/- upper GI endoscopy) to further evaluate and biopsy the colon and cecum.

Liver enzyme elevations could be in part due to steroid therapy. Recommend a culture to further evaluate the urinary tract infection diagnosed (particularly in light of immunosuppressant therapy.)



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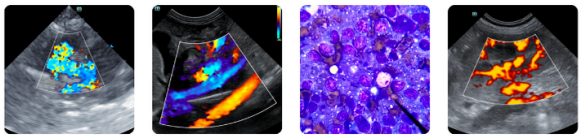

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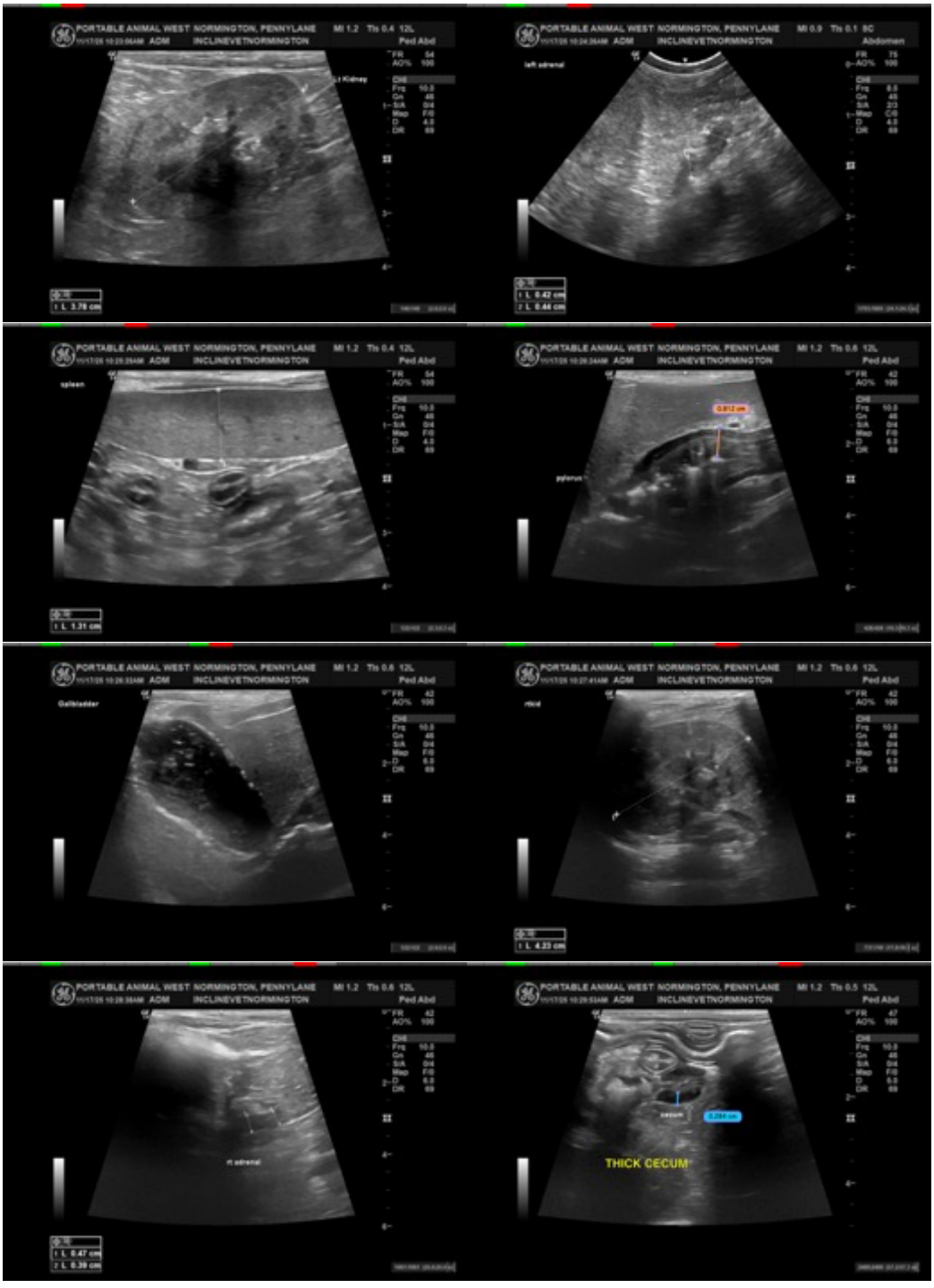

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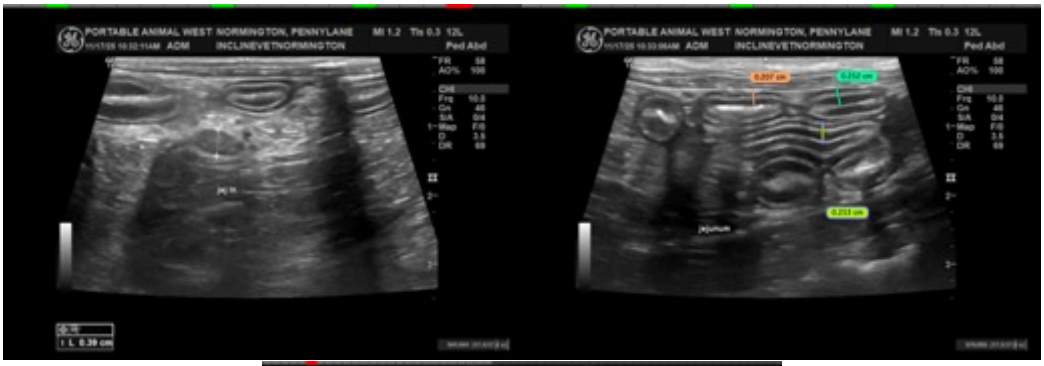

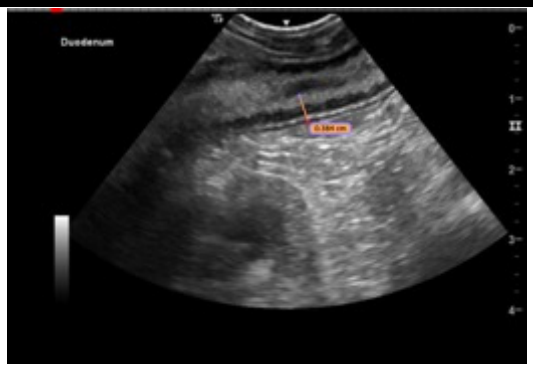

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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