



DATE PRESENTING CLINICAL SIGNS

11/18/25

Patient History: Rosie bolton presents for acute onset of abdominal pain, inappetence, and behavioral changes. Patient History: - Has been hiding under the bed and isolating herself for the past few days. - Acute behavioral change today: nipped and snapped at the client when they attempted to pick her up. - Inappetence started today. - No bowel movement observed today. - Client reports patient seems confused. - This morning, after drinking water, the patient coughed and appeared to retch, but no vomitus was produced. - The patient is currently at the client's son's house, which is an unfamiliar environment. - Client is concerned about possibly declining eyesight. - Diet: Described as a very picky eater. Eats solid food, including meat sticks and beef sticks from Chewy. Does not eat "regular" food. - No travel history; has never left home.

PATIENT

Rosie Bolton

SPECIES

Canine

BREED

Coton de Tulear

SEX

Intact Female

AGE

11/16/13

WEIGHT

13.2 lbs

INTERPRETED BY

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Medicine)

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Seeberger

INVOICE

71913

Current Medications: Entyce, Ondansetron, Buprenorphine, Gabapentin, Cerenia.
Labwork Results: Labwork attached. Xray Abdomen 2 View- Fluid in stomach, gas and fluid dilated small intestines, gas and stool in colon, concern for obstruction
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is significantly 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 (4.29 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 (4.53 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 normal in size measuring 0.65 cm at the cranial pole and 0.58 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 0.66 cm at the cranial pole and 0.57 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 (1.48 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.

Liver

The liver is borderline large in size, and normal in 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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. The gastric wall is somewhat prominent measuring at 0.73 cm with intact wall layering. 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 0.29 cm. Jejunum wall measures 0.22 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 right 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

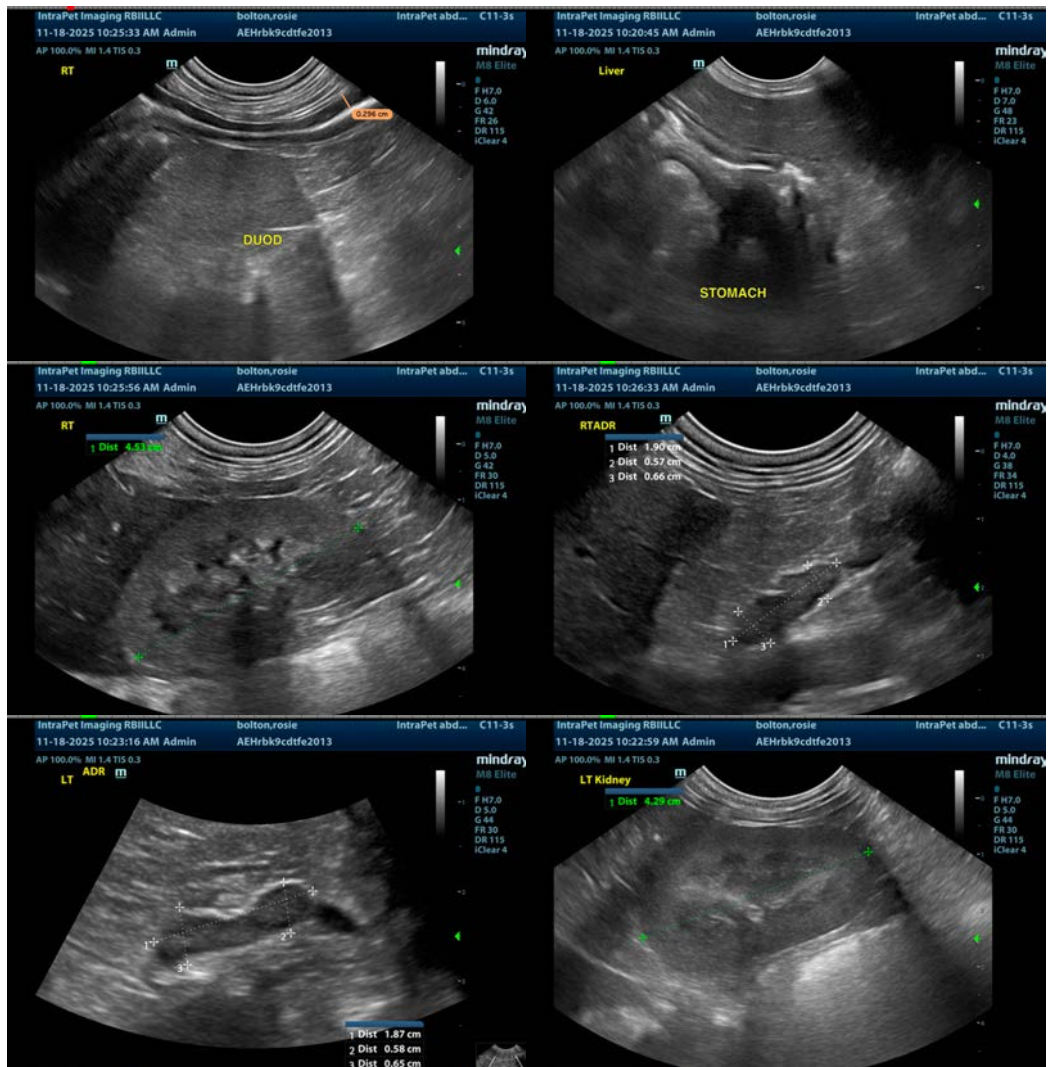
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

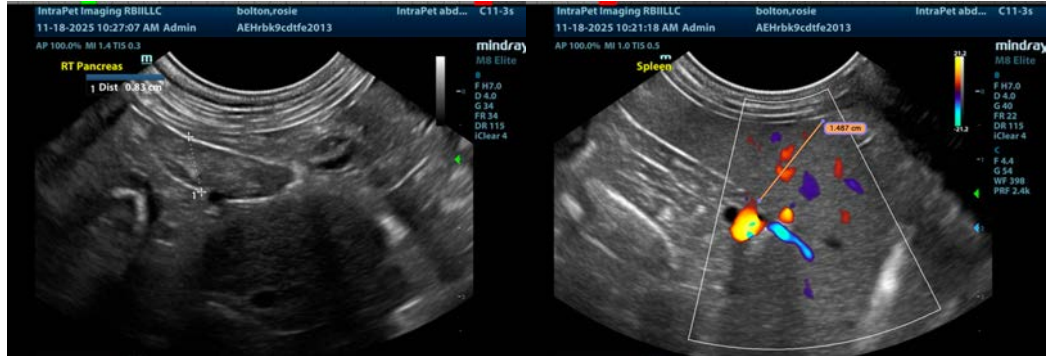
ULTRASONOGRAPHIC FINDINGS

- Large urinary bladder. No evidence of an obstruction is visualized. This is possibly consistent with a patient that will not urinate in the hospital? Recommend observing urination.
- Age related changes visualized associated with both kidneys.
- Prominent, mottled pancreas – Changes are most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. The pancreas is prominent and mottled in the right limb, most consistent with chronic remodeling, although mild active inflammation is possible. Correlate with a PLI level and consider empirical treatment for pancreatitis if clinically appropriate. No evidence of a focal bowel lesion was observed on today's exam. Recommend treatment for gastroenteritis/pancreatitis and close continued monitoring. If symptoms are persistent, consider reassessment and consider other potential sources of pain.





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.

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