PATIENT

Teo Frink

SPECIES

Canine

BREED

Lab Ret

SEX

Male Intact

AGE

20 months

WEIGHT

42 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

10768

DATE

11/18/2025

PRESENTING CLINICAL SIGNS

Chronic hx on and off GI symptoms - vomiting, diarrhea. Improved on GI biome but still having some diarrhea. See labs Working diagnosis Atypical addisonian. Prednisone 5mg SID started 11/11/25.

Abnormal PE/Chem/CBC/UA Results: ACTH Stim 11/10/25: Pre cortisol 0.6; post 6.0 (<8.0) Labs 11/5/25 - Normal CBC/Chem. Keyscreen fecal PCR all neg.

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 large in size (4.73 cm in height in the sagittal view) and hyperechoic.

The left kidney has a normal shape and size (7.48 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 (7.17 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 0.39 cm at the cranial pole and 0.42 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 0.52 cm at the cranial pole and 0.75 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 (2.32 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 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.

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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 is mildly to moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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 (0.42 cm in wall thickness) and the jejunum measured as normal (0.36 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 mild mesenteric lymphadenopathy with clusters of prominent jejunal lymph nodes. Examples measure 0.66 cm, and 1.0 cm x 2.51 cm. The right iliac lymph node is prominent measuring 0.68 cm. The omentum is of normal uniform echogenicity.

Other

Both testicles are visualized and appear within normal limits.

ULTRASONOGRAPHIC FINDINGS

- Large, hyperechoic prostate. Findings are most consistent with prostatic hypertrophy – normal for a young intact male dog.
- Mild reactive lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Changes observed on today's scan are mild. The prostate is large and hyperechoic as would be expected for an intact male dog. Correlate with a urinalysis looking for any evidence of prostatitis.

There is a mild, diffuse lymphadenopathy most consistent with reactive lymph nodes and likely small intestinal inflammation. This can also be a common finding in younger large breed dogs due to dietary indiscretion, immature immune system, etc.

There are many causes for chronic gastrointestinal symptoms which cannot be definitively diagnosed

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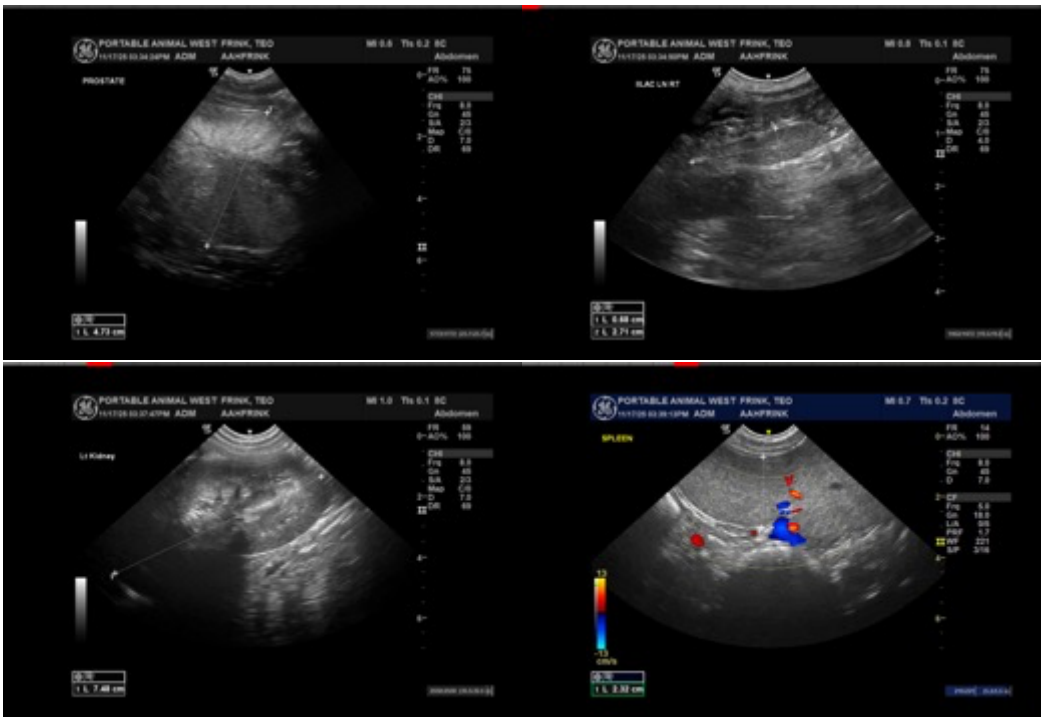
by ultrasound alone. Consider the following:

- Recommend a hydrolyzed protein prescription diet
- Experiment with fiber supplementation as this can help some individuals.
- If not already done, recommend parasite screening and empirical deworming.
- Recommend a panel looking for infectious causes of diarrhea.
- 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.
- Recommend an ACTH stimulation test to screen for Addison's disease (this was recently done and is normal.)

If symptoms are persistent despite taking the above measures and exocrine pancreatic insufficiency, pancreatitis, etc., have been ruled out, consider biopsies of the GI tract for further evaluation.

Biopsies should be performed off of steroid for at least two weeks – longer, if this is a chronic medication.



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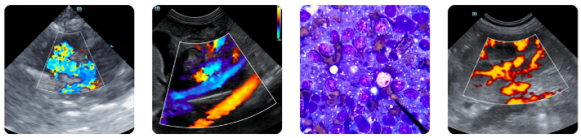

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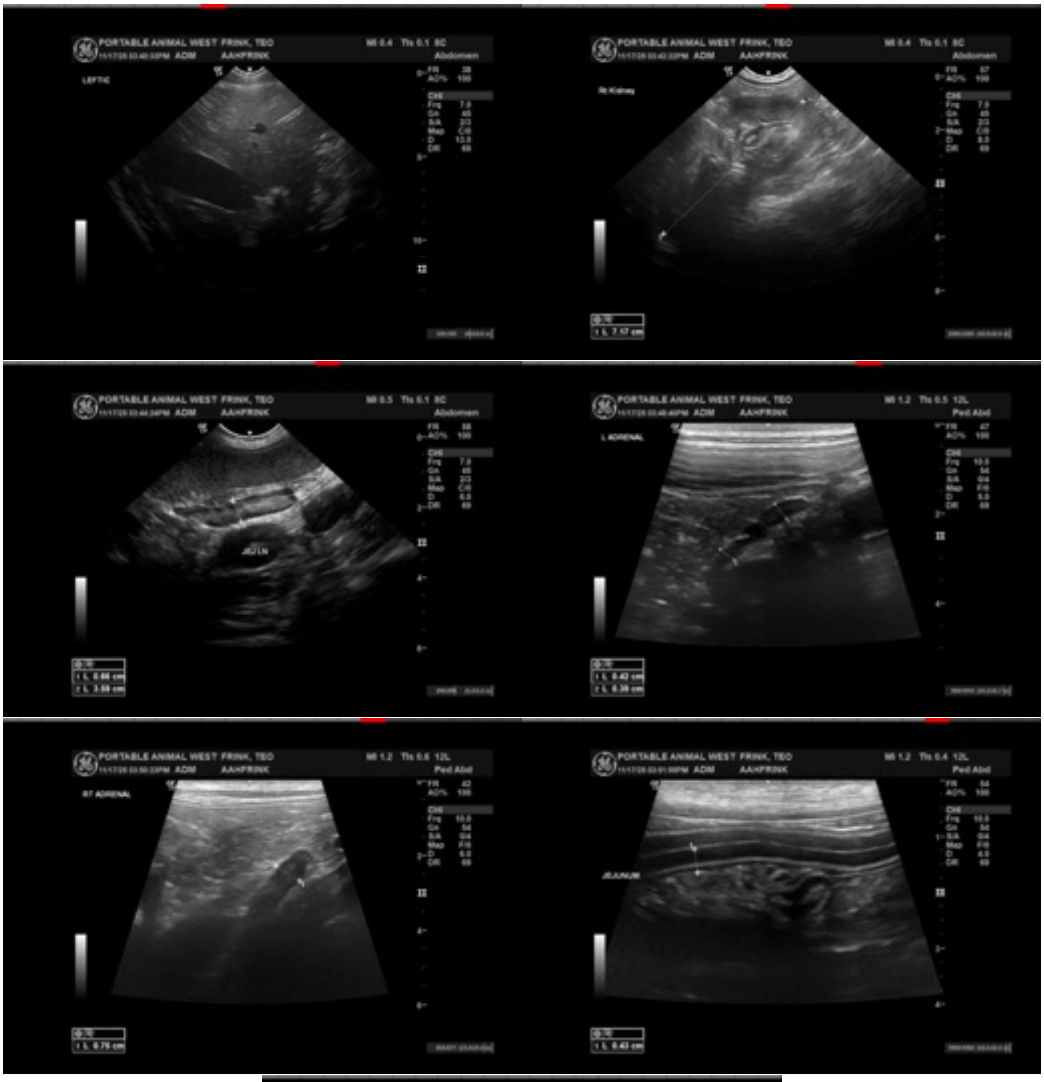

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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