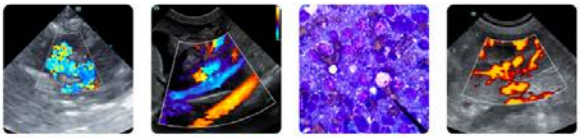


PATIENT

Abigail Santiago

SPECIES

Canine

BREED

Pug

SEX

Spayed Female

AGE

14 Years 4 Months

WEIGHT

31.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Magnolia Veterinary Practice

REFERRING VET

Dr. Goldstein

INVOICE

72002

DATE

11/20/25

PRESENTING CLINICAL SIGNS

Chronic non-regenerative anemia, off and on GI signs (diarrhea/gastric reflux)l Intermittent cough responds to Cerenia. Fecal-nps; chem wnl; T4 wnl; GI panel wnl; ACTH Stim wnl; 4dx neg. Current medications: Cerenia eod; Cytopoint; LIbrela; Telmisartan.

Abnormal PE/Chem/CBC/UA Results: Non-regenerative anemia progressing.

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 is normal in size (3.49 cm) but slightly irregular in shape. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is mild medullary mineralization noted. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.13 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 is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.75 cm at the cranial pole and 0.64 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 “plump” measuring 0.75 cm at the cranial pole and 0.90 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.

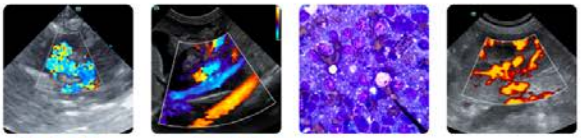
Spleen

The spleen is subjectively normal in size (1.55 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic nodule visualized in the parenchyma measuring 0.44 cm x 0.82 cm.

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.



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Gastrointestinal

The stomach contains moderate fluid and shadowing ingesta. It measures at a normal thickness of 0.50 cm 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. The pylorus appears somewhat prominent, measuring 0.51 cm. No evidence of a definitive obstruction is visualized.

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 0.49 cm. Jejunum wall measures 0.38 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 adjacent to the duodenum appears prominent and mottled, most consistent with focal inflammation or even a poorly defined nodule/mass effect, measuring 1.51 cm x 2.12 cm.

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.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Small/subtle hypoechoic nodule in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Focal mottled region in the right pancreas – Findings could be consistent with mild focal inflammation or an isoechoic nodule/mass effect.
- Moderately fluid/ingesta distended stomach with a prominent gastric wall and pylorus – Correlate with feeding/drinking history. If the patient was adequately fasted, this could represent mild gastric ileus potentially secondary to gastritis? Delayed gastric emptying is possible.
- Borderline large right adrenal gland – Recommend continued monitoring. This could be consistent with mild hyperplasia.

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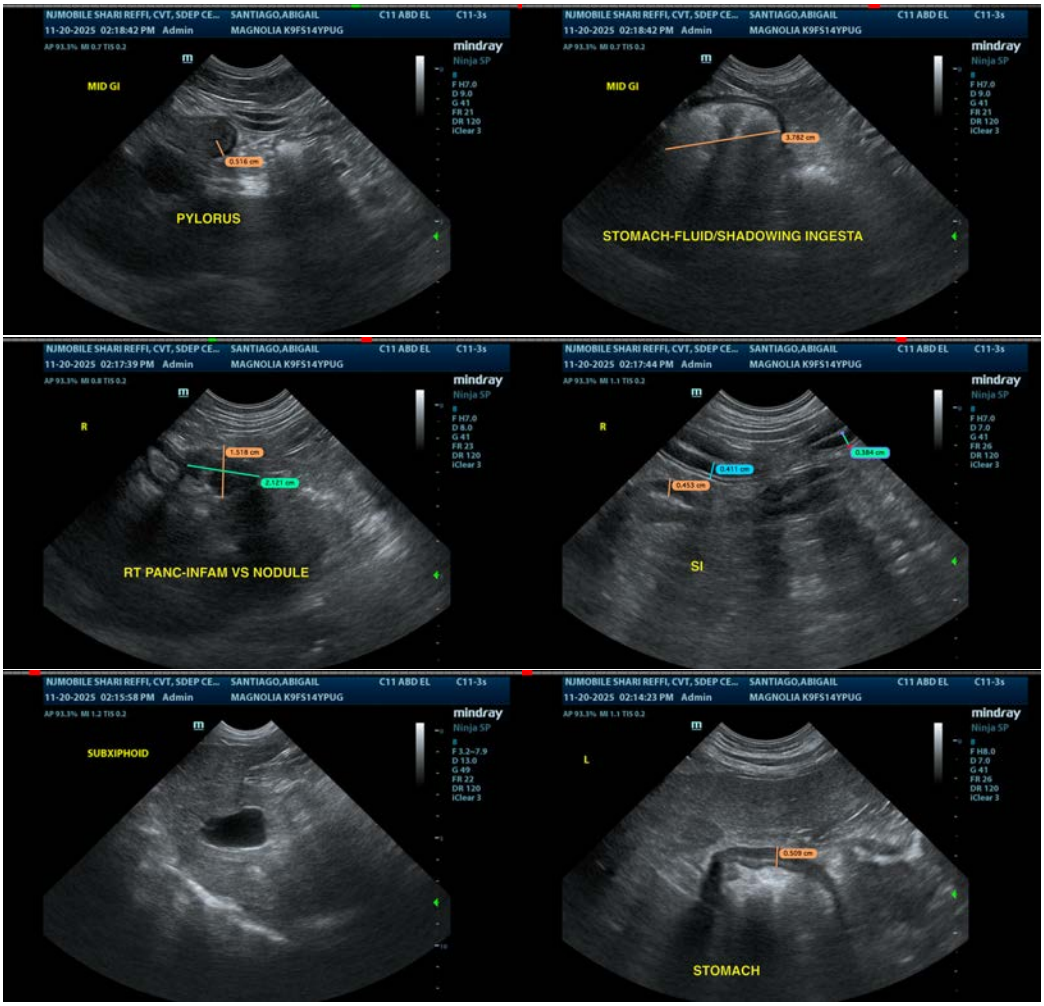
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is moderately distended with fluid and shadowing ingesta. Subjectively, the gastric wall appears somewhat prominent, as does the pylorus. The significance of this is uncertain. Correlate with feeding history and radiographs. Initial empirical therapy could include a hydrolyzed protein prescription diet. Additionally, an upper GI endoscopy may be helpful to evaluate the stomach and pylorus for any ulceration, focal lesions, etc., and to obtain biopsies. Brachycephalic dogs should be evaluated for upper airway disease, as brachycephalic syndrome can be associated with regurgitation, reflux, etc.

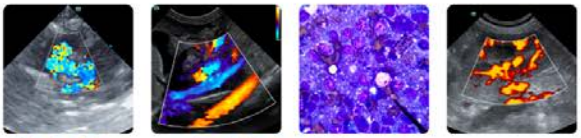
If the anemia is truly non-regenerative, consider such differentials as iron deficiency anemia, anemia of chronic disease, primary bone marrow issues, etc.

There is an irregularity in the region of the right limb of the pancreas most consistent with mild focal inflammation or a nodule in this region. Consider continued monitoring. A fine needle aspirate could be considered in the future.

There is a subtle hypoechoic nodule in the spleen. Options moving forward include continued monitoring with ultrasound or a fine needle aspirate.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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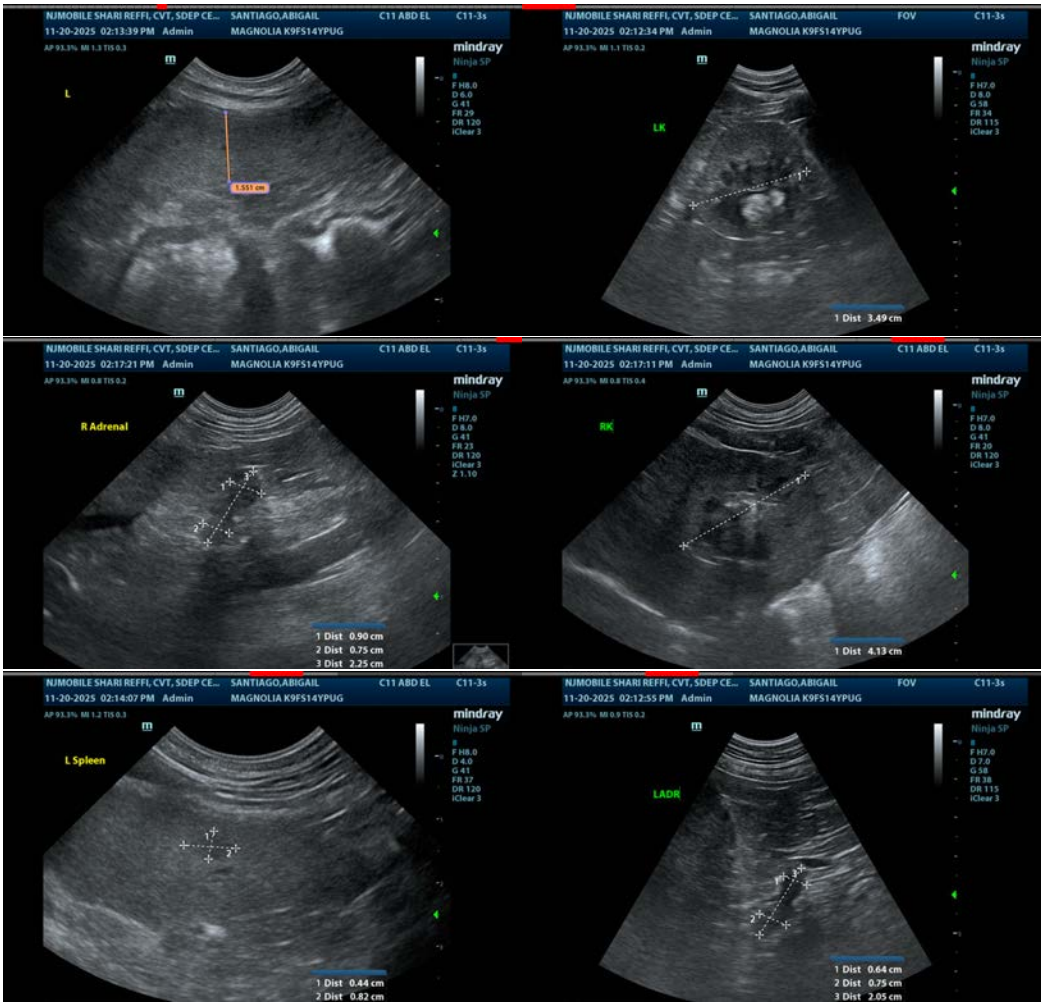

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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