PATIENT

Halle Lloyd

SPECIES

Canine

BREED

Yorkie x

SEX

Spayed Female

AGE

10 Years

WEIGHT

13.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Boone

REFERRING VET

Dr. Chesnutt

INVOICE

72076

DATE

11/25/25

PRESENTING CLINICAL SIGNS

P presented for US due to vomiting diarrhea, low albumin and TP, concern for pancreatitis, PLE, neoplasia

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 (4.04 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 (3.98 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 0.43 cm at the cranial pole and 0.52 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 0.98 cm at the cranial pole and 0.61 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.

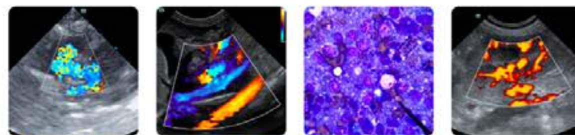
Spleen

The spleen is subjectively normal in size (1.41 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 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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains mild/moderate fluid/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 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 0.38 cm. Jejunum wall measures 0.29 cm. Visualized peristalsis appears appropriate. There are occasional areas of very mild fluid distention possibly consistent with an enteritis type pattern.

There is a brief view of what appears to be focal wall thickening in the region of the colon measuring at 0.70 cm. This is not repeatable in all views, so image artifact is possible. Descending colon is visualized with non-formed/liquid fecal material. In the mid caudal abdomen, there is a focal section of bowel with increased peristalsis and mild fluid distention measuring at 0.19 cm, possibly consistent with ascending colon or distal jejunum. No evidence of a focal obstruction is visualized.

Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy noted. The omentum is mildly diffusely hyperechoic.

PRIMARY FINDINGS

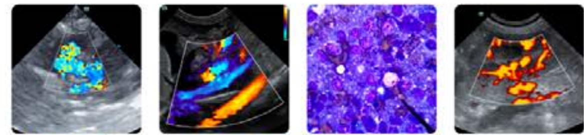
- Bilateral pancreatic changes consistent with moderate pancreatitis (particularly the right limb).
- Mild diffuse small intestinal thickening with a focal section of bowel with increased peristalsis and mild fluid distention. This loop of bowel is suspected to be proximal colon, but distal small intestine is possible.
- Questionable focal wall thickening of the colon – Findings could be consistent with imaging artifact, focal inflammation, infiltrative disease, etc.

SECONDARY FINDINGS

- Age related changes visualized associated with both kidneys.
- 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 small intestine appears mildly diffusely thickened, with some areas exhibiting very mild fluid distention. There is a focal section of bowel that has increased peristalsis and mild fluid distention. This could represent proximal colon or distal jejunum. No evidence of obstructive material is visualized, and



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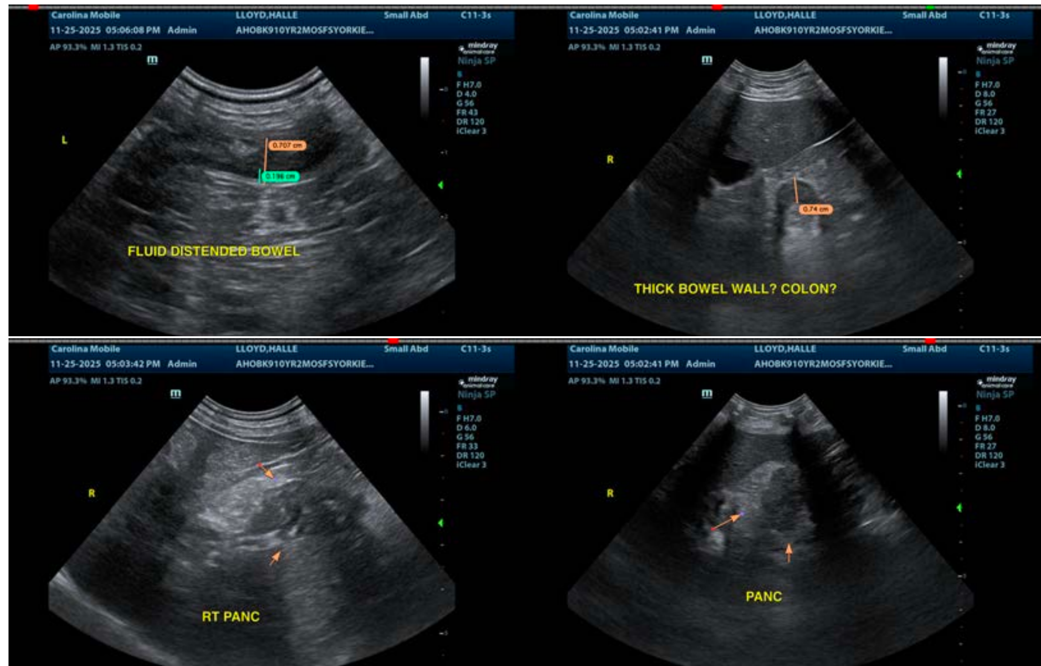
some areas of the colon have moderate distention with non-formed fecal material. If symptoms persist this area should be re-evaluated.

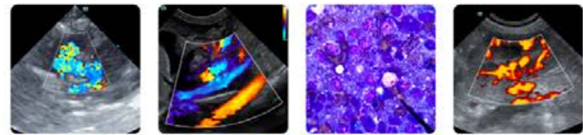
The right limb of the pancreas has changed consistent with mild/moderate pancreatitis-recommend treatment for pancreatitis.

Recommend a urinalysis with a urine protein to creatinine ratio and a liver function test to rule out liver and kidneys as contributing sources of the low albumin levels reported. Consider the following:

- Recommend an ultra low-fat/hydrolyzed protein prescription diet (Royal Canin has a combination diet).
- 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.

Options include medical management or IBD/lymphangiectasia and treatment for moderate pancreatitis- if symptoms are persistent consider repeat imaging, looking for progression of today's lesions. Alternately, if the patient is stable, you could consider exploratory surgery to further evaluate for focal lesions and to obtain general biopsies of the GI tract.





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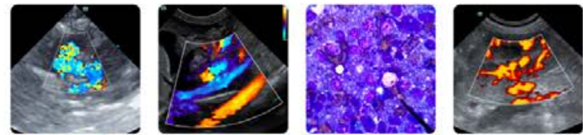
Carolina Veterinary Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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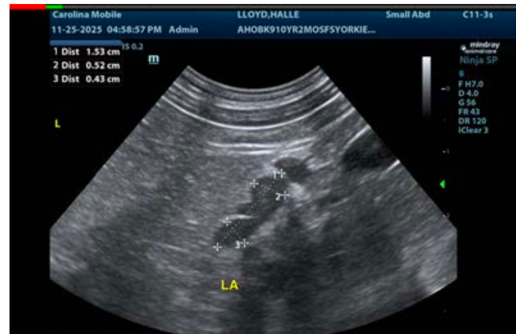

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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