



**DATE PRESENTING CLINICAL SIGNS**

11/28/25 Patient History: Vomiting.

**PATIENT** Current Medications: Cerenia 120mg QD.

Mugen usher Labwork Results: Obstructive pattern.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: IV.

**SPECIES** Stat Report: Not requested.  
Imaging Performed by: Rachel Brillhart, RDMS.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

German Shepherd

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

**SEX**

Neutered Male

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

**AGE**

5/30/17

The left kidney has a normal shape and size (6.57 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

85.5 Pounds

The right kidney has a normal shape and size (5.66 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

**HOSPITAL NAME**

Chadwell AH

The left adrenal gland is normal in size/borderline flat, measuring 0.53 cm at the cranial pole and 0.6 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.

**REFERRING VET**

Dr. Gold

The right adrenal gland is normal in size/borderline flat, measuring 0.54 cm at the cranial pole and 0.66 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**

**INVOICE**

35685

The spleen is subjectively normal in size (2.7 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. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach contains a mild amount of fluid. It measures at a normal thickness of <0.7 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. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid and gas 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 (0.45 cm in wall thickness) and the jejunum measured as normal (0.27 cm). Visualized peristalsis appears appropriate. Some sections of small intestine have mild fluid and gas distention, as does the proximal duodenum. No focal lesions are 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 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**

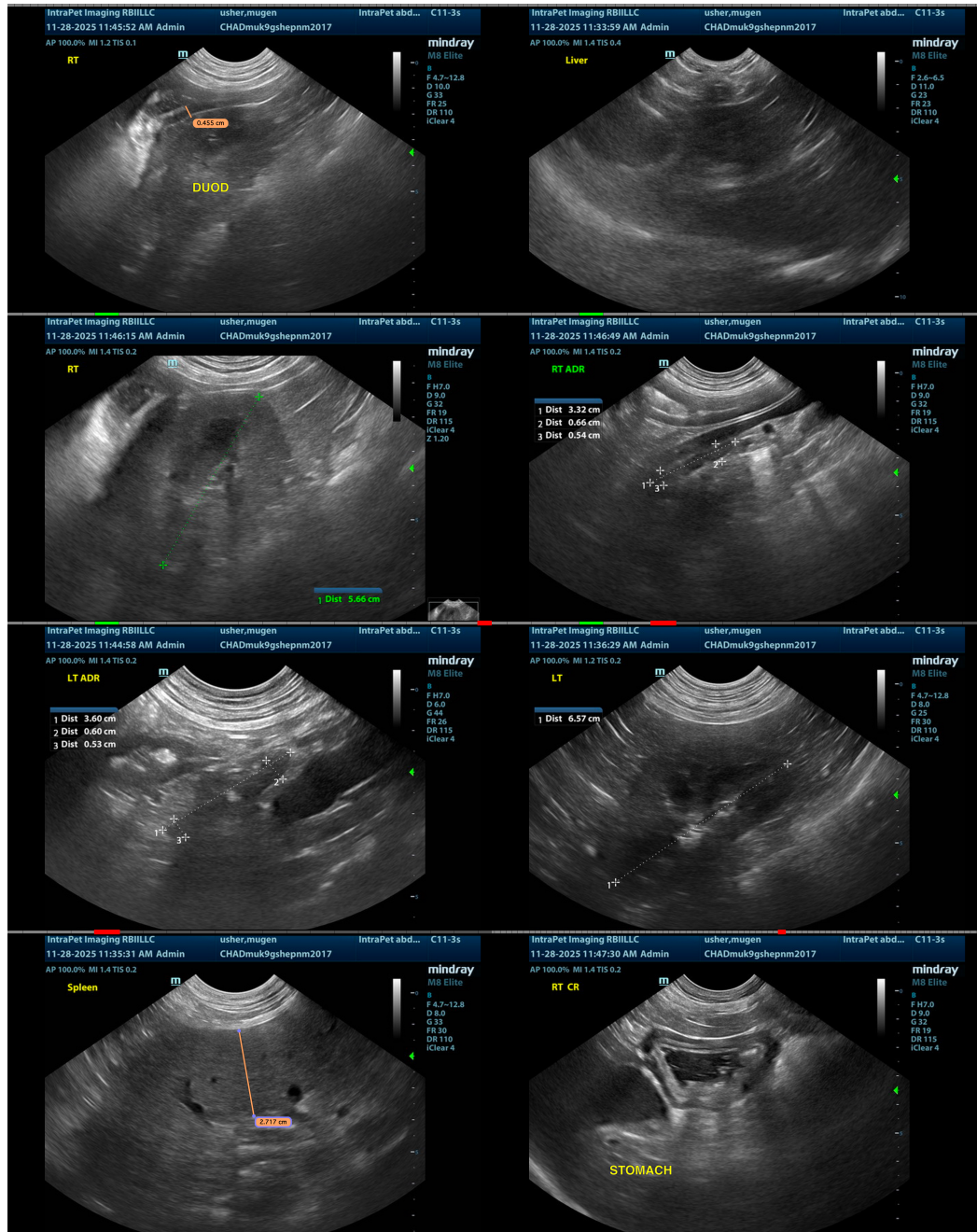
- Enteritis type pattern visualized associated with the small intestine. A focal partial obstruction or similar cannot be ruled out, but none is visualized.
- Borderline flat adrenal glands- Recommend baseline cortisol to screen for Addison's.
- Pancreatic changes most consistent with pancreatic remodeling.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the vomiting reported is acute in nature, then consider treatment for gastroenteritis and continued monitoring. If symptoms are persistent, consider repeat imaging (radiographs +/- ultrasound) looking for the development of new lesions or any changes, which could be observed. If the vomiting is chronic in nature, consider the following:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks).

- 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.
- If symptoms are persistent despite taking these measures, consider obtaining GI biopsies and/or repeat imaging in the future, looking for the progression of today's lesions.



**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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