



PATIENT

Trixie Grechulk

SPECIES

Canine

BREED

Pug x

SEX

Spayed Female

AGE

11 Years

WEIGHT

12 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

East Plains

REFERRING VET

Dr. Cumming

INVOICE

71622

DATE

11/6/25

PRESENTING CLINICAL SIGNS

Presented Nov 4 for history of explosive diarrhea, poor appetite and shaking. Has a history of pancreatitis in the past and is strictly on GI low fat RC diet with no known dietary indiscretion. Patient is uncomfortable on abdominal palpation. Was treated as an outpatient with supportive care and is having persistent diarrhea through the medication. Current Medications Metronidazole 125mg BID, Cerenia 24mg SID, Gabapentin 100mg TID

Abnormal PE/Chem/CBC/UA Results: See attached BW Primary Question to Be Answered in This Exam Looking for evidence of IBD, lymphangectasia or other cause of the low albumin and persistent diarrhea

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 (4.59 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 (4.32 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 a focal mineralization visualized in the cortex, most consistent with a non-obstructive nephrolith. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.59 cm at the cranial pole and 0.57 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 0.99 cm at the cranial pole and 0.44 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 (1.49 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.



PATIENT

Trixie Grechulk

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.

SPECIES

Canine

Gastrointestinal

The stomach contains moderate/large shadowing ingesta and fluid. 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.

BREED

Pug x

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 0.46 cm. Jejunum wall measures 0.38 cm. There is mild mucosal fogging visualized associated with the duodenum. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Spayed Female

AGE

11 Years

Sections of colon are visualized with non-formed/liquid fecal material and gas shadowing distally. The descending colon wall appears mildly thickened with intact wall layering, measuring 0.33 cm.

WEIGHT

12 kg

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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Amanda Stewart

ULTRASONOGRAPHIC FINDINGS

- Moderate shadowing ingesta and fluid visualized within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying or ingested foreign material. No evidence of an outflow tract obstruction is visualized.
- Subjectively thickened small intestine with mild mucosal fogging of the duodenum – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

HOSPITAL NAME

East Plains

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Some areas of small intestine appear mildly thickened, and there is mild mucosal fogging visualized associated with the duodenum. The significance of these changes is uncertain. It is likely that biopsies of the GI tract would be necessary to further evaluate. Consider the following:

REFERRING VET

Dr. Cumming

INVOICE

71622

DATE

11/6/25

- Consider switching to a combination hydrolyzed protein/ultra low-fat diet (Royal Canin has this).
- 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.



PATIENT

Trixie Grechulk

- Recommend chronic probiotic therapy.
- Consider a baseline cortisol to level to rule out atypical Addison's.

SPECIES

Canine

Based on the low albumin and borderline low globulin levels, a primary enteropathy is suspected. Consider a urine protein to creatinine ratio and a urinalysis to further evaluate for any evidence of renal protein loss and a liver function test to rule out liver dysfunction as a contributing factor.

BREED

Pug x

There is a significant amount of shadowing ingesta visualized within the stomach. This could be normal ingesta, but if the patient was adequately fasted, this could represent delayed gastric emptying or even ingested foreign material. If the stomach empties and symptoms are persistent, you may want to consider upper GI endoscopy to further evaluate the upper GI tract and to obtain biopsies.

SEX

Spayed Female

Consider a panel screening for infectious causes of diarrhea.

AGE

11 Years

It is unclear if this is truly an acute problem or a more chronic problem. If it is acute in nature, this could be severe acute gastroenterocolitis, and the hypoglycemia may be transient. In-patient supportive therapy may be of benefit.

WEIGHT

12 kg

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

East Plains

REFERRING VET

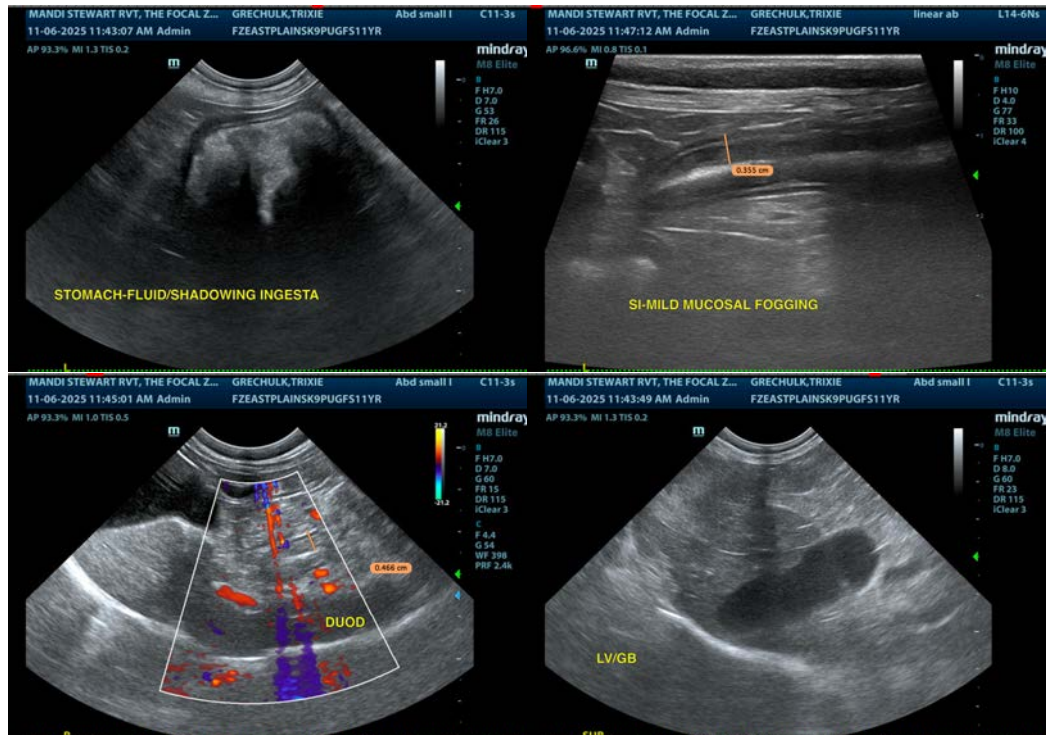
Dr. Cumming

INVOICE

71622

DATE

11/6/25





PATIENT

Trixie Grechulk

SPECIES

Canine

BREED

Pug x

SEX

Spayed Female

AGE

11 Years

WEIGHT

12 kg

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Amanda Stewart

HOSPITAL NAME

East Plains

REFERRING VET

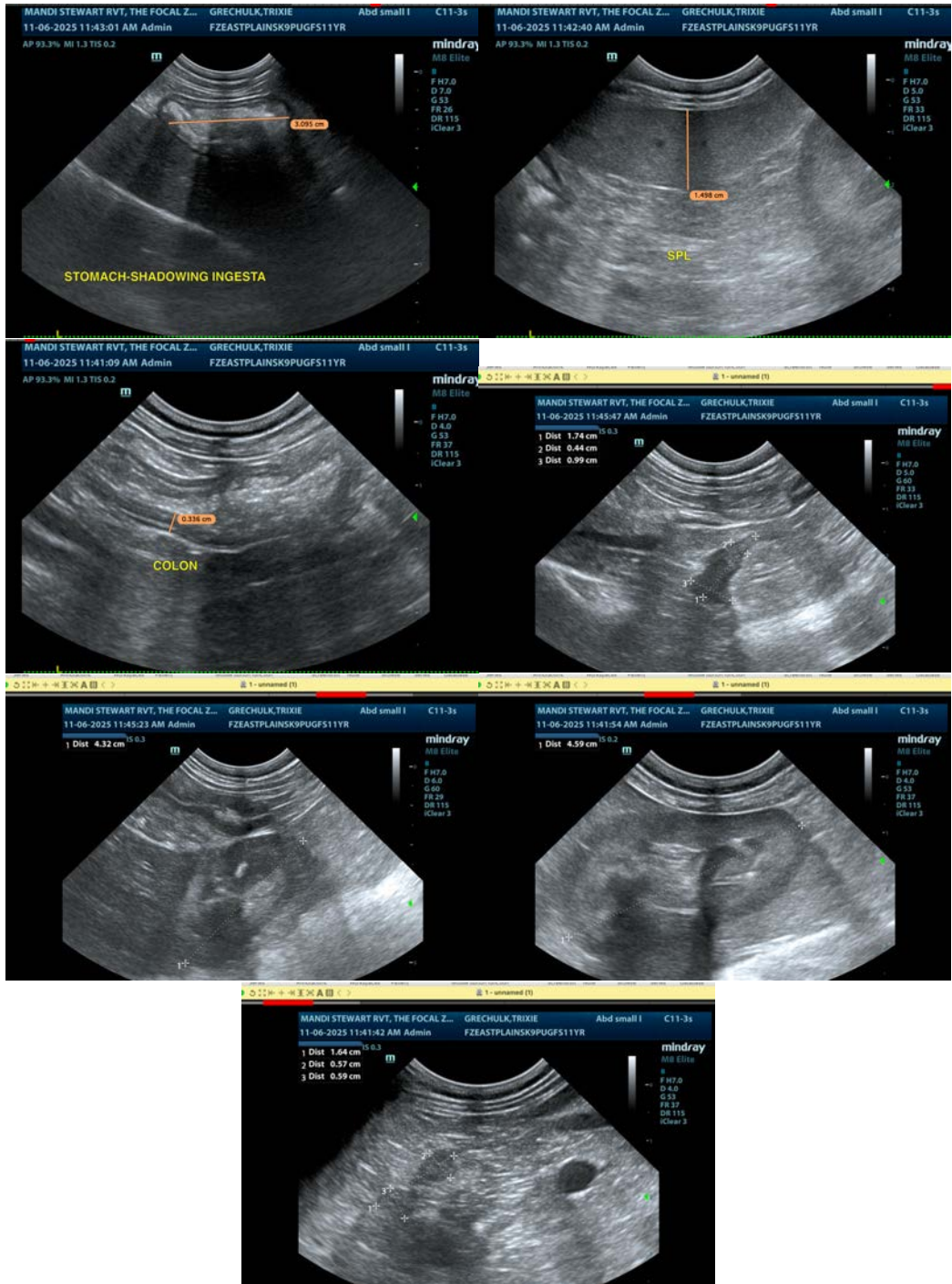
Dr. Cumming

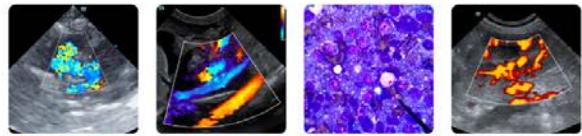
INVOICE

71622

DATE

11/6/25





PATIENT

Trixie Grechulk

SPECIES

Canine

BREED

Pug x

SEX

Spayed Female

AGE

11 Years

WEIGHT

12 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Amanda Stewart

HOSPITAL NAME

East Plains

REFERRING VET

Dr. Cumming

INVOICE

71622

DATE

11/6/25

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