



PATIENT

Luna Heinz

SPECIES

Canine

BREED

Siberian Husky

SEX

Spayed Female

AGE

10 Years

WEIGHT

23 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Advanced Pet Care of
Nevada

REFERRING VET

Dr. Sarah Behrens

INVOICE

72713

DATE

12/18/25

PRESENTING CLINICAL SIGNS

Intermittent vomiting, inappetence, lethargy. P is known to eat human food off the counter tops at home.

Abnormal PE/Chem/CBC/UA Results: July 2025: SDMA 17 (0-14), Folate 7.5 (7.7-24.4) Medication - Methyl Folate 400 mcg PO SID , occasional Xyzal OTC, occasional gabapentin Any additional information Patient vomiting morning of ultrasound after receiving gabapentin

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 (6.01 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 (6.45 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 0.42 cm at the cranial pole and 0.50 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.

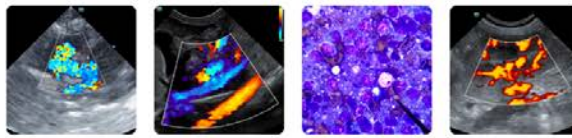
The right adrenal gland is normal in size measuring 0.33 cm at the cranial pole and 0.40 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, 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.



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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.

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Gastrointestinal

The stomach contains minimal luminal contents. 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

Siberian Husky

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 0.59 cm. Jejunum wall measures 0.36 cm. Visualized peristalsis appears appropriate. Some sections of jejunum appear subjectively more thickened with a more prominent muscularis layer.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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.

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Pancreas

The pancreas is visible/mildly mottled in the right limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy. There are occasional prominent lymph nodes. A portal lymph node is visualized measuring 0.47 cm. The pancreaticoduodenal lymph node measures 1.0 cm. Mesenteric lymph nodes are visualized measuring 0.34 cm and 0.31 cm. The omentum is normal in echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Segmental thickening of the small intestine with some areas exhibiting a prominent muscularis layer - 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).
- Occasional prominent/reactive mesenteric lymph nodes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. No focal lesions are visualized associated with the GI tract to explain the vomiting and decrease in appetite reported. Unfortunately, not all causes for vomiting can be definitively diagnosed by ultrasound alone. Correlate with your clinical assessment, full biochemical evaluation, and radiographs.

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Additionally, if a primary enteropathy is strongly suspected, consider the following:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- If not already done, consider empirical deworming and parasite screening.



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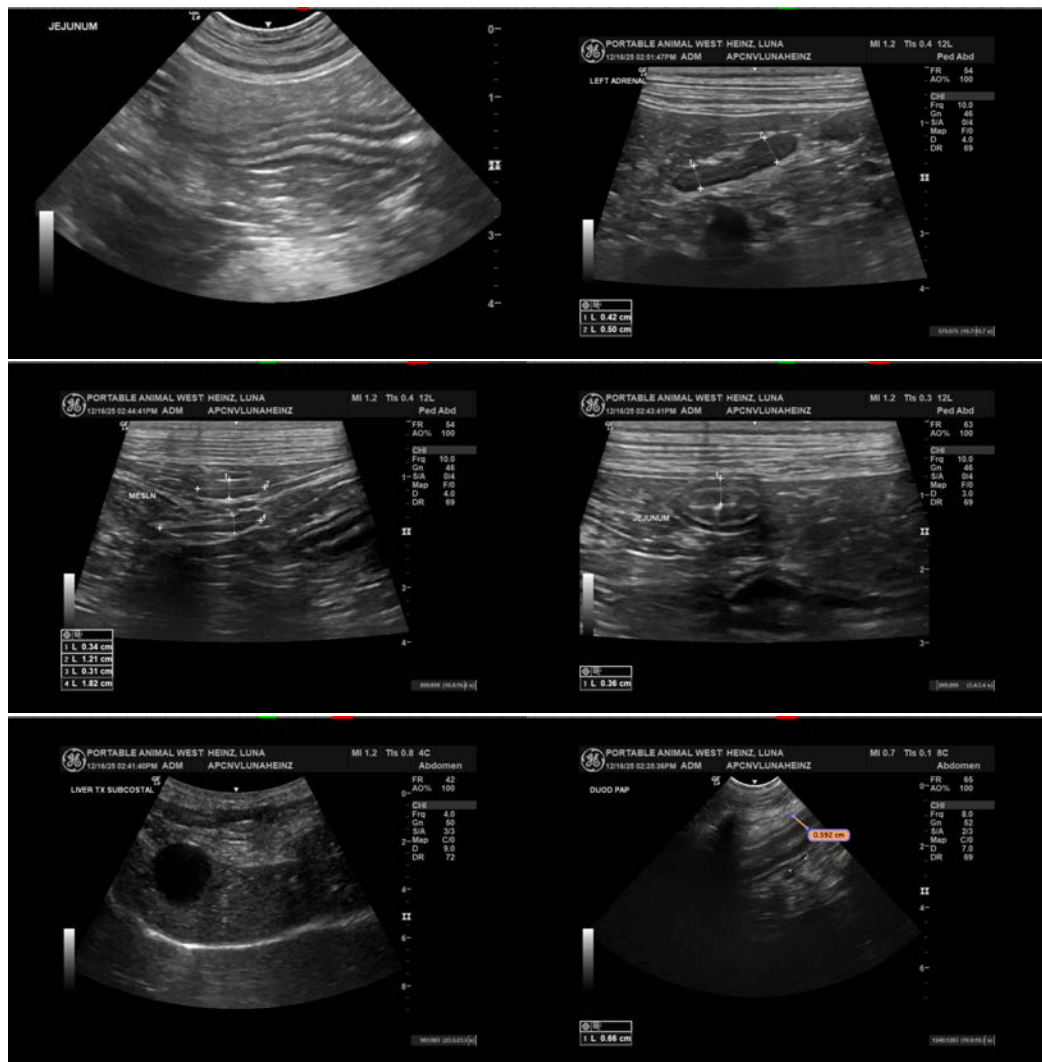
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- If clinically appropriate, you could consider screening for Addison's disease with baseline cortisol.
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

If there is no improvement with the above, and an underlying gastrointestinal disease is strongly suspected, biopsies of the GI tract may eventually be warranted. Additionally, you could consider repeat imaging in the future, looking for the development of new lesions or the progression of today's lesions.

The pancreas is somewhat prominent but does not appear overtly inflamed. If the pancreatic lipase level on the GI panel is significantly elevated, consider empirical treatment for pancreatitis.



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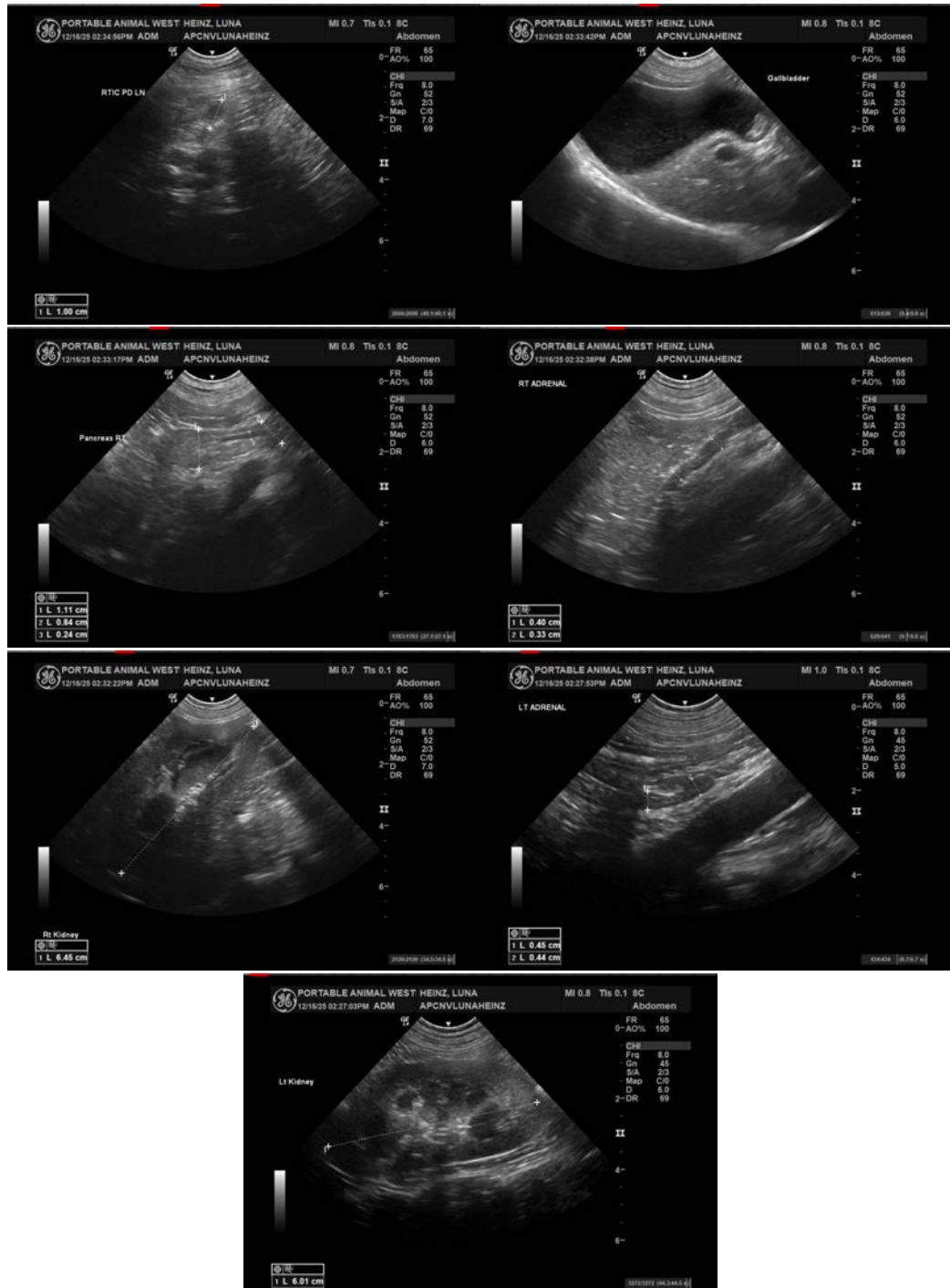
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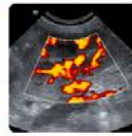
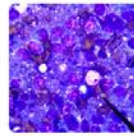
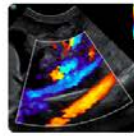
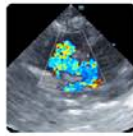
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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