



PATIENT

Tucker Portin

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Neutered Male

AGE

6 Years 11 Months

WEIGHT

82 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu Veterinary Clinic

REFERRING VET

Dr. Nicole Kolver

INVOICE

12725

DATE

12/18/25

PRESENTING CLINICAL SIGNS

P seen 12/11/25 for ADR/lethargy and diarrhea, eating normally. ALT elevated. P was started on metronidazole and discharged. 12/15 p still having diarrhea and not acting himself. O elects to pursue abdominal ultrasound.

Abnormal PE/Chem/CBC/UA Results: 12/11/25 CBC- NSF Chem- ALT 139U/L (10-125), rest WNL Elytes- WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The bladder wall appears mildly diffusely thickened with a smooth mucosal surface measuring at 0.72 cm. The region of the trigone, ureteral papilla and proximal urethra appear free of any mass lesions or calculi.

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.

The left kidney has a normal shape and size (6.82 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.

The right kidney has a normal shape and size (6.28 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.66 cm at the cranial pole and 0.58 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 0.61 cm at the cranial pole and 0.72 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. The spleen appears to be folded upon itself in the abdomen. The spleen measured 2.38 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.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is slightly prominent and hyperechoic measuring 0.39 cm. 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 moderate gas and mild fluid. The gastric wall is prominent and measures at 0.95 cm with intact wall layering. Panting artifact and gas prevent full evaluation of the stomach and some areas of the cranial abdomen.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid/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 (0.43 cm in wall thickness) and the jejunum measured as normal (0.41 cm). Visualized peristalsis appears appropriate. No focal lesions are observed but a mild inflammatory type pattern is suspected.

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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 not clearly identified. There appears to be regional inflammation in the cranial abdomen.

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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 appears hyperechoic in the cranial abdomen.

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ULTRASONOGRAPHIC FINDINGS

- Mildly thickened urinary bladder wall- The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Moderate gallbladder debris with a mildly prominent/thickened gallbladder wall- findings could be consistent with anatomic variation or mild cholecystitis.
- Subjectively thickened gastric wall with a moderate amount of intraluminal gas- The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other. The intraluminal gas is likely secondary to aerophagia and panting.
- Suspected enteritis type pattern- there is a suggestion of inflammation associated with the small intestine.
- Hyperechoic mesentery in the cranial abdomen- findings are suggestive of inflammation in the region.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No definitive mass lesions or significant lymphadenopathy is visualized. There does appear to be some generalized inflammation in the cranial abdomen. The source of the inflammation is not readily visualized. The stomach appears mildly thickened. This could be secondary to imaging artifact, mild



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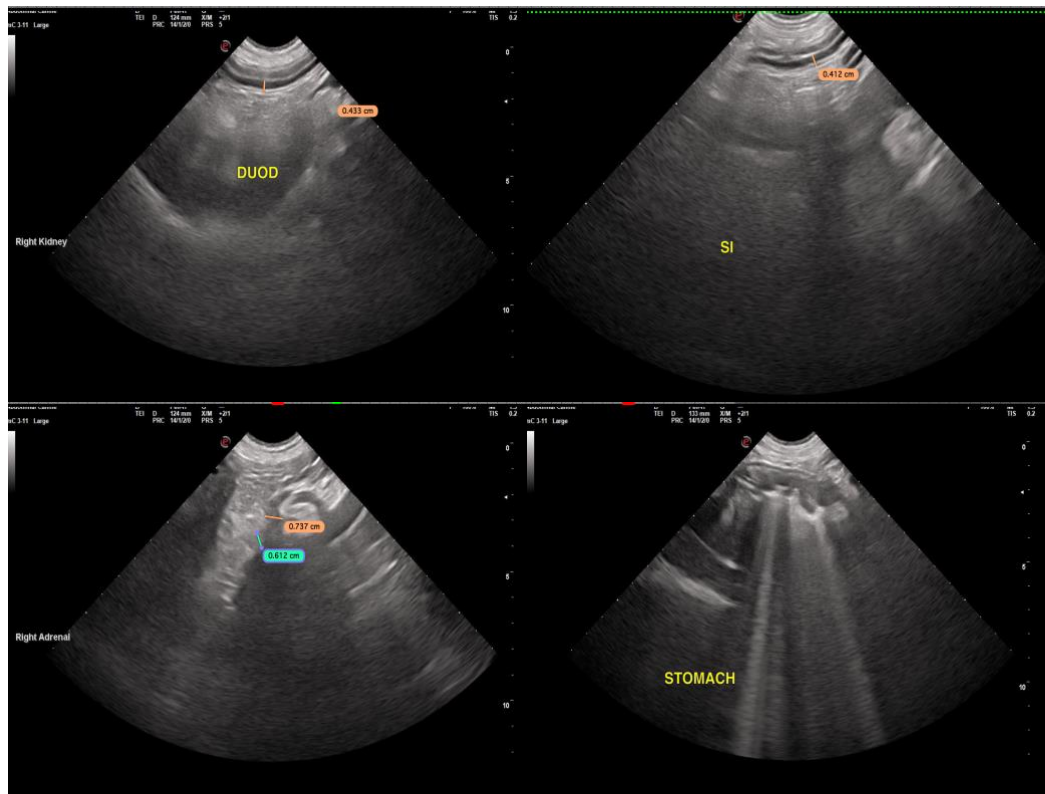
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gastritis, etc. and there is a significant amount of panting artifact and aerophagia which interferes with full evaluation. Some areas of the small intestine in the cranial abdomen appear mildly fluid and gas distended with an inflammatory type pattern. The pancreas is not readily visualized but mild pancreatitis cannot be ruled out. Correlate with a PLI level.

The gallbladder wall appears mildly thickened. The significance of this in the absence of significant liver enzyme elevations is uncertain. Recommend continued monitoring.

Recommend more aggressive/in hospital treatment for gastroenteritis/colitis +/- pancreatitis with close continued monitoring. Correlate findings with abdominal radiographs. If symptoms are persistent, you could consider repeat evaluation with sedation on board or even a contrast CT scan with heavy sedation/general anesthesia.





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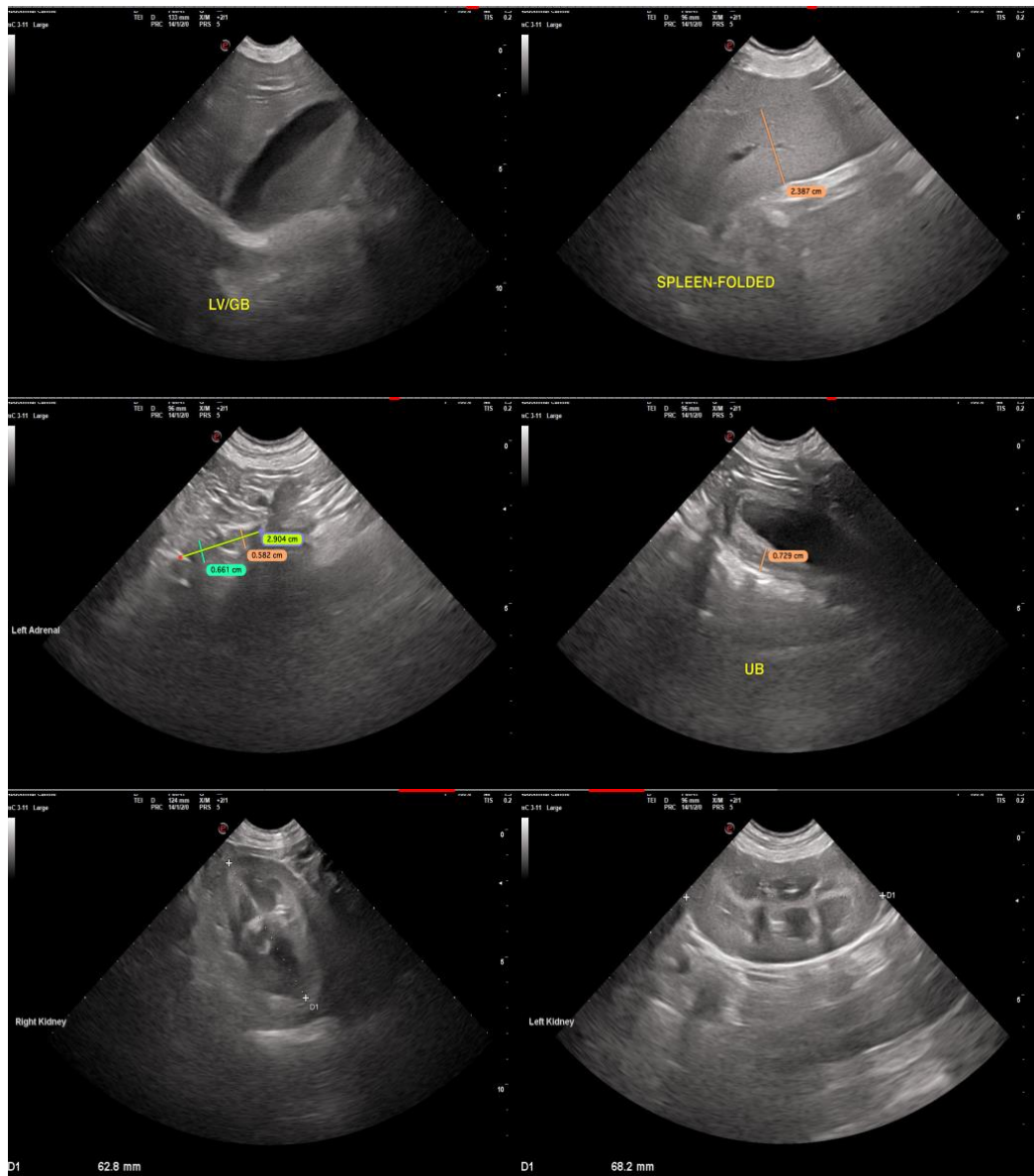
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com



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