



DATE PRESENTING CLINICAL SIGNS

12/23/25

Patient History: Presenting for intermittent vomiting and diarrhea of several months. Episodes occur 1-2 times a month. Stool is soft, colitisy/mucusy, usually the first stool of the day. Typically goes back to normal after a day.

PATIENT

Milo Coleman

Vomits occasionally - two times in the past 3 months shortly after eating breakfast. Several hours later has diarrhea. These symptoms resolve on their own without medical intervention per owner. Still eating and drinking normally. Not known for dietary indiscretion but owner cannot definitively rule out. They leash walk him but he has still managed to get ahold of things on the walk. Diet - Purina salmon and rice has been on it since he was six months, allergy to chicken. Owner feeds homemade treats with wheat flour, pumpkin, peanut butter.

SPECIES

Canine

BREED

Golden Retriever

Current Medications: Interceptor Plus and Credelio Chewable tablet once monthly for HW/F/T prevention.

Labwork Results: Labwork submitted and reported as no abnormalities.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

SEX

Neutered Male

Stat Report: Not requested.

Imaging Performed by: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

12/19/19

Urinary System

The visualized 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.

WEIGHT

66.6 lbs

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.

INTERPRETED BY

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

The left kidney has a normal shape and size (6.27 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.

HOSPITAL NAME

Pleasantville Animal
Hospital of Fallston

The right kidney has a normal shape and size (6.19 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.

REFERRING VET

Dr. Gounaris

Adrenal Glands

The left adrenal gland is normal in size measuring 0.61 cm at the cranial pole and 0.49 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.

INVOICE

72725

The right adrenal gland is normal in size measuring 0.43 cm at the cranial pole and 0.59 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.

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.

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.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measure 0.43 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect 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 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.

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

- No significant ultrasonographic lesions visualized.

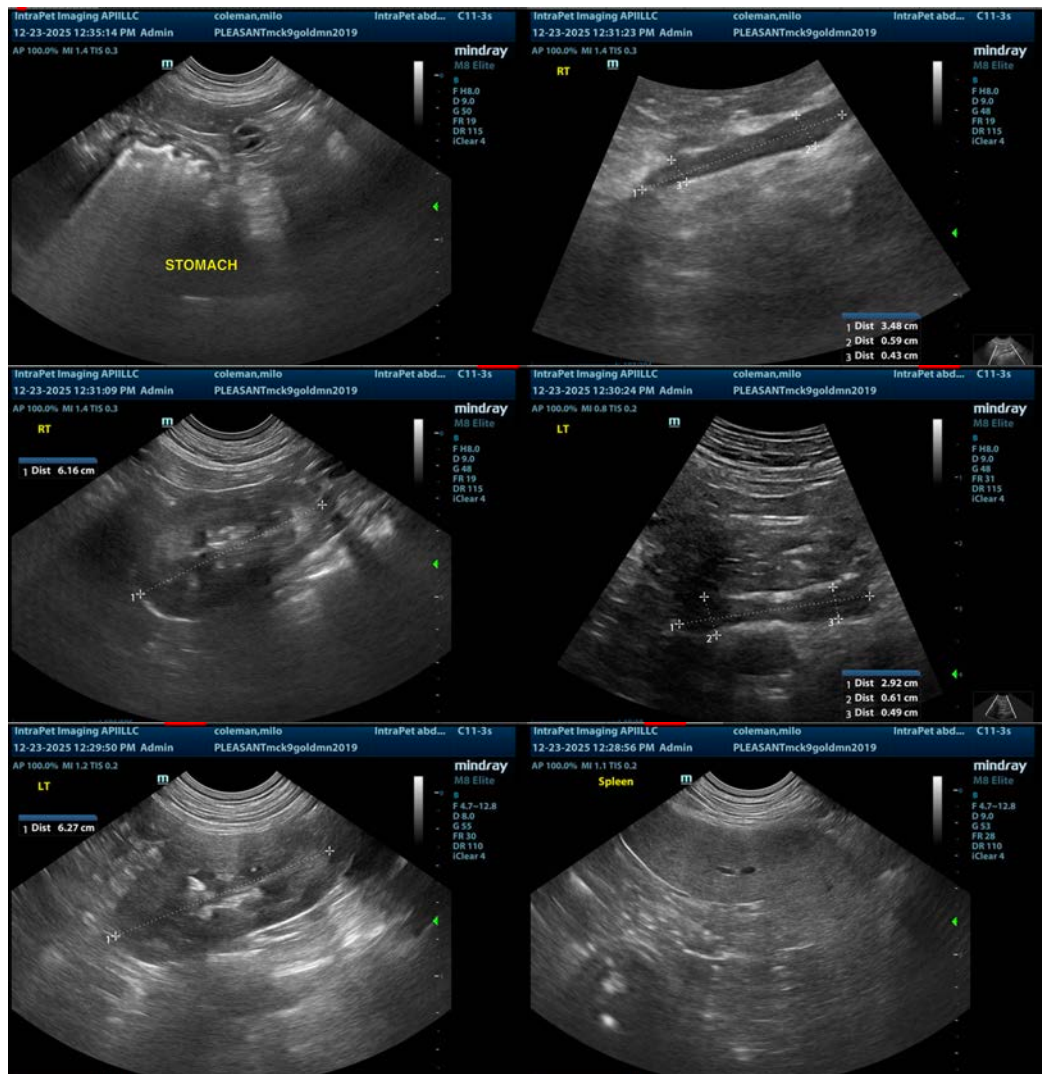
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

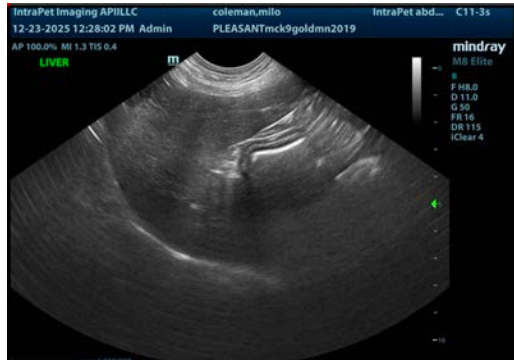
No focal lesions were visualized on today's exam to explain the chronic intermittent diarrhea and vomiting reported. Unfortunately, there are many causes for diarrhea and vomiting that cannot be definitively diagnosed by ultrasound alone. Consider the following:

- Recommend a prescription ultra low-fat/hydrolyzed protein prescription diet (Royal Canin for example) to see if this will help with symptoms. The diet should be fed exclusively for 4-6 weeks to see the full effects.

- If not already done, recommend empirical deworming and parasite screening.
- Consider a baseline cortisol to screen for Addison's.
- 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. This will screen for exocrine pancreatic insufficiency and look for clues of dysbiosis, primary enteropathy, etc.
- Some dogs may benefit from the addition of fiber to the diet. This could be considered independent of the diet trial.

If symptoms are persistent despite these measures, biopsies of the GI tract may be warranted for further evaluation (possibly upper and lower GI endoscopy, particularly if large bowel signs are predominant).





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