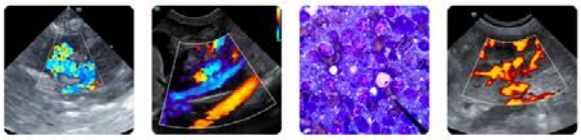




**DATE**

12/26/25

**PATIENT**

Cora Antoine

**SPECIES**

Canine

**BREED**

German Long-Haired Pointer

**SEX**

Spayed Female

**AGE**

12/26/20

**WEIGHT**

50.5 lbs

**INTERPRETED BY**

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

**HOSPITAL NAME**

Animal Emergency Hospital

**REFERRING VET**

Dr. Ruby

**INVOICE**

72771

## PRESENTING CLINICAL SIGNS

**Patient History:** Owner Witnessed episode this morning: lateral recumbency, limb extension, head bobbing, ataxia, resolved within minutes. - Shaking noted; described as more severe than typical shivering. - Post-episode: ambulatory, tail tucked, no vomiting, no diarrhea. - Recent history: hacking cough (moist quality), multiple episodes/hour for ~1 week. - No observed foreign body in oropharynx; client manually checked. - Halitosis noted, onset concurrent with cough. - Increased water intake observed; no reported polyuria. - Appetite: normal to minimally decreased. - No recent boarding or dog park exposure; occasional play with neighbor's dog(acquired 2 months ago).

**Current Medications:** None listed.
**Labwork Results:** Labwork attached.
**Date of Previous IntraPet Ultrasound:** No previous.
**Sedation:** Dexdomitor.
**Stat Report:** Decleind at this time.
**Imaging Performed by:** Stephanie Warga RDCS, RVT.

## 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 (6.25 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 (6.02 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 0.58 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 “plump” measuring 0.87 cm at the cranial pole and 0.80 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 (1.92 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 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 uniform diameter with minimal fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Some sections of bowel appear more significantly thickened with mild mucosal fogging and speckling. Duodenum wall measures 0.50 cm. Jejunum wall measures 0.45 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. The colon is mildly distended with non-formed/liquid fecal material. There is no observed focal or generalized colon wall thickening or loss of layering.

### *Pancreas*
The pancreas is visible/mildly mottled. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

### *Free Abdomen*
There is a small amount of free fluid. There is no significant lymphadenopathy. Occasional mesenteric lymph nodes are visualized. Examples measure 0.62 cm and 0.48 cm. The omentum is mildly diffusely hyperechoic.

### *Other*
Mild pleural effusion is visualized cranial to the diaphragm.

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

## ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with mild chronic pancreatitis or pancreatic remodeling.
- Diffusely thickened small intestine with some areas exhibiting mild mucosal speckling and mottled.
- Moderate small intestinal thickening and mucosal speckling.
- Mild to moderate fluid distention of the distal colon – Findings are most consistent with current or impending diarrhea.
- Mild pleural and peritoneal effusion – This is likely secondary to the hypoalbuminemia reported.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears diffusely thickened with some areas exhibiting mucosal speckling and fogging. Findings are concerning for a diffuse enteropathy. Given the low albumin levels reported, a protein losing enteropathy is a significant concern. Most common differentials would be significant IBD, lymphangiectasia, or less likely an underlying neoplastic process.

Recommend a urinalysis/urine protein to creatinine ratio and a liver function test to rule out the liver or kidneys as additional causes of hypoalbuminemia.

Consider the following:

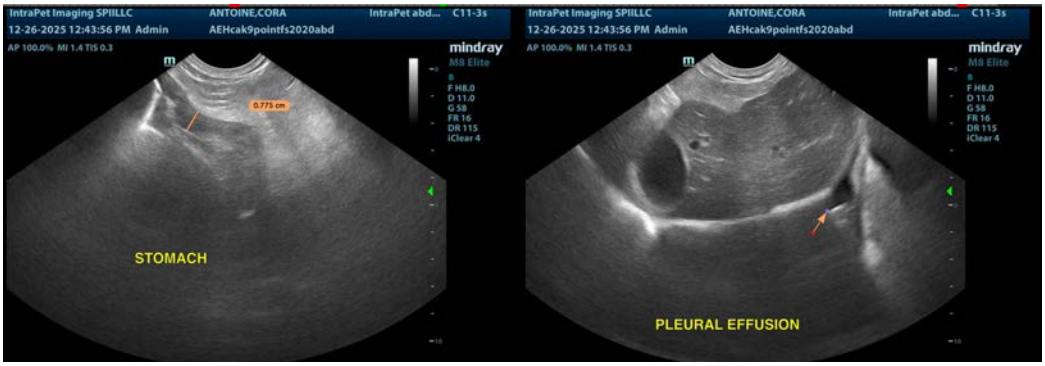
- Recommend a combination ultra low-fat/hydrolyzed protein prescription diet (Royal Canin has this diet).
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

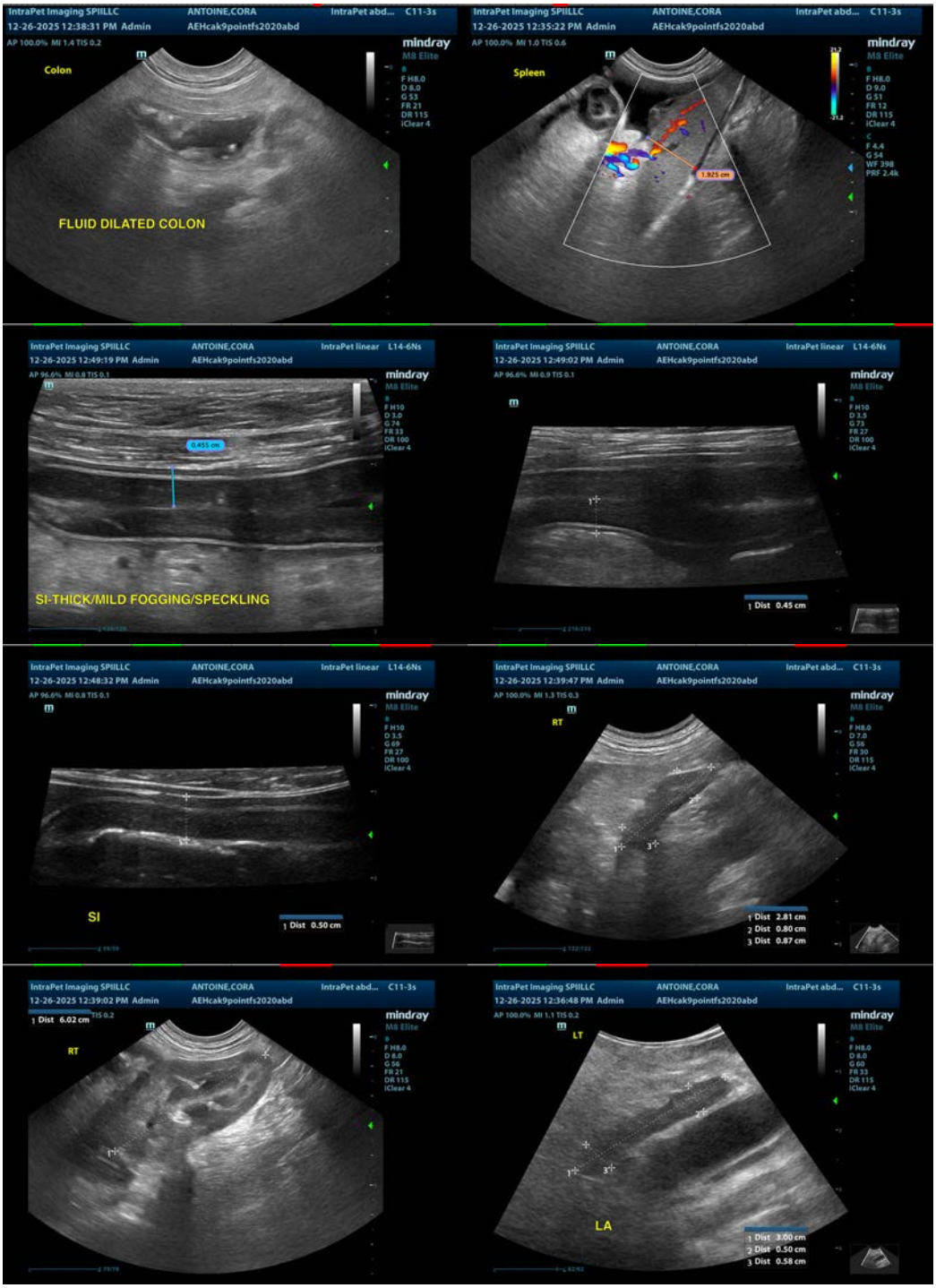
It is likely that biopsies of the GI tract may be necessary to more definitively diagnose this issue. If the patient is not stable enough for biopsies, consider an anti-inflammatory dose of steroids to see if this will help stabilize the patient. The abnormal episode could represent a thromboembolic process. Plavix therapy could be considered if no biopsies are scheduled.

If the patient can be stabilized, consider consultation with a veterinary internal medicine specialist regarding options for biopsies.

A small amount of pleural effusion is suspected. Correlate with 3-view thoracic radiographs and potentially a cardiac ultrasound.

Recommend ionized calcium to better assess if calcium supplementation is warranted.

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SI-THICK/MILD FOGGING/SPECKLING
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3 Dist 0.87 cm
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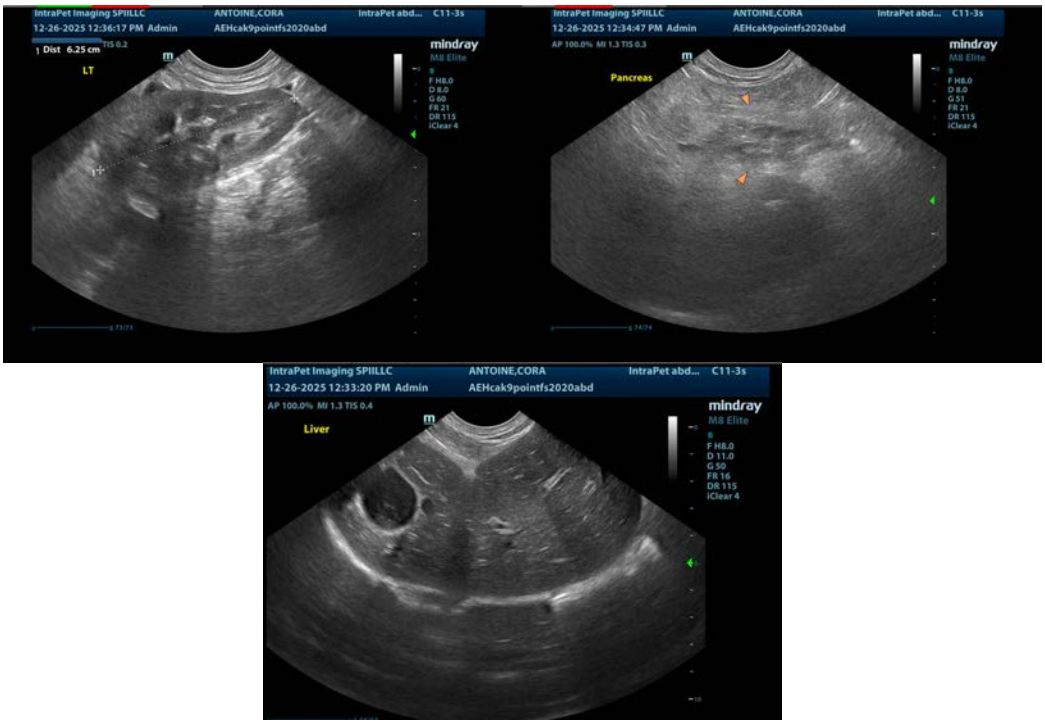


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)
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