



DATE PRESENTING CLINICAL SIGNS

12/26/25

Patient History: Presenting Complaint: Lethargic. History: Date: 12-25-2025 Notes: 7 days prior- GDV + Splenectomy. Spleen- benign, no neoplasia

PATIENT

Jude Waddell

Current Medications: Butorphanol, Metoclopramide, Unasyn, Gabapentin, Ondansetron, Protonix, Cerenia.

Labwork Results: Labwork attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Dexdomitor.

Stat Report: Declined at this time.

Imaging Performed by: Stephanie Warga RDCS, RVT.

SPECIES

Canine

BREED

Belgian Shepherd

SEX

Neutered Male

AGE

12/18/17

WEIGHT

71.9 lbs

INTERPRETED BY

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

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 prostate is borderline large, measuring 2.72 cm. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (7.92 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 (7.32 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 no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.84 cm at the cranial pole and 0.75 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 0.77 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 surgically absent.

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.

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Ruby

INVOICE

72772

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 a large amount of fluid and some echogenic hyperechoic linear material. The gastric wall appears prominent/thickened in some regions, measuring up to 0.99 cm, generally with intact wall layering.

Most of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal to mild fluid and gas distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.48 cm. Jejunum wall measures 0.37 cm. Visualized peristalsis appears appropriate. There is focal shadowing material visualized at the level of the pyloroduodenal junction. Findings could be consistent with partially obstructive foreign material, passing ingesta, etc. Correlate with feeding history. Additionally, the small intestine has a mild enteritis type pattern.

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 right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic 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. No significant lymphadenopathy noted. A prominent gastric lymph node is visualized measuring 0.94 cm x 1.21 cm. The omentum is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

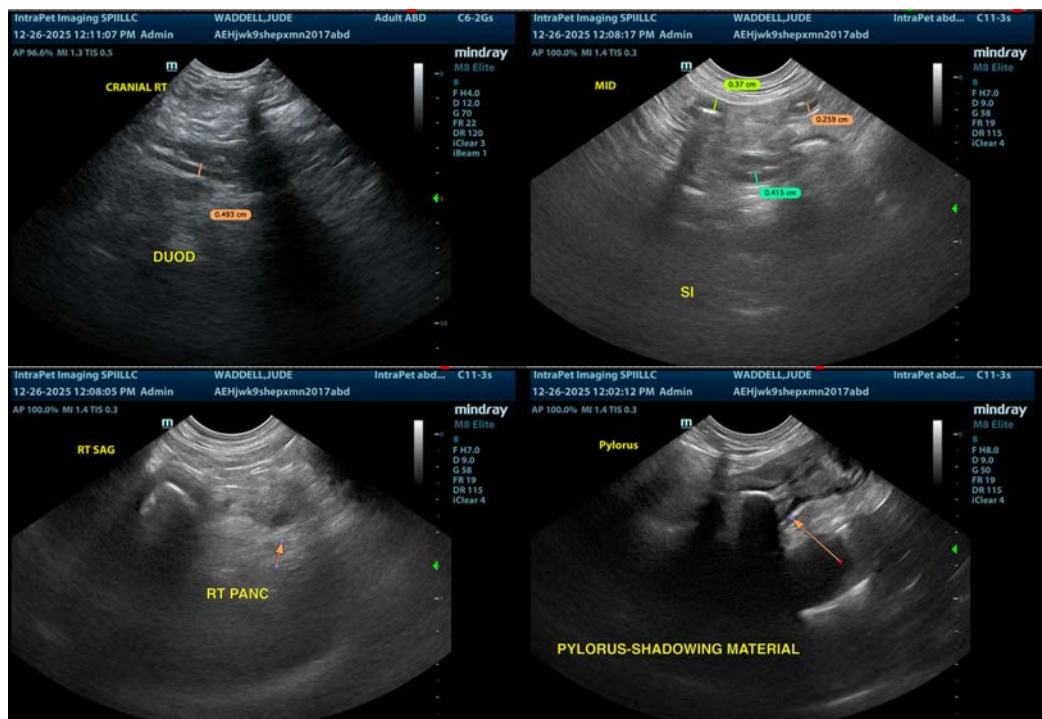
- Prominent/borderline large prostate – Findings are likely consistent with a dog neutered after puberty.
- Surgically absent spleen.
- Prominent, mildly mottled right limb of the pancreas – Findings are most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Significantly fluid distended stomach with linear echogenic ingesta – Findings could be consistent with partial outflow tract obstruction, ileus, etc. The echogenic linear material could be consistent with foreign material, stringing mucus, plant material, etc.
- Mildly thickened small intestine with focal hard shadowing material visualized in the region of the pylorus – Findings are concerning for obstructive/partially obstructive foreign material. Atypical ingesta is possible.
- Mildly thickened gastric wall with intact wall layering – Findings are most consistent with gastritis.
- Mild diffuse enteritis type pattern.

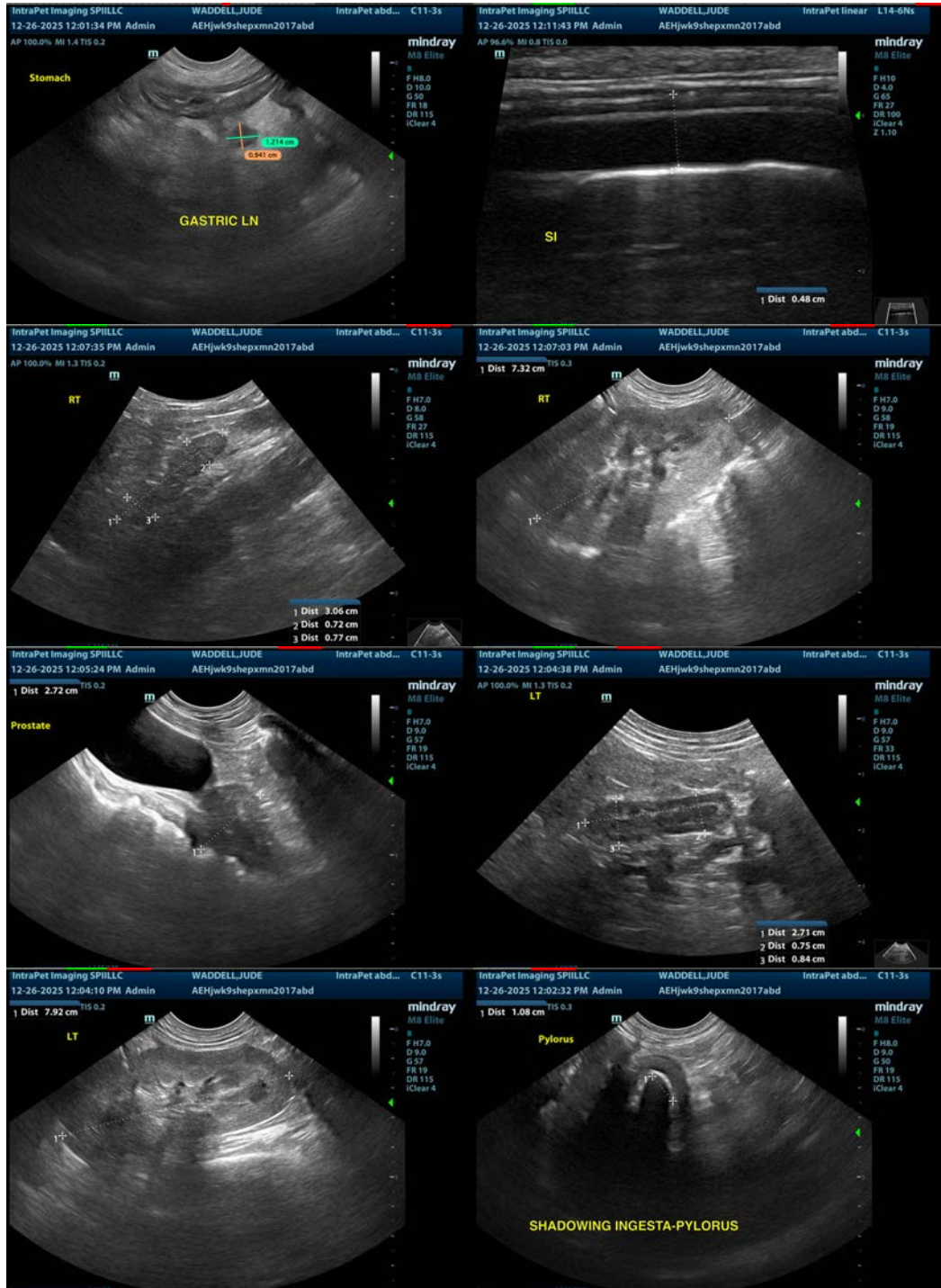
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

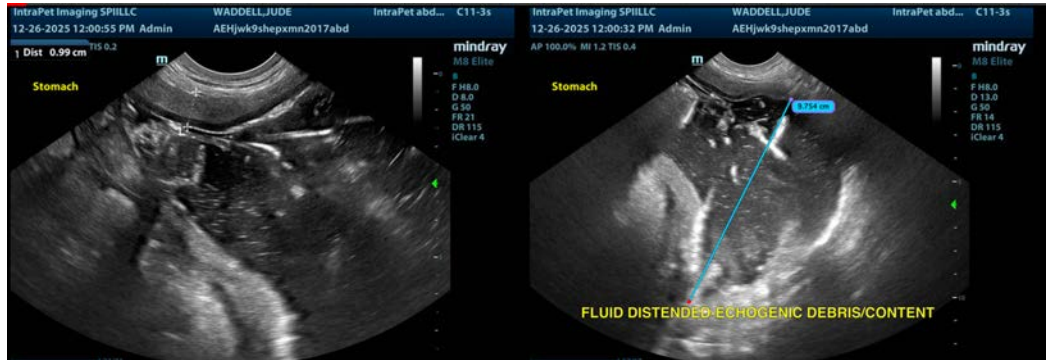
The stomach is significantly fluid distended with non-shadowing echogenic linear material. This could be consistent with atypical ingesta (plant material, etc.) or even stringing mucus. In the region of the pylorus there is some focal hard shadowing material that is concerning for a possible partial outflow tract obstruction. Correlate with patient's clinical history (is this patient eating, keeping food down, passing normal stool, etc.?) as well as radiographs, etc. Consider hospitalization for supportive care, fluids, etc., and reevaluation. If this material is persistent, further evaluation such as upper GI endoscopy or even surgical evaluation may be warranted.

The stomach appears mildly diffusely thickened. The small intestine has some areas of mild fluid and gas distention. These changes are most consistent with gastritis/enteritis. Biopsies of the stomach/intestine may be warranted.

The prostate is prominent and large for a neutered male. Correlate with a digital rectal exam and the age of neutering. If the patient was neutered prior to 6 months of age, this could be abnormal, and a fine needle aspirate of the prostate should be considered.







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