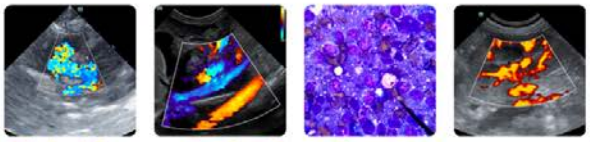


PATIENT

Ginger Daulerio

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

9 Years

WEIGHT

5.25

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Casper

HOSPITAL NAME

Hometown Animal Hospital (Florida)

REFERRING VET

Dr. Casper

INVOICE

72895

DATE

12/31/25

PRESENTING CLINICAL SIGNS

Recent approx 2 month hx of recurrent diarrhea Prev dx w/ lymphoplasmacytic enteritis w/ eosinophilic component when had GB removed. hx of nephrolithiasis. Currently managed on strict i/d LF diet

Abnormal PE/Chem/CBC/UA Results: Cbc- wnl Chem- mild hypophosphatemia (2.2), mild hypokalemia (3.4) Pancreatic lipase - inc, 217 giardia snap neg fecal dx + pcr pending

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 (3.19 cm) with pyelectasia at 0.13 cm and several non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with poor 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 infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.39 cm) with non-obstructive mineralizations. Overall echogenicity is slightly hyperechoic with poor 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

The right adrenal gland is not clearly visualized.

Spleen

The spleen is subjectively normal in size (0.99 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.

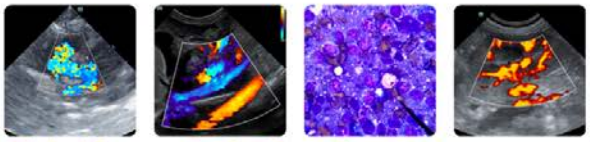
Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder is surgically absent.

Gastrointestinal

The stomach contains moderate fluid and shadowing ingesta. 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. Shadowing ingesta interferes with 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 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 0.22 cm. Jejunum wall measures 0.28 cm. There is mild mucosal speckling noted. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with non-formed/liquid fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of 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

- Decreased corticomedullary distinction in both kidneys with shadowing non-obstructive nephroliths – Hyperechoic foci are visualized in the kidneys most consistent with nephroliths. There is no current evidence of obstructive disease. Correlate findings with abdominal radiographs, urinalysis, and culture. Continued monitoring is warranted for progression/obstruction.

- Large, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

- Surgically absent gallbladder.

- Mild segmental thickening of the small intestine with some areas exhibiting mucosal speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant focal lesions are visualized associated with the small intestine. Some areas appear segmentally thickened with some mucosal speckling. Given the current diagnosis, consider a combination ultra low-fat prescription with a hydrolyzed protein prescription diet (Royal Canin has this combination diet). Additionally consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate, looking for B12 deficiency, dysbiosis, etc., and chronic probiotic therapy.

If symptoms are persistent despite these measures, options would include repeat biopsy to reassess the previously diagnosed enteropathy or the introduction of medical therapy, as the condition could have progressed.

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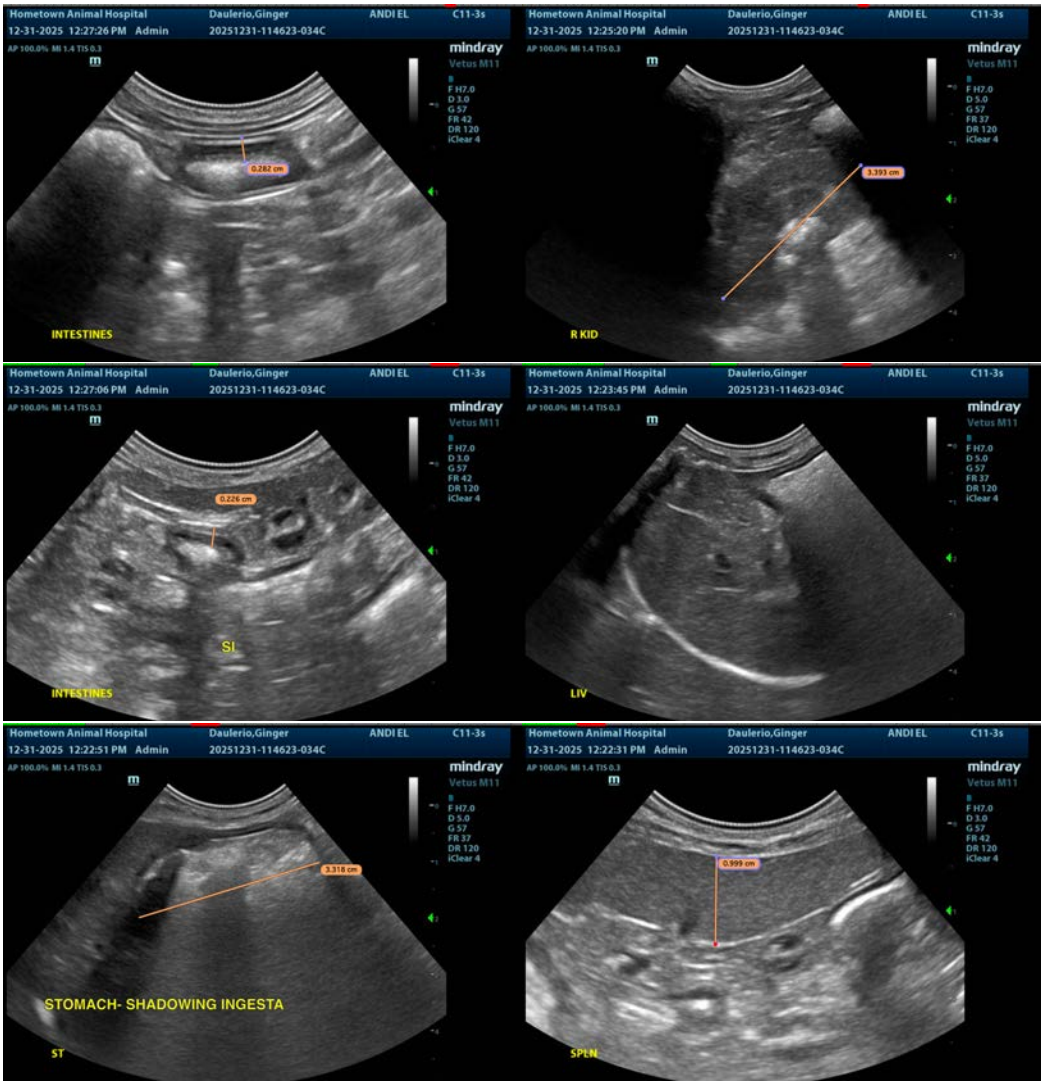
Both kidneys have decreased corticomedullary distinction consistent with chronic renal disease and chronic nephrolithiasis. Recommend a urinalysis, culture, blood pressure, +/- a urine protein to creatinine ratio as a baseline to determine the need for further treatment/evaluation.

The liver is mildly heterogeneous. This has the appearance most consistent with a vacuolar hepatopathy, although other hepatopathies are possible. Correlate with current lab work.



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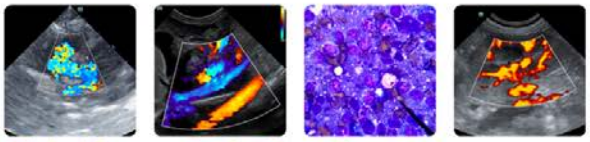

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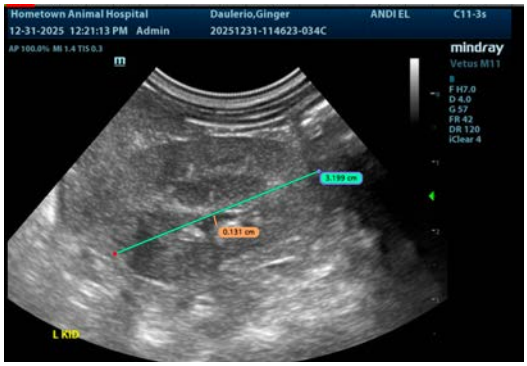

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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