



**DATE PRESENTING CLINICAL SIGNS**

12/4/25 **Patient History:** Not eating, vomiting, lethargic. Bloodwork supportive of pancreatitis. Defecated worms

**PATIENT Current Medications:** None listed

Magnolia Dull **Labwork Results:** Labwork not attached.

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** Oral gaba and traz.

**Stat Report:** Not requested.

**SPECIES Imaging Performed by:** Rachel Brillhart, RDMS.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED Urinary System**

Portugese Water Dog 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.

**SEX**

Intact Female The left kidney has a normal shape and size (5.91 cm) with pyelectasia at 0.21 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

4/20/25

**WEIGHT**

12.6 kg

The right kidney has a normal shape and size (6.19 cm) with pyelectasia at 0.41 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.47 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.

**HOSPITAL NAME**

Eastern Animal  
Hospital

The right adrenal gland is normal in size measuring 0.64 cm at the cranial pole and 0.52 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.

**REFERRING VET**

Dr. Parrish

**Spleen**

The spleen is subjectively normal in size (2.1 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.

**INVOICE**

72352

**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. Jejunum wall measures 0.31 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. 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 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***

There is a small amount of free abdominal fluid. There are occasional prominent isoechoic mesenteric lymph nodes. An example measures 0.75 cm x 3.8 cm. The omentum is of normal echogenicity.

### ***Other***

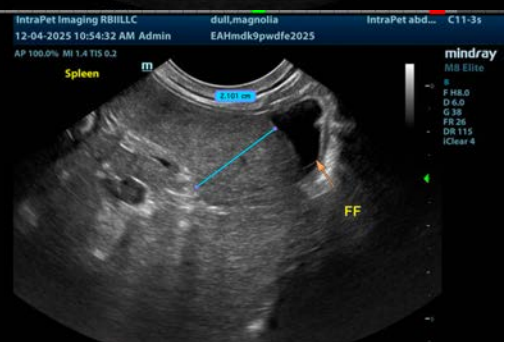
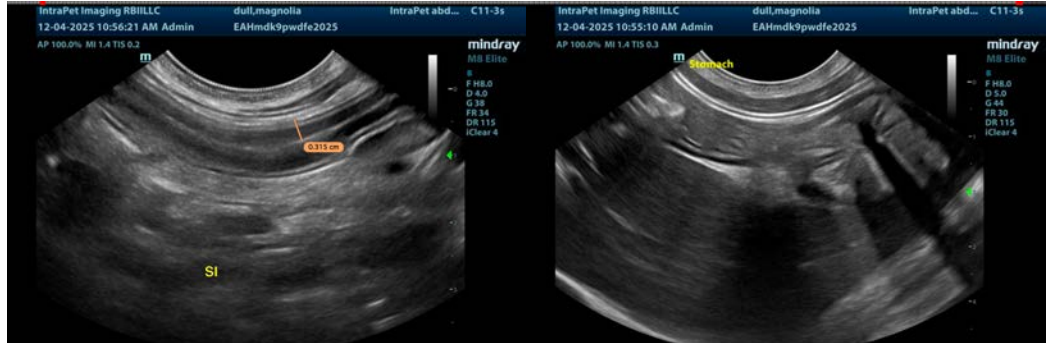
The uterus and ovaries are visualized and appear within normal limits.

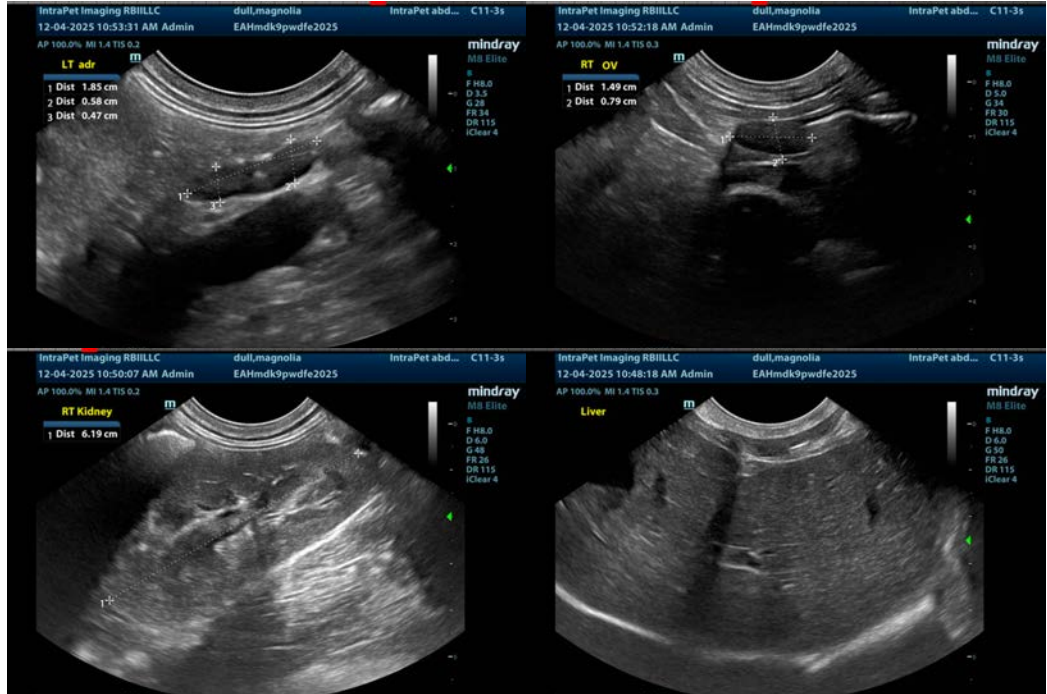
## **ULTRASONOGRAPHIC FINDINGS**

- Mild pyelectasia visualized associated with both kidneys – Findings are likely consistent with IV fluid therapy. Correlate with urinalysis.
- Scant free abdominal fluid.
- Mild mesenteric lymphadenopathy – Findings are most consistent with a juvenile lymphadenopathy.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No focal lesions are visualized associated with the gastrointestinal tract to explain the vomiting and lethargy reported. Recommend treatment for gastroenteritis and parasitic enteritis. Consider a baseline cortisol to rule out Addison's. If symptoms are worsening despite therapy, consider repeat imaging, looking for the development of new lesions.





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.

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