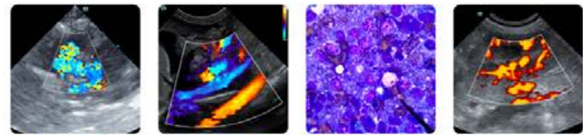


SonoPath www.carolinavetmobile.com info@carolinavetmobile.com 800.808.5948

PATIENT

Otis Jordan

SPECIES

Canine

BREED

Bulldog

SEX

Neutered Male

AGE

6 Years 8 Months

WEIGHT

46.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Lake Brandt

REFERRING VET

Dr. Jordan

INVOICE

72329

DATE

12/4/25

PRESENTING CLINICAL SIGNS

P presented for US due to vomiting and diarrhea. P ate acrylic paint- poison control said its fine. Concern for IBD, GI lymphoma, rdvm sending out GI panel today

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 normal in size (1.01 cm) and shape for this neutered male dog. 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 (6.26 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 (5.68 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 borderline “plump” measuring 0.74 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 borderline “plump”, measuring 0.83 cm at the cranial pole and 0.84 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.

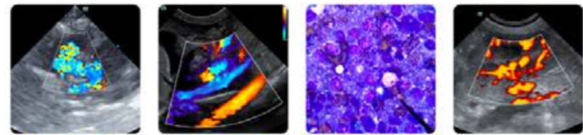
Spleen

The spleen is subjectively normal in size (1.8 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.



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Gastrointestinal

The stomach contains minimal luminal contents. The gastric wall is slightly prominent, measuring 0.58 cm in width with intact wall layering. Similarly, the pylorus/pyloroduodenal junction is slightly prominent and thickened, measuring at 0.58 cm with intact wall layering.

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 measures 0.32 cm. Jejunum wall measures 0.25 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 prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is a small amount of reactive mesentery.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a significant lymphadenopathy. There are occasional prominent mesenteric lymph nodes. An example of a lymph node near the ileocecal junction measures 0.52 cm.

ULTRASONOGRAPHIC FINDINGS

- Borderline “plump” adrenal glands – The significance of this is uncertain. Possible differentials include anatomic variation or mild hyperplasia.
- Pancreatic changes consistent with chronic pancreatitis/pancreatic remodeling.
- Prominent gastric wall with a mildly thickened pylorus – Findings could be consistent with mild gastritis. Recommend continued monitoring. A neoplastic process seems less likely.
- Occasional prominent mesenteric lymph nodes – These likely represent reactive lymph nodes.

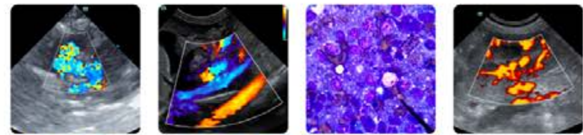
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the vomiting and diarrhea reported. The stomach appears somewhat prominent, and the pylorus is mildly thickened. This could be gastritis/inflammatory change. Recommend continued monitoring, particularly if vomiting is persistent.

The pancreas is somewhat prominent and hypoechoic with some mild surrounding reactive mesentery. Correlate with a PLI level and consider treatment for mild pancreatitis.

If a chronic enteropathy is strongly suspected, you could consider the following:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks). *I believe this is currently pending.
- If not already done, recommend screening for parasites and empirical deworming.



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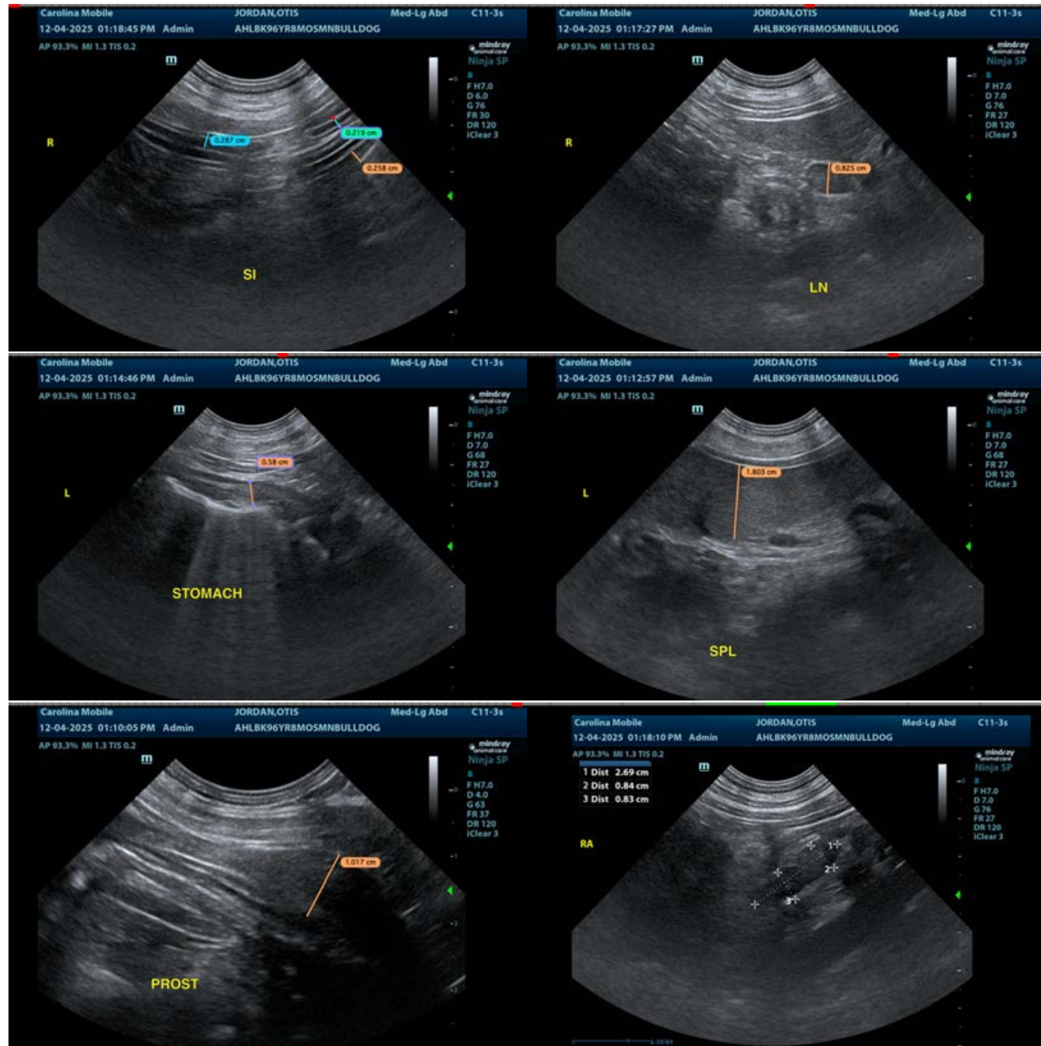
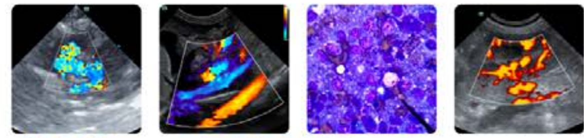
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.

- Recommend chronic probiotic therapy.

Eventually, if symptoms are persistent, biopsies of the GI tract may be warranted. Prior to this, consider repeat imaging, looking for the development of or progression of any lesions.





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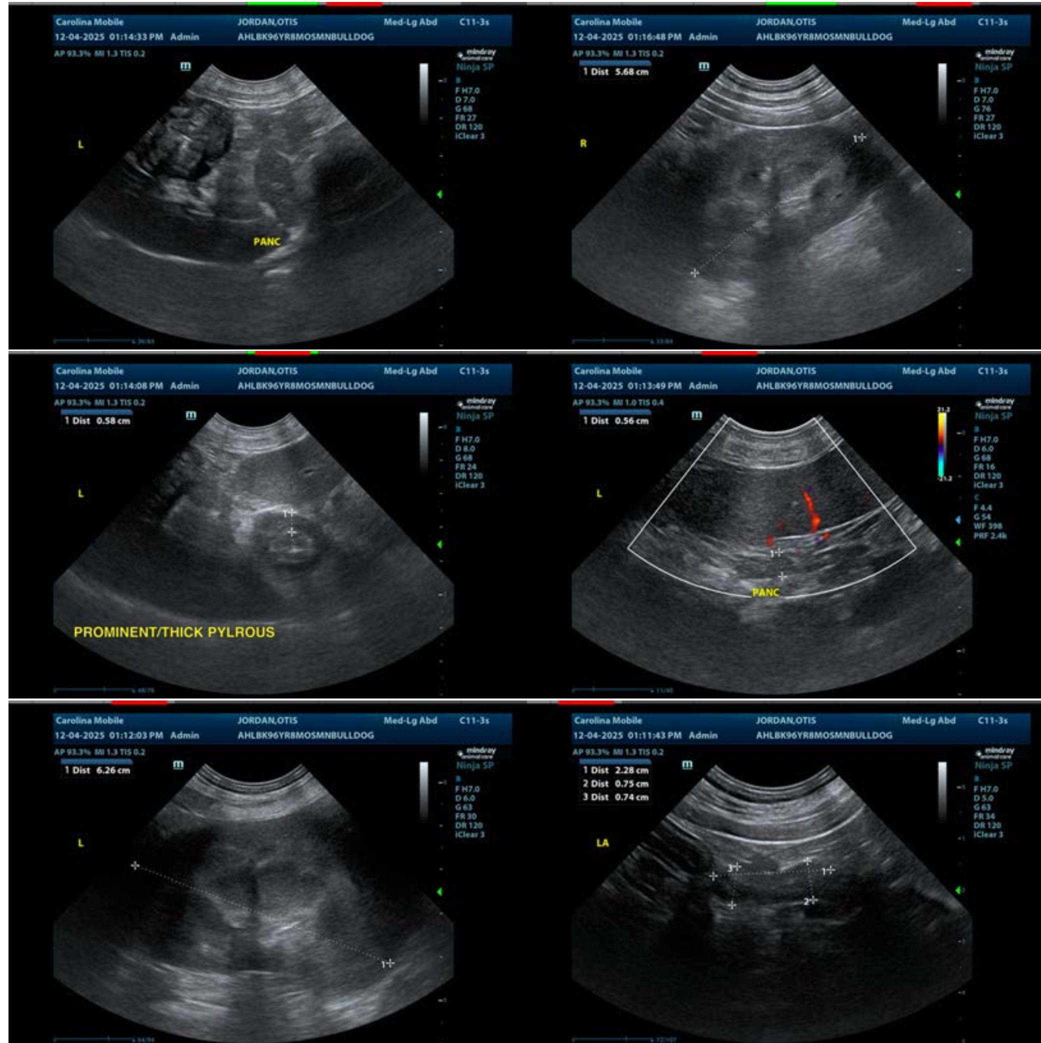

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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