DATE

12/5/25

PATIENT

Mocha Frappe Foster

SPECIES

Canine

BREED

Shiba Inu

SEX

Spayed Female

AGE

6/1/20

WEIGHT

27.6 lbs

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Reynolds

INVOICE

72350

PRESENTING CLINICAL SIGNS

Patient History: Presenting Complaint: Mocha Frappe presents for acute onset of lethargy, vomiting, and inappetence. Patient History: - Onset of signs this morning; client came home and patient did not greet them at the door as usual. - Appeared lethargic and was lying on the kitchen floor in a "loaf" position, unwilling to get up. - Urinated on walk this morning. - Refused food this morning. -Vomited a substance that looked like bile. - Passed a solid stool. Husband was unsure if she ingested it, which is a known past behavior. – No coughing or sneezing observed. - No diarrhea. - History of dietary indiscretion, primarily involving food items, leaves, and toys like tennis balls. A previous visit for similar signs was attributed to needing to defecate. - Client's husband noted she ate a piece of ham a couple of days ago. - No known history of heart, liver, or kidney disease. The client has had her for approximately one year. - Current medications include heartworm preventative and an occasional joint supplement of an unknown brand.

Current Medications: Buprenorphine, Gabapentin, Cerenia, Ondansetron.
Labwork Results: Labwork attached. Xray Abdomen 2 View- no signs of obstruction or foreign material
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Buprenex.
Stat Report: STAT requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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 (4.13 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 (4.75 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 0.57 cm at the cranial pole and 0.64 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 0.89 cm at the cranial pole and 0.74 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 (1.55 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 a large amount of fluid. 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. Duodenum wall measures 0.53 cm. Jejunum wall measures 0.29 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 pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

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 mildly hyperechoic in the cranial abdomen.

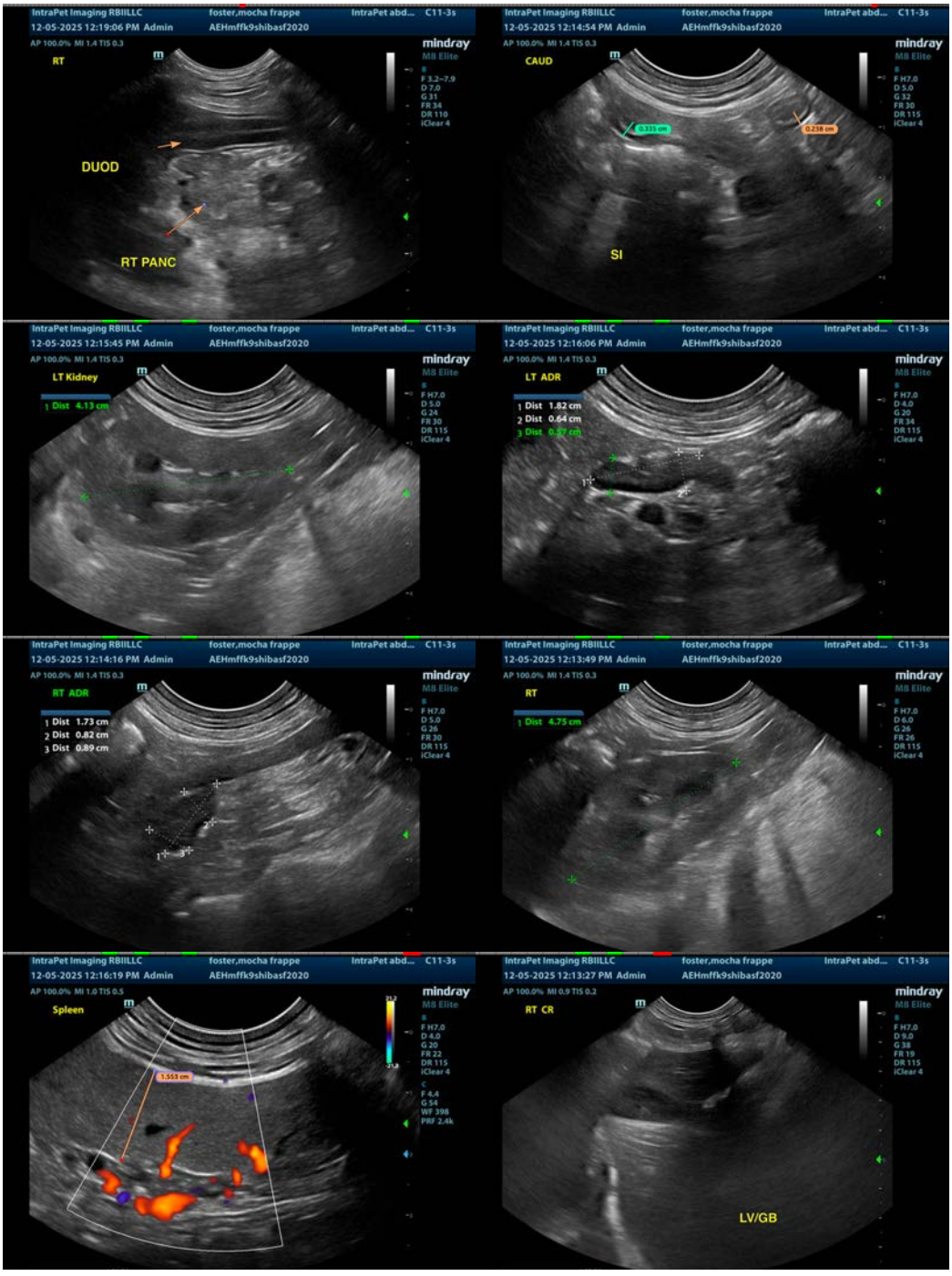
ULTRASONOGRAPHIC FINDINGS

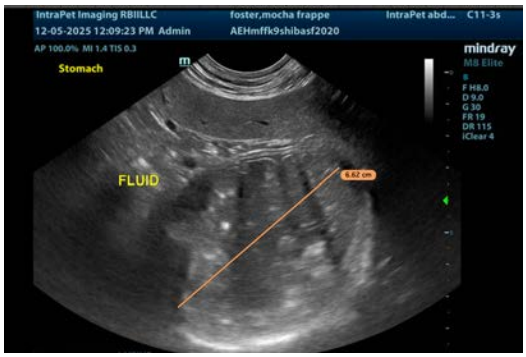
- Prominent, mottled, hypoechoic right limb of the pancreas – Findings are most consistent with mild pancreatitis.
- Large, fluid distended stomach – If the patient is adequately fasted, this likely represents gastric ileus. A partial outflow tract obstruction is not visualized but cannot be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the symptoms reported. The right limb of the pancreas is somewhat prominent, and the stomach is significantly fluid distended. Findings are suggestive of mild pancreatitis and gastric ileus. Consider decompression of the stomach with a nasogastric tube and prokinetic therapy as well as treatment for pancreatitis.

The ALT is significantly elevated with no focal lesions visualized. This could be consistent with acute injury, toxin, infection, etc. Consider screening for Leptospirosis and treatment for acute liver injury with Denamarin, antibiotics, Ursodiol, and supportive care. If the patient is not responding to this therapy, reevaluation may be warranted.





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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