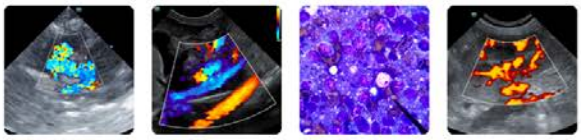


DATE

12/9/25

PATIENT

Teddy Allen

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

4/2/23

WEIGHT

9.5 lbs

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Kalwa

INVOICE

72436

PRESENTING CLINICAL SIGNS

Patient History: Vomiting- brown bile + specks of blood History: - Sudden onset vomiting: 7–8x, starting morning of presentation - Vomitus: brown, speckles of bright red blood, frothy, "orange" color noted - Diarrhea: initial normal stool, followed by 2x episodes with diarrhea; last stool brown, end segment diarrhea - Ate small amount of dinner, drank some water prior to presentation - No previous similar episode; mild past GI upset treated with probiotics - Possible exposure: licking paws after contact with wet Fabuloso (household cleaner), ingestion of grass, possible exposure to tennis ball fur - No known exposure to rodenticides; bait stations in garage but inaccessible in past 48 hrs - Sister dog: dry heaved, resolved, otherwise normal - Lyme/tick-borne panel run earlier this week: negative - No urinary or drinking changes reported - Known breed predispositions discussed: dental disease, heart murmurs, pancreatitis, liver issues

Current Medications: Ampicillin, Proviable, Buprenorphine, Protonix, Ondansetron, Sucralfate, Cerenia.
Labwork Results: Labwork attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not 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 prostate is normal in size (0.77 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 (3.43 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 (3.58 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 0.45 cm at the cranial pole and 0.49 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 0.62 cm at the cranial pole and 0.46 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 (0.84 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 moderate fluid and a small amount of shadowing ingesta. The gastric wall appears slightly thickened, measuring at 0.48 cm, with some minor irregularities associated with the mucosa, possibly consistent with small ulcerations/erosions.

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 0.32 cm. Jejunum wall measures 0.26 cm. There is very subtle mucosal speckling visualized associated with some sections of the small intestine. 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 non-formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering. Descending colon measures 0.15 cm.

Pancreas
The pancreas is visible/mildly mottled in the right limb. 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

- Pancreatic changes most consistent with mild pancreatic remodeling +/- mild chronic pancreatitis.
- Moderate fluid and some irregular shadowing material visualized within the gastric lumen – The gastric wall appears mildly thickened, most consistent with gastritis. There is questionable irregularity of the mucosal surface possibly consistent with small erosions/ulcerations. The shadowing material could be consistent with ingesta, retained foreign material, etc. A definitive obstruction is not visualized.

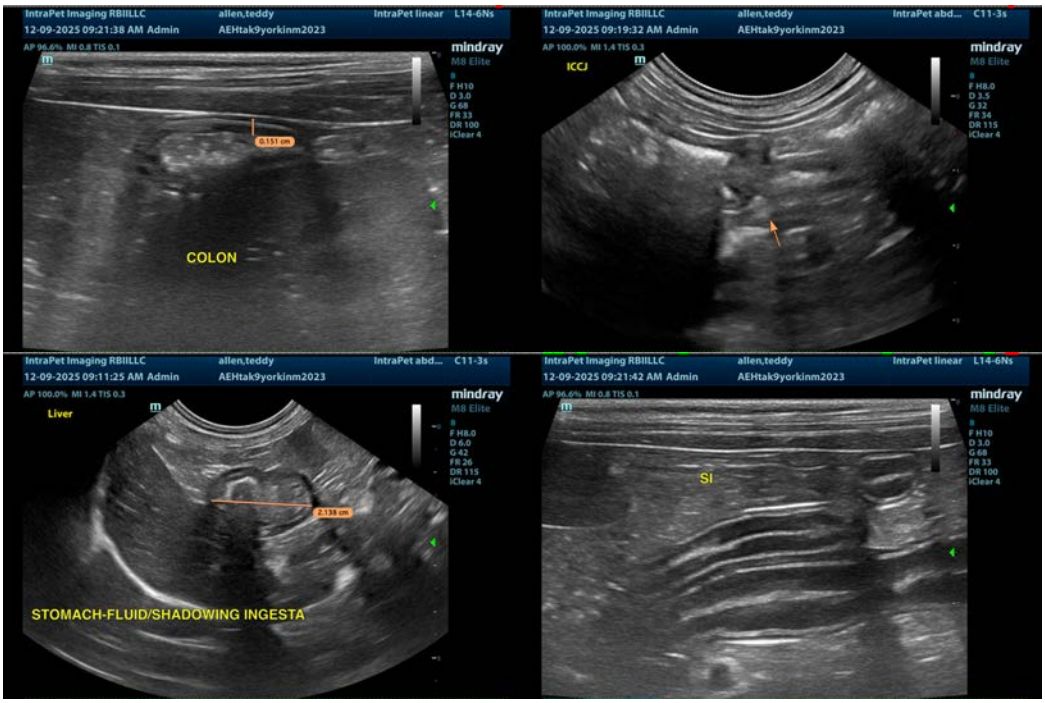
- Occasional mild mucosal speckling visualized associated with the small intestine – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

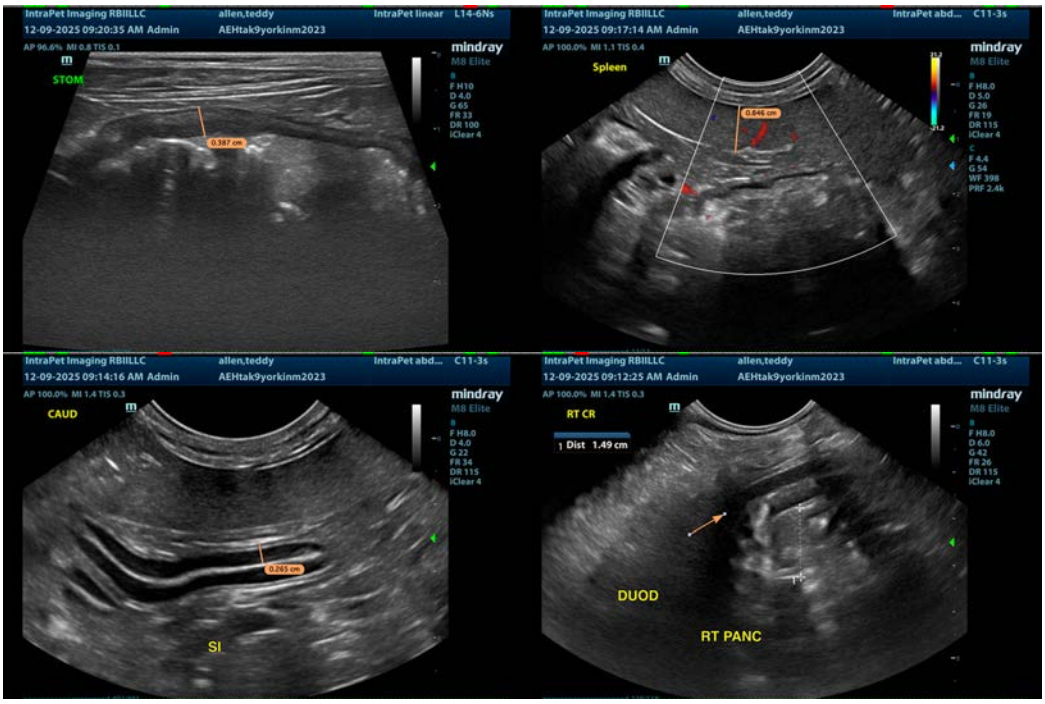
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is mildly to moderately fluid distended with some intraluminal shadowing material. Correlate with feeding/medication history. If the patient was adequately fasted, this could represent delayed gastric emptying, retained foreign material, etc. A definitive obstruction is not visualized. Some areas of the mucosal surface appear slightly irregular, possibly consistent with mild mucosal erosions/ulcerations.

No focal lesions are visualized associated with the small intestine. There are some sections that have mild fluid or gas distention possibly consistent with an enteritis type pattern. There is non-formed fecal material visualized within the colon. The colon wall appears slightly prominent.

Recommend treatment for acute +/- ulcerative gastroenterocolitis. Correlate findings with a PLI level. If this is significantly elevated, concurrent treatment for mild pancreatitis may be warranted. If symptoms are persistent despite treatment, consider repeat imaging, looking for the development of an obstructive lesion or similar, which could indicate a more focal lesion.





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)
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