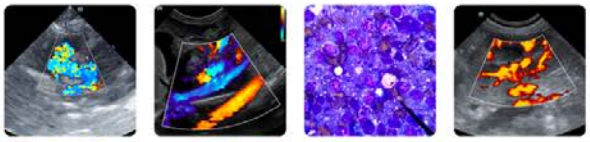


PATIENT

Bodie Hadden

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

8 Years 8 Months

WEIGHT

71.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Katelyn Mazzochette, DVM

HOSPITAL NAME

Airpark Animal Hospital

REFERRING VET

Grace Kennedy, DVM

INVOICE

72874

DATE

2/11/26

PRESENTING CLINICAL SIGNS

Sedated with butorphanol and low dose dexdomitor for scan Started having hematochezia and dripping blood from rectum in October 2025. Changed foods and still having issues, seems to wax and wane no matter the treatment. Had essential panel done in August at senior annual, bloodwork and fecal normal then. Rechecked premier panel 12/29, results mostly normal (see below). Appetite/lethargy wax and wane with these episodes, as well as hematochezia and diarrhea. Very mild amount of weight loss, occasional vomiting with these episodes. Switched to Hill's i/d at recheck (2/6/26).

Abnormal PE/Chem/CBC/UA Results: August 19, 2025 (before problems occurred) PCV 44% WBC 9.2 K/uL (5.8-16.2) Platelets 180 (120-412) Creatinine 1.1 Na:K ratio 36 Total Protein 5.5 (albumin 2.9) ALT 41 (18-121) ALP 20 (5-160) 4dx negative fecal negative December 29, 2025 PCV 50% WBC 8.9 K/uL Platelets 193 Creatinine 1.3 Na:K ratio 33 Total Protein 5.3 (albumin 2.7) ALT 40 ALP 23 Amylase 1,666 (337-1,469) Lipase 1,046 (0-250) Total T4 1.4 4DX negative Fecal negative UA: USG 1.050, neg protein, neg glucose, neg ketones, neg WBC/RBC Rectal exam today while sedated- rectum empty, no obvious polyp/mass, prostate not palpable, no hematochezia or mucus. AG both mod full, expressed easily with normal contents

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

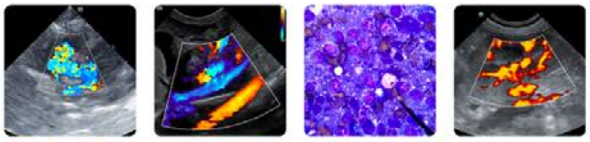
The left kidney has a normal shape and size (6.55 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.18 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 0.60 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 1.55 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.



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Spleen

The spleen is subjectively normal in size (1.5 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/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. Intraluminal shadowing ingesta and fluid interfere with full evaluation of the stomach and some areas of the cranial abdomen.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate 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 0.49 cm. Jejunum wall measures 0.35 cm. Many of the small intestinal bowel loops appear mildly to moderately fluid distended, subjectively with mildly reduced progressive motility.

The colon is distended with non-formed/liquid fecal material. The descending colon wall is somewhat prominent measuring at 0.27 cm with intact wall layering.

Pancreas

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. There is no evidence of a severe diffuse lymphadenopathy. An occasional prominent mesenteric lymph node is visualized. A jejunal lymph node is visualized measuring 0.82 cm x 1.77 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Moderate fluid/ingesta distention of the stomach and some areas of the small intestine – Correlate with feeding history. If the patient was adequately fasted, this could represent mild generalized ileus.
- Fluid distended colon with a prominent/mildly thickened colon wall with intact wall layering – Findings are most consistent with colitis.

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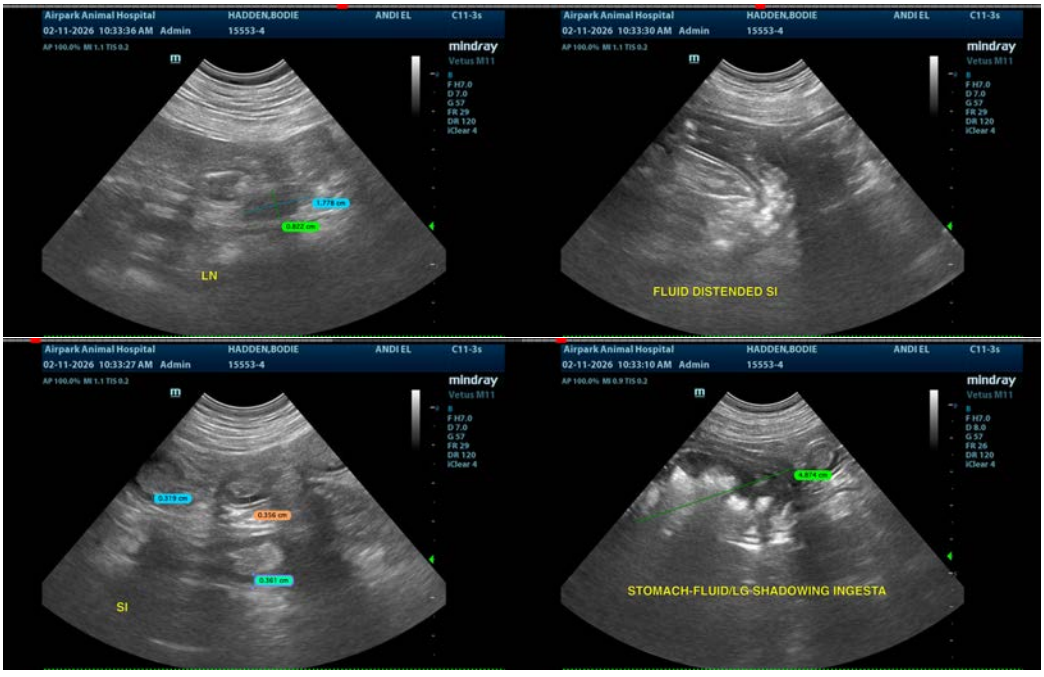
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant focal lesions are visualized associated with the gastrointestinal tract. The stomach and small intestine are moderately fluid and ingested distended. This could be normal for a post-prandial patient or could represent a degree of ileus. The more distal colon is distended with non-formed fecal material, with slightly prominent wall but intact wall layering. Further evaluation for underlying gastrointestinal disease is warranted. Consider the following:

- Dietary management will vary. Consider a hydrolyzed protein prescription diet and playing with options. Possibilities would include a combination ultra low-fat diet, adding in a fiber supplement, etc.
- 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.
- If not already done, recommend empirical deworming and parasite screening.
- If not already done, recommend a screening panel for infectious causes of diarrhea.

Based on the chronicity, I suspect biopsies of the colon will likely be necessary. Strongly recommend upper and lower GI endoscopy to obtain biopsies and further evaluate if the previous recommendations do not result in significant improvement.



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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