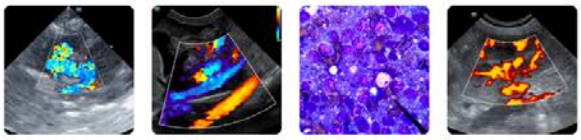


DATE

2/17/26

PATIENT

Chloe Augustitis

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

4/13/13

WEIGHT

49 lbs

INTERPRETED BY

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

HOSPITAL NAME

Pleasantville Animal Hospital

REFERRING VET

Dr. Gounaris

INVOICE

73019

PRESENTING CLINICAL SIGNS

Patient History: Presented here 2/13/26 for a one week history of intermittent vomiting, panting, pacing, discomfort. Went to ER 2/7/26 for this but no diagnostics performed, treated with cerenia with marginal improvement. 2/13 treated with IVF therapy, supportive medications, bloodwork and rads performed.

Current Medications: IVF previously, cerenia, pantoprazole, ondansetron. O elected to take home for monitoring over weekend
Labwork Results: Diagnostics attached, reported as: blood chem cbc largely wnl aside from very mild ALP and ALT elevations, amylase elevation, and neutrophilia 16k. Snap CPL negative. survey rads show dilated small bowel loops with fluid, some material. barium was administered and partially made it to the colon within 12 hours but still retained slightly in stomach, dilated small bowel loop and material highlighted with barium
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Declined.
Stat Report: Declined.
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 (5.74 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 (6.01 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 large and irregular in appearance, measuring 1.03 cm at the cranial pole and 1.32 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that there is a somewhat poorly defined hyperechoic nodule at the caudal pole of the left adrenal measuring 1.12 cm x 0.76 cm. No evidence of vascular invasion is visualized.

The right adrenal gland is normal in size measuring 1.03 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 normal/borderline small/hypovolemic. 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. 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.

Some of the visualized areas of duodenum, jejunum and ileum appear normal with normal wall thickness and layering. There are some focal sections of proximal bowel that appear severely fluid distended with the appearance of non-progressive motility. There is a focal obstructive/partially obstructive bowel mass visualized measuring approximately 4.78 cm x 3.08 cm, involving what appears to be the jejunum. Cranial to this lesion the bowel is severely fluid distended. Caudal the bowel is empty and appears normal. Wall layering is disrupted in this region. On cross section the bowel wall thickness measures 1.13 cm.

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 scant free fluid noted. No lymphadenopathy. The omentum is hyperechoic around the focal mass effect.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic nodule at the caudal pole of the left adrenal gland – This has a somewhat benign appearance possibly consistent with an adenoma or early carcinoma, pheochromocytoma, other.

- Focal bowel mass effect and associated obstructive pattern – The appearance favors a neoplastic lesion, although a benign lesion is possible.

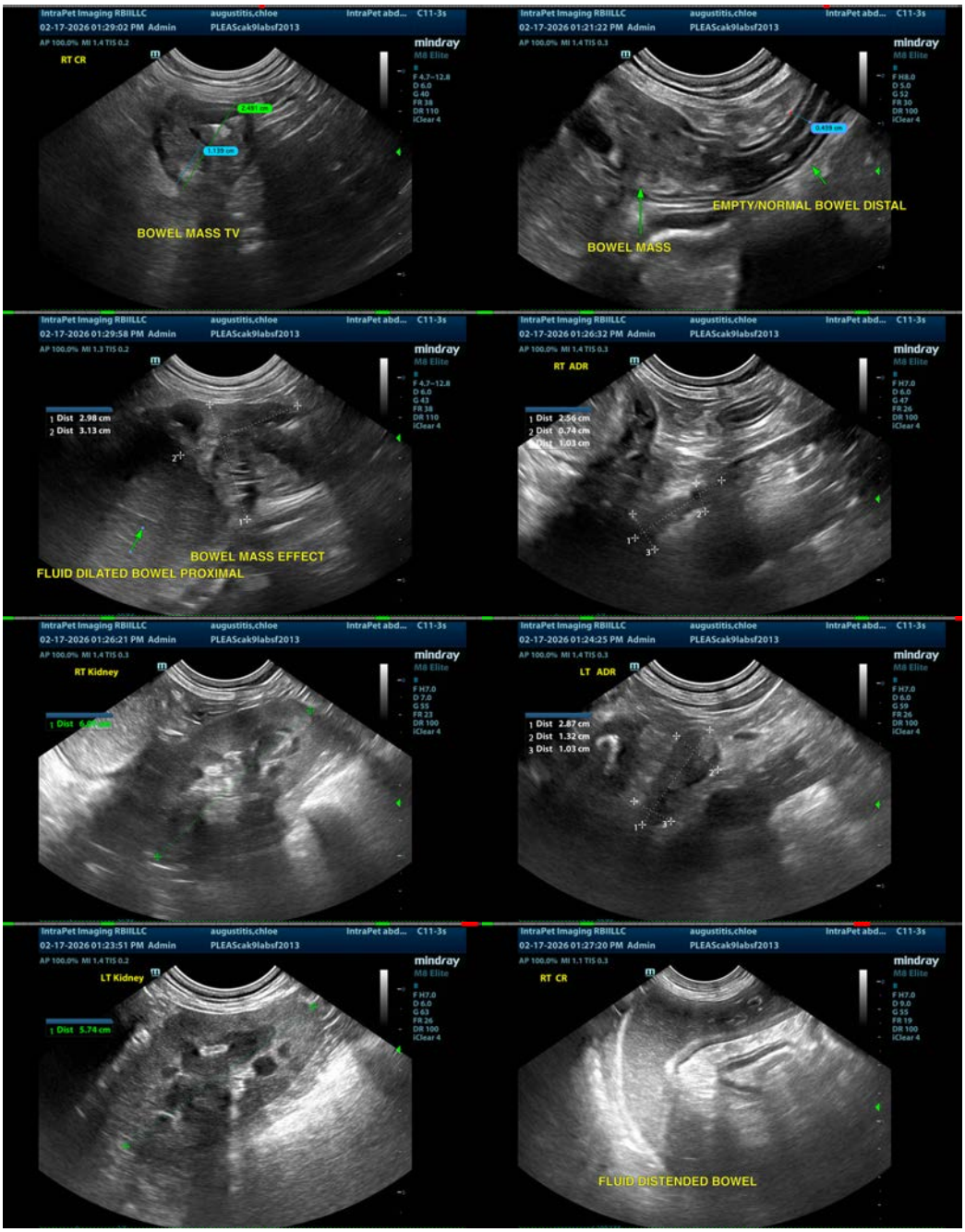
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

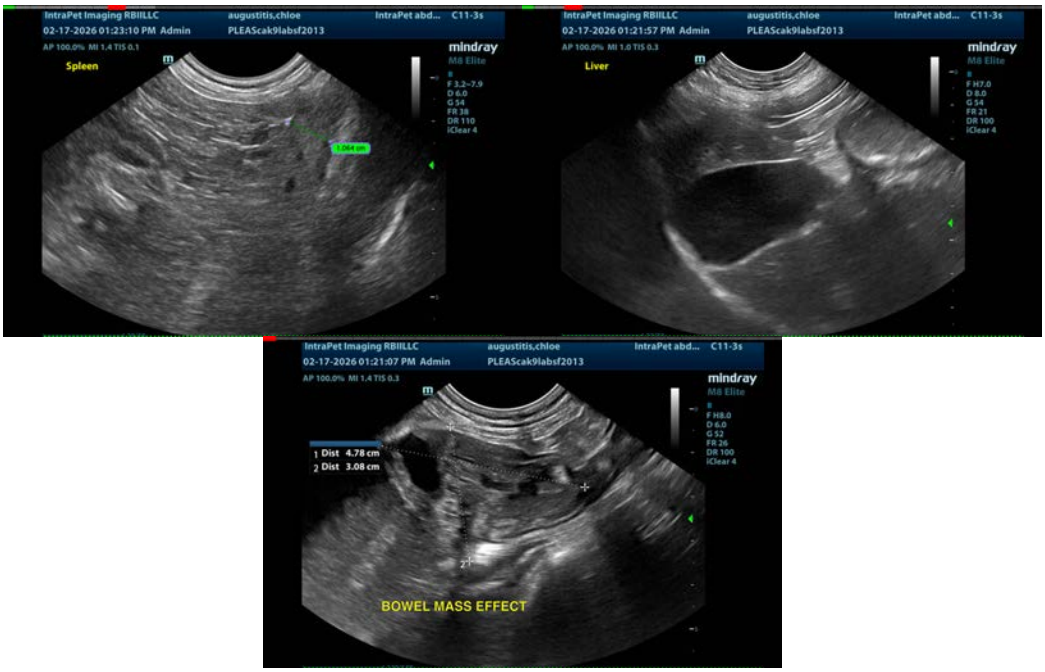
The proximal GI tract appears severely distended proximal to a focal bowel mass effect with reduced detail of wall layering and severely thickened wall. Findings could be consistent with a neoplastic or benign lesion. Distal to this lesion the bowel appears normal with no evidence of significant fluid distention. Consider surgical explore to assess for possible mass resection and biopsies.

The caudal pole of the left adrenal is large and slightly hyperechoic most consistent with a nodule. If signs of Cushing's are present, consider adrenal function testing once the patient has recovered from this episode. Continued monitoring of this lesion is recommended, as an early neoplastic lesion cannot be ruled out. Additionally consider blood pressure evaluation, looking for hypertension and a possible pheochromocytoma

(if hypertension is present, recommend measuring catecholamine levels).

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).





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