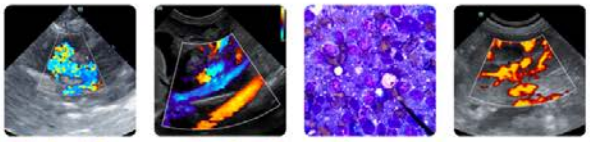


PATIENT

Brooklyn Napolitano

SPECIES

Canine

BREED

Shih Tzu x Pomeranian

SEX

Spayed Female

AGE

4 Years

WEIGHT

12 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jeremiah Gabriel

HOSPITAL NAME

Central Jersey Animal Hospital

REFERRING VET

Dr. Jeremiah Gabriel

INVOICE

73076

DATE

2/18/26

PRESENTING CLINICAL SIGNS

Diarrhea. Fever 103.5 F. Anorexia. Abnormal PE/Chem/CBC/UA Results: Not performed.

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 (3.48 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 (3.34 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 0.56 cm at the cranial pole and 0.62 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 0.88 cm at the cranial pole and 0.51 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.

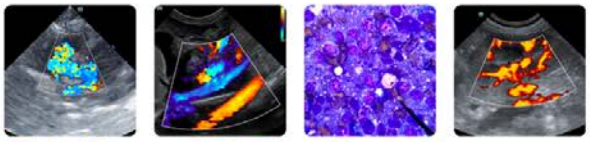
Spleen

The spleen is subjectively normal in size (1.2 cm in width at the level of the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic nodule visualized in the spleen measuring 0.83 cm x 1.18 cm.

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 moderate/large fluid/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. Shadowing ingesta/fluid interferes with full evaluation of some areas of the stomach.

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 0.37 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 non-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 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

- Hypoechoic nodule in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Pancreatic changes most consistent with mild pancreatic remodeling +/- mild chronic pancreatitis.

- Fluid/ingesta distended stomach – Correlate with feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying or a partial outflow tract obstruction (seems less likely but I cannot see the pylorus in its entirety).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a small hypoechoic nodule in the spleen. This could represent a benign or early neoplastic lesion. Options moving forward include a fine needle aspirate or continued monitoring with ultrasound.

The stomach is moderately distended with fluid and ingesta. Correlate with the feeding history. If the patient was adequately fasted this could represent a degree of ileus. The pylorus is somewhat obscured, but no evidence of an obstruction is clearly visualized. Unfortunately, there are many causes for diarrhea that cannot be definitively diagnosed by ultrasound alone. The young age of this patient and concurrent fever points somewhat to an infectious cause of diarrhea. Consider the following:

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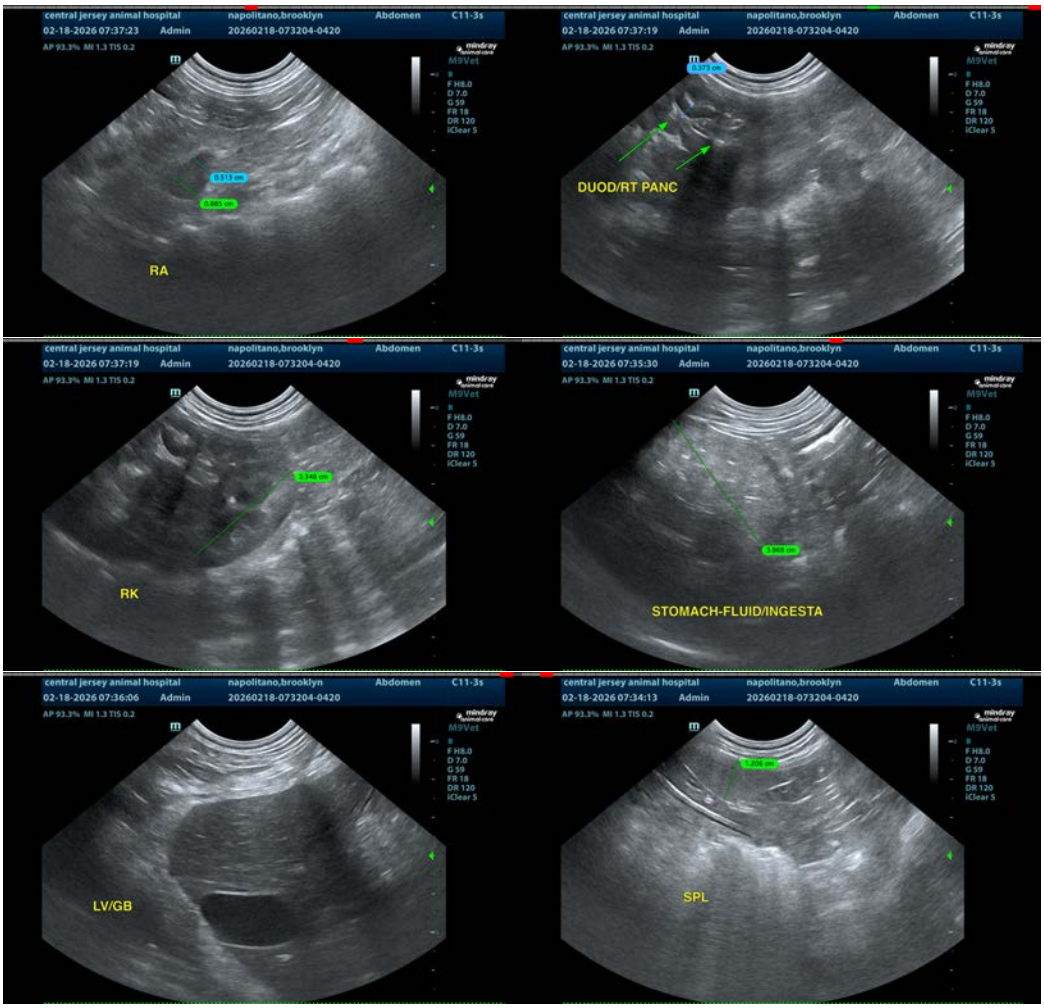
- Recommend full biochemical evaluation, looking for any metabolic causes contributing to the diarrhea reported.
- Consider an infectious diarrhea panel.
- If not already done, recommend parasite screening and empirical deworming.
- Recommend non-specific therapy for acute gastroenterocolitis.
- Consider a baseline cortisol if there is concern for underlying Addison's disease.



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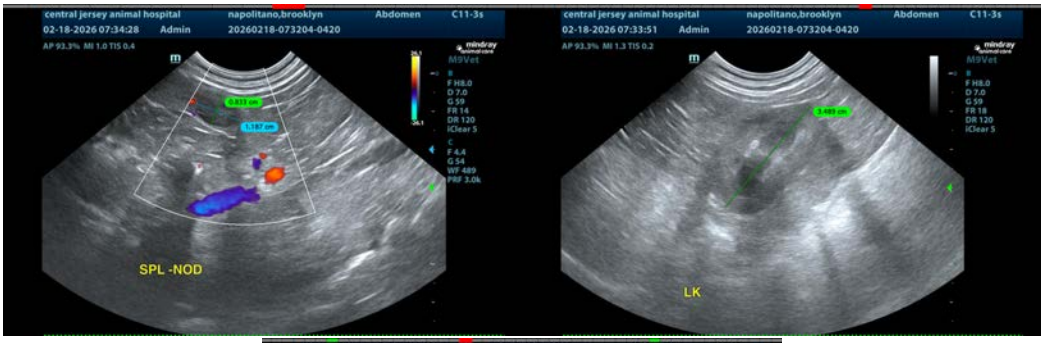

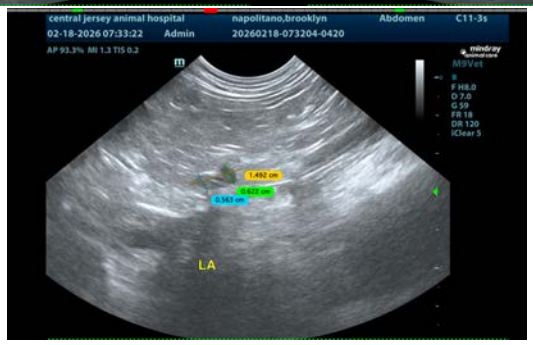

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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