



DATE PRESENTING CLINICAL SIGNS

2/24/26

Patient History: Date: 02-22-2026 Notes: Presenting Complaint: Angel presents for acute hemorrhagic diarrhea and vomiting Patient History: - Onset last night (9-10 PM): Bright red bloody diarrhea (hematochezia), large volume - Overnight: Diarrhea transitioned to dark/black color (melena), continued frequently throughout night - Anorexia since last night; last normal meal Friday night (2 nights ago) - Not drinking water initially - Marked lethargy, tail down, moving slowly - 10 AM: Urinated small amount during walk, still not drinking - 3-4 PM: Drank water, vomited water with mucus approximately 10 minutes later - 5:30 PM: Two large pools of bright red blood on floor - Minimal vomiting last night concurrent with bloody diarrhea.

PATIENT

Angel Czawlytko

SPECIES

Canine

BREED

Bichon Frise x

Previous history: - Intermittent mild digestive issues (inappetence without other signs, self-limiting, resolves by next morning) - never this severe - Mass (historical finding) - Recent veterinary visit 2-3 weeks ago with blood work performed - No known dietary indiscretion, new treats, or supplements - Fed fish fillets Friday night

SEX

Spayed Female

Current Medications: None listed.
Labwork Results: Labwork attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Ace.
Stat Report: Not requested.
Imaging Performed by: Rachel Brillhart, RDMS.

AGE

2/22/17

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT

16.8 lbs

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.

INTERPRETED BY

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

The left kidney has a normal shape and size (4.36 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.

HOSPITAL NAME

Animal Emergency
Hospital

The right kidney has a normal shape and size (4.19 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.

REFERRING VET

Dr. Willer

Adrenal Glands

The left adrenal gland is normal/borderline "flat" measuring 0.24 cm at the cranial pole and 0.31 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.

INVOICE

73223

The right adrenal gland is normal/borderline "flat" measuring 0.31 cm at the cranial pole and 0.36 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 (0.90 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 minimal luminal contents. It measures at a normal thickness of 0.40 cm 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. Jejunum wall measures 0.31 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The colon is distended with non-formed fecal material. 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 a large cystic area in the right limb of the pancreas measuring 1.92 cm in diameter, most consistent with pancreatic cyst. A poorly defined cystic nodule or similar cannot be definitively ruled out. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy noted. The omentum is mildly diffusely hyperechoic.

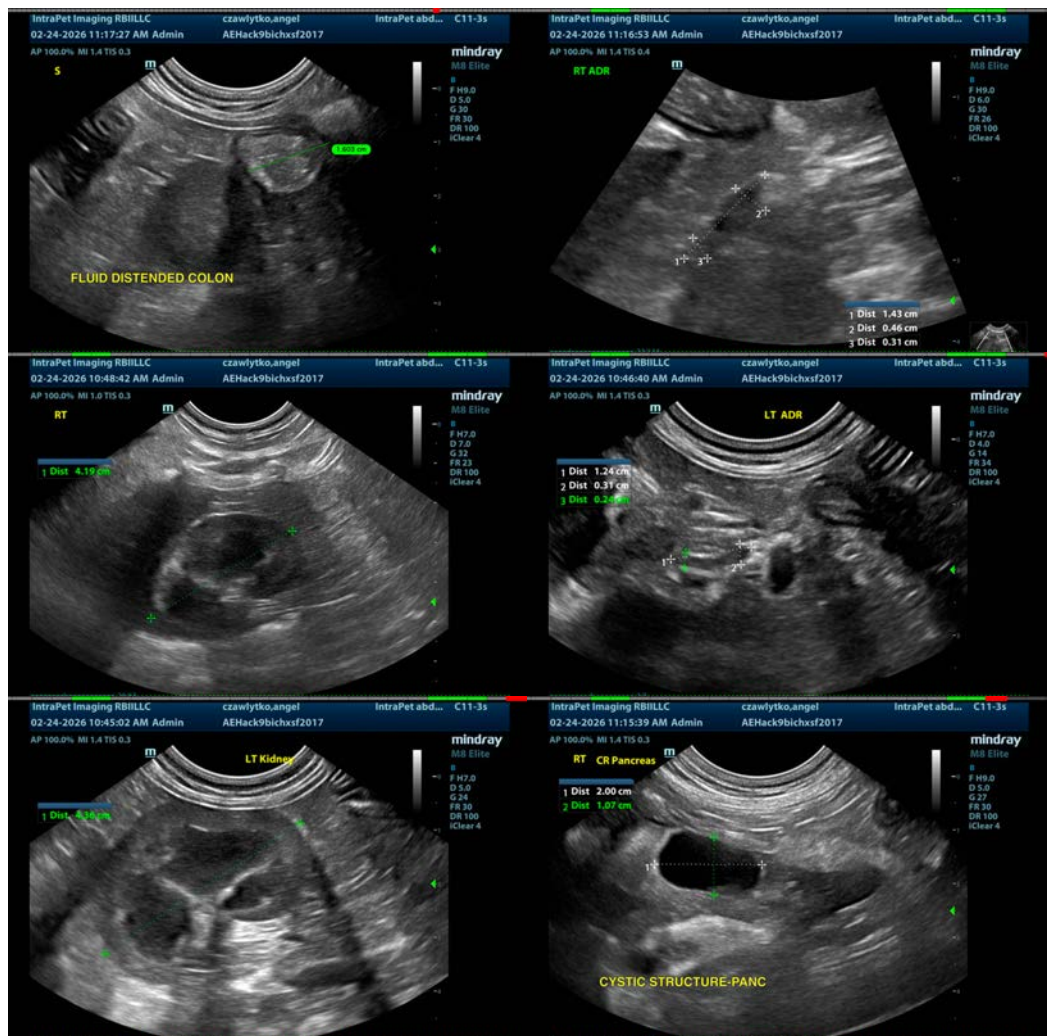
ULTRASONOGRAPHIC FINDINGS

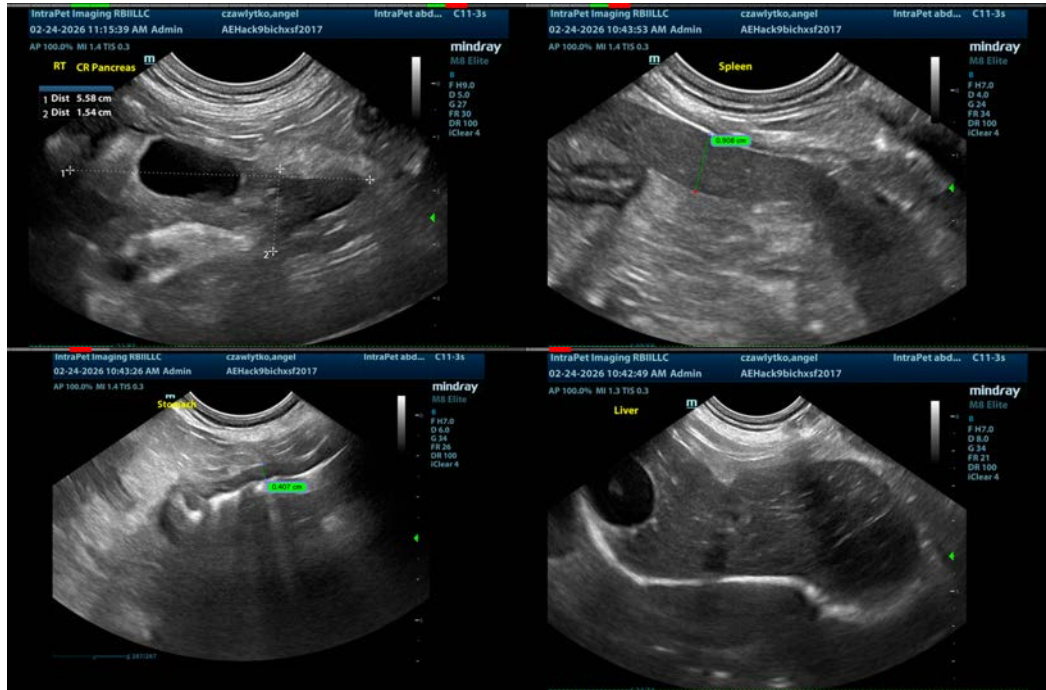
- Borderline “flat” adrenal glands – Findings could be consistent with anatomic variation or Addison’s disease.
- Pancreatic changes most consistent with mild pancreatitis and a pancreatic cyst – Recommend continued monitoring for progression of the cystic lesion.
- Fluid distended colon – Findings are most consistent with the diarrhea reported.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the hemorrhagic diarrhea and vomiting reported. There is some generalized inflammation, and the colon is fluid distended. Additionally, both limbs of the pancreas are prominent and hypoechoic and there is a cystic lesion visualized in the right limb of the pancreas. Findings are suggestive of concurrent mild pancreatitis and likely hemorrhagic gastroenterocolitis. The cystic lesion currently has an appearance most consistent with a benign lesion, but continued monitoring is warranted, as an early neoplastic lesion or similar cannot be ruled out.

If symptoms are persistent despite aggressive therapy, consider repeat imaging of the abdomen, looking for the development of new lesions or significant changes. Additionally consider a baseline cortisol to screen for Addison's.





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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