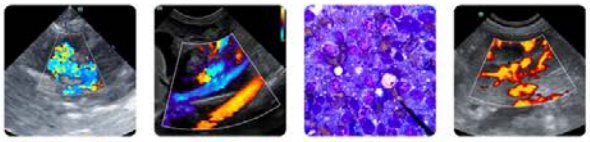

PATIENT

Sussette Estevan

SPECIES

Canine

BREED

Toy Poodle

SEX

Spayed Female

AGE

16 Years

WEIGHT

11.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

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Dr. Celeste Quinones

INVOICE

73247

DATE

2/25/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to Hx of pancreatitis. Px is currently producing soft bloody stool. Px started presenting with diarrhea since Dec 2025. Px was taken to Spain on a trip, diet was changed and diarrhea worsened. Px was treated with antibiotics and was placed on RC Low Fat diet but continued to have soft stool on and off and on occasion with traces of blood or mucus. On 1/12/26, seen at rDVM, CBC/CHEM /SDMA were WNL, but had a positive cPL (300). Treated with Diagel, Metronidazole, Vit B12 injection and Proviable Forte. rDVM performed Fast Abd U/S and no obvious abnormalities seen. On recheck (7 days) cPL was higher at 313. Probiotics extended. On 2/10/26, fecal was negative. Re-evaluated on 2/13/26, normal at home and cPL was now at 217.

Abnormal PE/Chem/CBC/UA Results: Bloodwork attached for your reference.

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 (3.79 cm) with mild pyelectasia at 0.28 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.55 cm) with mild pyelectasia at 0.30 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 0.40 cm at the cranial pole and 0.39 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.

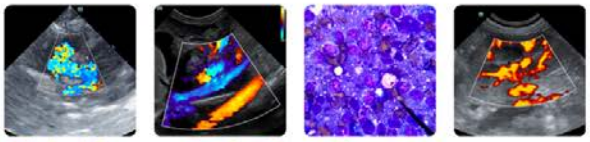
The right adrenal gland is normal in size measuring 0.38 cm at the cranial pole and 0.45 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.0 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 normal in size but slightly irregular in shape. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a hypoechoic mass



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effect visualized in the left caudal aspect of the liver measuring 2.32 cm x 2.09 cm. Additionally on the right side there is a small cystic structure measuring 0.45 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder appears prominent and slightly thickened, measuring at 0.21 cm. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild fluid. It measures at a normal thickness of 0.24 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. Duodenum wall measures 0.38 cm. Jejunum wall measures 0.27 cm. 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. The descending colon wall is mildly thickened, measuring 0.26 cm with intact wall layering.

Pancreas

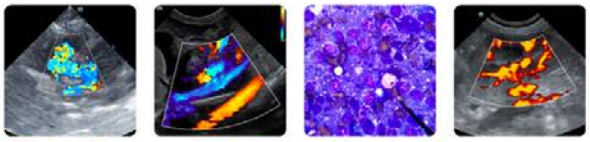
The right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a diffuse lymphadenopathy. An occasional prominent mesenteric lymph node is visualized. An example measures 0.43 cm.

ULTRASONOGRAPHIC FINDINGS

- Mild bilateral renal pyelectasia – Pyelectasia of the kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Hypoechoic mass effect in the caudal left liver – The appearance is most consistent with a small primary hepatic mass lesion such as an adenoma, carcinoma, other. Other differentials are possible.
- Moderate gallbladder debris with a slightly prominent/thickened gallbladder wall – Findings could be consistent with mild cholecystitis.



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- Mildly thickened descending colon wall – Findings are most consistent with colitis. An underlying neoplastic process seems much less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is visible but does not appear severely inflamed. Findings are most consistent with chronic pancreatic remodeling. Mild chronic inflammation may be present. Consider continued symptomatic therapy and a low-fat diet, but further evaluation is warranted, looking for concurrent issues that may be contributing to the chronic diarrhea reported.

There is moderate debris in the gallbladder, and the gallbladder wall appears slightly prominent. The significance of this in the absence of liver enzyme elevations is uncertain. Recommend starting chronic Ursodiol therapy and continued monitoring of the gallbladder.

Additionally, there is a mass effect visualized associated with the left side of the liver. This is relatively small and has the appearance most consistent with a primary hepatic mass lesion, although other differentials are possible. It is likely that this represents an incidental finding at this time. Further evaluation is warranted. Consider a fine needle aspirate, and if surgical removal would be considered in the future, a contrast CT scan to better evaluate the location and nature of the lesion.

There is mild pyelectasia present. Recommend urinalysis and culture to further evaluate.

The descending colon wall appears somewhat thickened, most consistent with colitis. Recommend further workup for possible primary enteropathy. Consider the following:

- Recommend a combination prescription ultra low-fat and hydrolyzed protein prescription diet (Royal Canin has this).
- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
- Recommend a panel screening for infectious causes of diarrhea (if not already done).
- If not already done, recommend parasite screening and empirical deworming.
- Recommend chronic probiotic therapy.

If symptoms are persistent despite taking these measures, recommend upper and lower GI endoscopy to further evaluate and obtain biopsies of the upper and lower GI tract.

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

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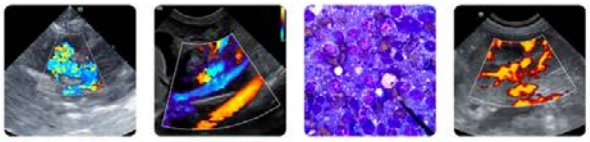

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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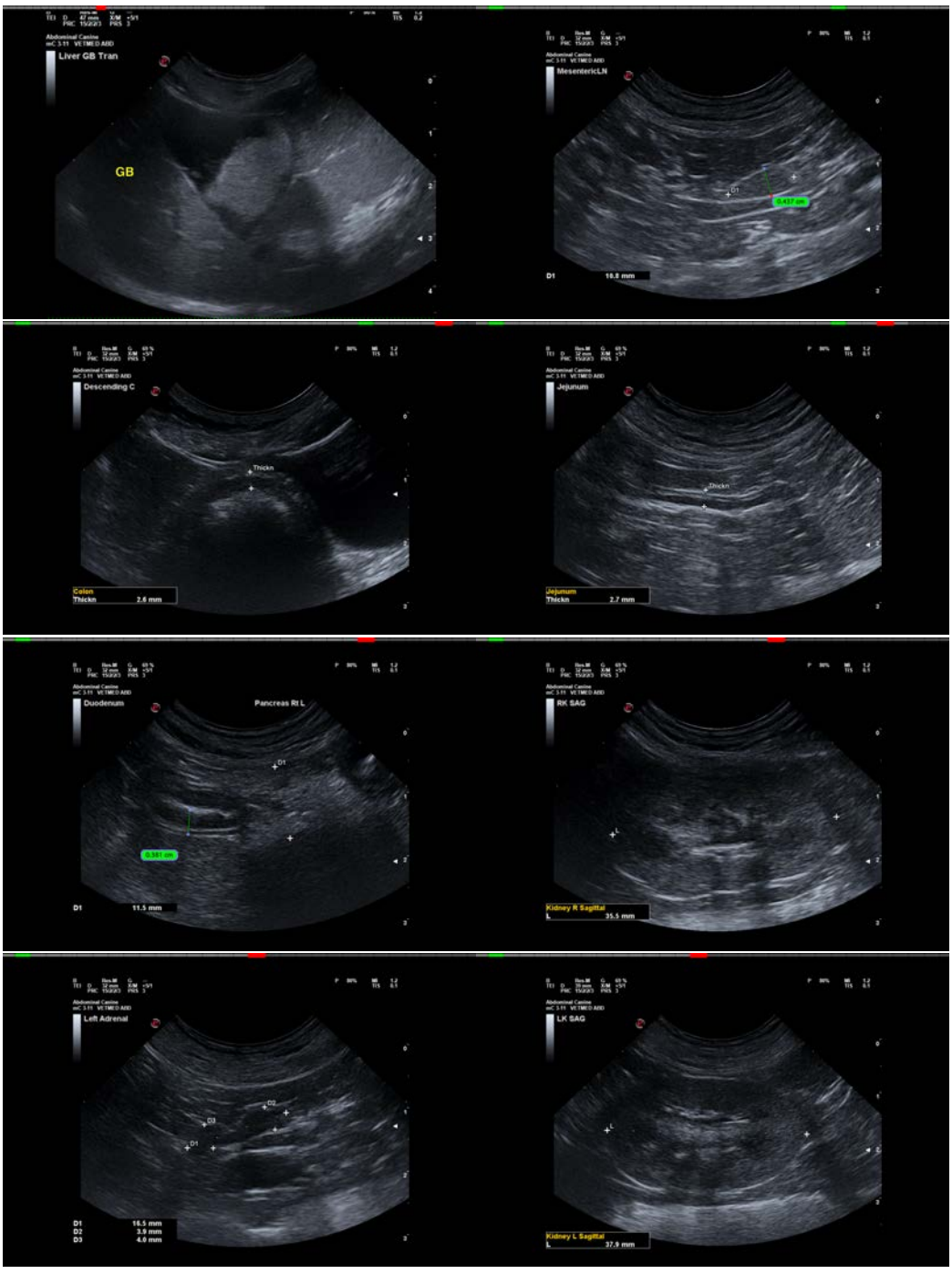

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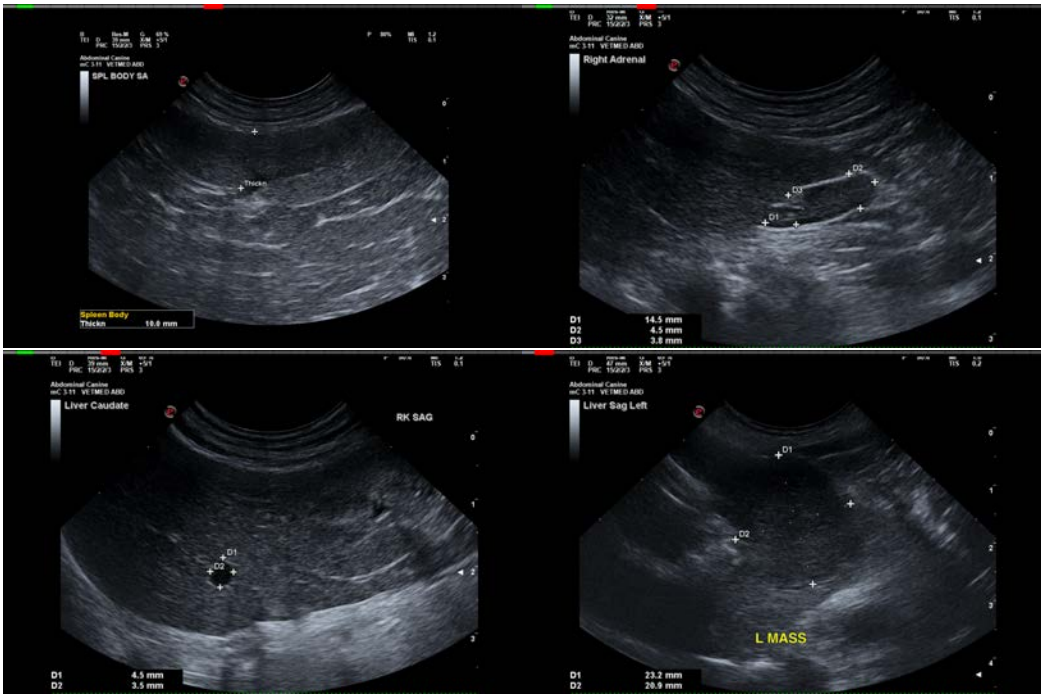

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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