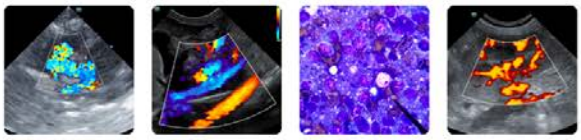




**DATE**

2/27/26

**PATIENT**

Lola Drasal

**SPECIES**

Canine

**BREED**

Bichon x

**SEX**

Spayed Female

**AGE**

2/1/24

**WEIGHT**

8.26 lbs

**INTERPRETED BY**

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

**HOSPITAL NAME**

Chadwell Animal Hospital

**REFERRING VET**

Dr. Mengers

**INVOICE**

73326

## PRESENTING CLINICAL SIGNS

**Patient History:** Presented 2/27 for vomiting 30 times since 2/24. Uninterested in food, vomits shortly after being fed GI-friendly diet. Vomit mostly yellow bile but past day has included some frank blood. O notes that was at a friend's house over weekend and may have eaten cat food or gotten into cat's litterbox. On PE, tense and mildly tender abd w/ mild distension but no palpable foreign body, MPLs, epiphora, mm pink and mildly tacky. BW showed increased amylase and lipase. Rads demonstrated some abnormal gas patterning in orad small intestines and thickened gastric wall but empty stomach.

**Current Medications:** LRS + 10ml KCL 12ml/hr IV - cerenia (1mg/kg) - 0.37ml (10mg/ml) IV q24h - enrofloxacin (2.5mg/kg) - 0.41ml (22.7mg/ml) IV SLOW q12h - famotidine (0.5mg/kg) - 0.19ml (10mg/ml) IV SLOW q12h
- sucralfate - 1/4 tab mixed w/ 10ml of water into a slurry q12h
**Labwork Results:** Labwork not attached, reported as: 2/26/26 *2V whole body rads - normal lung patterning, no cardiomegaly, no skeletal abnormalities, liver tucked under ribcage, normal shape and appearance of kidneys, empty stomach w/ thickened gastric wall, inflamed and thickened small intestines, some abnormal gas patterning in orad small intestines *CBC/CHEM17/lytes - hct 55.2% - RBC 8.7 - WBC 7.44 - amylase >2500
- lipase 4635 - K 2.9 - Cl 104
**Date of Previous IntraPet Ultrasound:** No previous.
**Sedation:** Not required to complete full diagnostic ultrasound.
**Stat Report:** Requested.
**Imaging Performed by:** Stephanie Warga RDCS, RVT.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is mildly to minimally distended with echogenic urine. No focal lesions are observed, but full evaluation of the bladder is limited due to lack of urine distention.

The left kidney has a normal shape and size (3.42 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a broad hyperechoic band of tissue separating the cortex and medulla, consistent with medullary band. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.36 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a broad hyperechoic band of tissue separating the cortex and medulla, consistent with medullary band. 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 0.42 cm at the cranial pole and 0.46 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 0.35 cm at the cranial pole and 0.47 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), 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 mild fluid. The gastric wall appears prominent and slightly hypoechoic, measuring 0.66 cm, with intact wall layering, potentially consistent with gastritis. Subjectively, motility appears slightly reduced, possibly consistent with stasis. There is significant inflammation in the region caudal to the stomach.

Most of 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 0.33 cm. Jejunum wall measures 0.22 cm. The majority of the jejunum appears minimally fluid distended with some areas with intraluminal gas. The proximal duodenum is moderately fluid distended subjectively with reduced motility, consistent with stasis.

The distal descending colon is prominent and fluid distended. The wall measures 0.27 cm with intact wall layering.

### *Pancreas*
The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. 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. There is significant inflammation in the region of the body and right limb of the pancreas. No significant lymphadenopathy.

## ULTRASONOGRAPHIC FINDINGS

- Minimally to mildly distended urinary bladder with echogenic debris – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. **The bladder should be reevaluated with more significant urine distention.*

- Medullary band visualized associated with the kidneys – This is a non-specific finding that can sometimes be associated with renal disease. It can also be seen in some normal individuals.

- Pancreatic changes consistent with moderate pancreatitis.

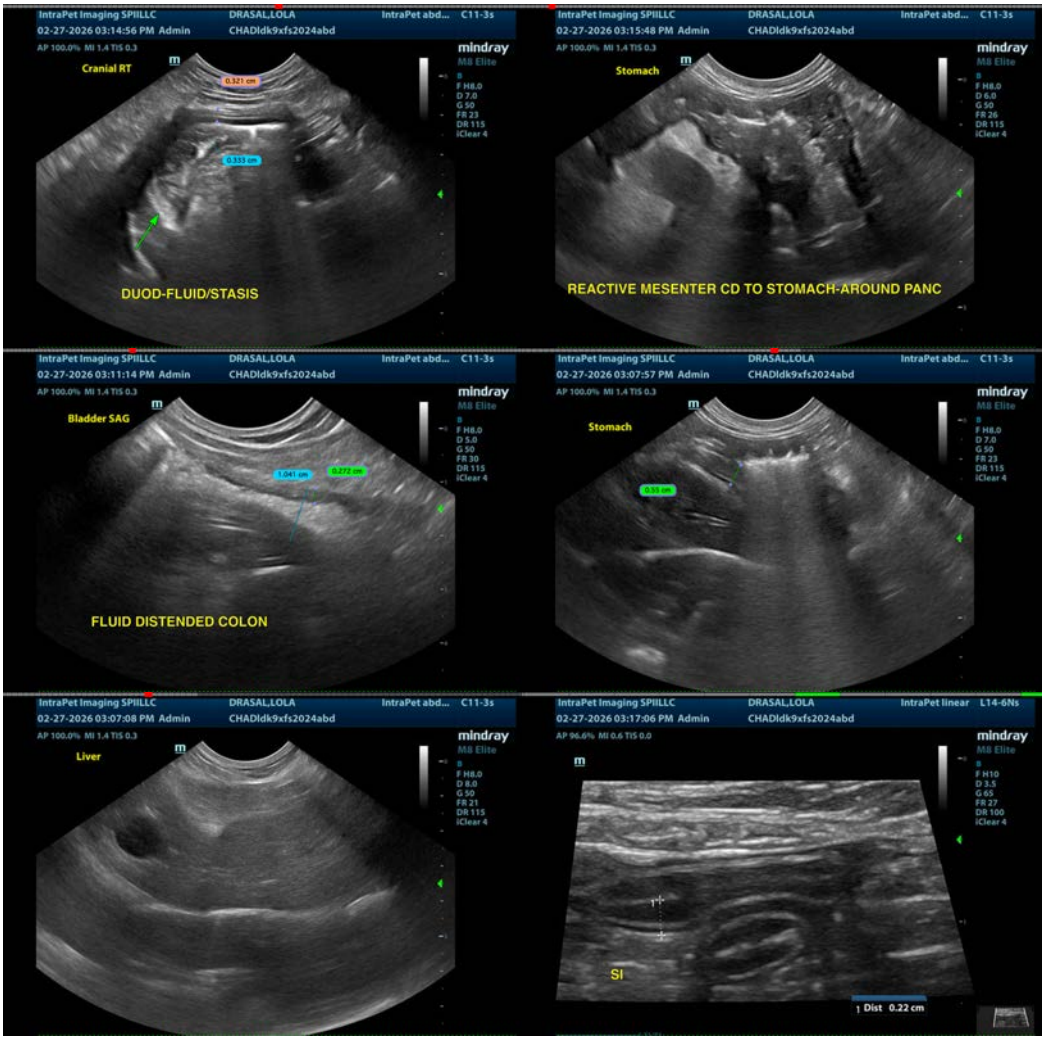
- Prominent/thickened gastric wall with intact wall layering and intraluminal fluid – Findings are suggestive of gastritis and gastric stasis.

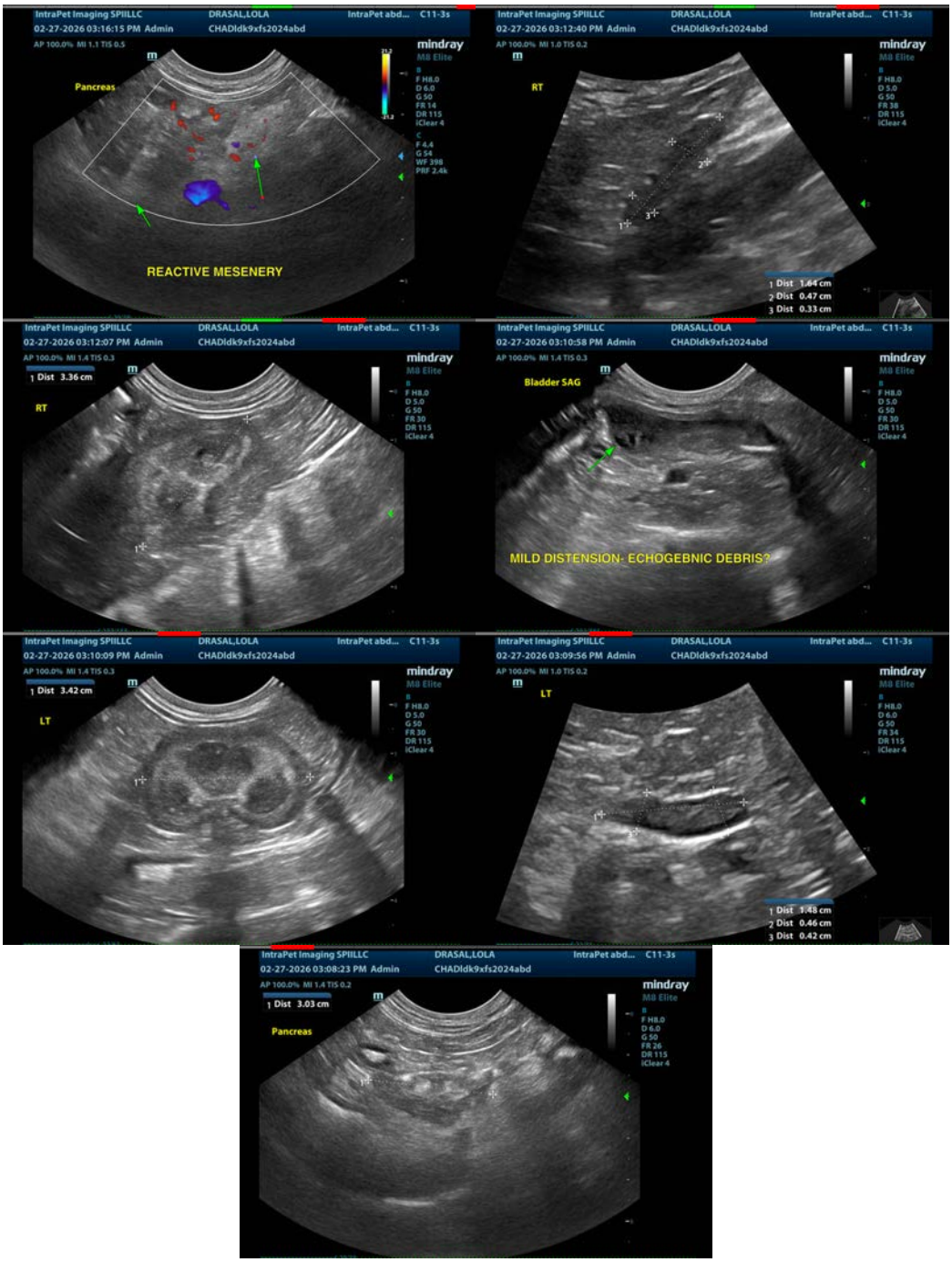
- Mildly fluid distended stomach and areas of gas in the small intestine – Findings are suggestive of ileus and mild enteritis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is significant inflammation in the cranial abdomen. This appears to be most prominent caudal to the stomach in the region of the body of the pancreas, which appears irregular and hypoechoic, most consistent with moderate pancreatitis.

The stomach is mildly thickened with intraluminal fluid, as is the proximal duodenum, most consistent with regional gastritis, duodenitis, and stasis. No evidence of an obstructive pattern is visualized. Recommend aggressive treatment for pancreatitis. If symptoms are persistent despite this treatment, recommend repeat evaluation, looking for the development of a new lesion or progression of today's lesions.




IntraPet Imaging SPIILLC
DRASAL,LOLA
IntraPet abd... C11-3s
02-27-2026 03:16:15 PM Admin
CHADldk9xfs2024abd
mindray
Pancreas
REACTIVE MESENERY
02-27-2026 03:12:40 PM Admin
RT
1 Dist 1.64 cm
2 Dist 0.47 cm
3 Dist 0.33 cm
02-27-2026 03:12:07 PM Admin
1 Dist 3.36 cm
RT
02-27-2026 03:10:58 PM Admin
Bladder SAG
MILD DISTENSION- ECHOGEBNIC DEBRIS?
02-27-2026 03:10:09 PM Admin
1 Dist 3.42 cm
LT
02-27-2026 03:09:56 PM Admin
LT
1 Dist 1.48 cm
2 Dist 0.46 cm
3 Dist 0.42 cm
02-27-2026 03:08:23 PM Admin
1 Dist 3.03 cm
Pancreas

**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