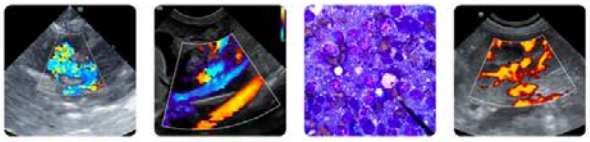


PATIENT

Nala Aymont

SPECIES

Canine

BREED

Terrier x

SEX

Spayed Female

AGE

8 Years

WEIGHT

4.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Ducy

INVOICE

72696

DATE

2/4/26

PRESENTING CLINICAL SIGNS

Fed steak on Sunday, started vomiting, diarrhea, anorexia. ALT 350. Dehydrated.

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 (4.12 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 (4.53 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 0.44 cm at the cranial pole and 0.45 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 0.52 cm at the cranial pole and 0.38 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 (1.11 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.

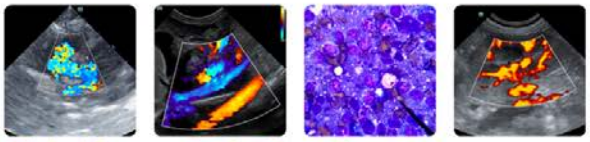
Liver

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. The gastric wall appears somewhat prominent, measuring at 0.60 cm. Some areas exhibit a prominent muscularis layer. The distinction of the gastric



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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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.42 cm. Jejunum wall measures 0.30 cm. There is subtle mucosal fogging and speckling in some areas of the small intestine. 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. Descending colon wall is prominent, measuring at 0.18 cm with intact wall layering.

Pancreas

The pancreas is visible/mottled in both limbs (right more so than left). 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

- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Prominent gastric wall with some areas exhibiting a prominent muscularis layer – Findings are most consistent with gastritis. Early neoplastic change cannot be ruled out.
- Mildly thickened small intestine with some areas exhibiting mild mucosal fogging – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach wall appears somewhat prominent with a prominent muscularis layer, most consistent with gastritis type change. Additionally, the small intestine is mildly thickened with some areas exhibiting mild mucosal fogging and speckling, possibly consistent with enteritis or a more chronic enteropathy. No focal lesions are visualized associated with the GI tract that would be consistent with an obstruction, focal mass lesion, etc. Recommend continued treatment for acute gastroenteritis/diarrhea. Concurrent treatment for pancreatitis could be considered, particularly if PLI is significantly elevated. If symptoms are persistent, consider screening for GI parasites, an infectious diarrhea panel, and possibly a novel protein diet. If symptoms continue to persist, consider repeat imaging, looking for the progression of today's lesions or the development of new lesions, as biopsies of the GI tract may ultimately be warranted.

No significant changes are visualized associated with the liver. A reactive hepatopathy secondary to GI disease is possible. If liver values are persistently elevated after the GI symptoms resolve, further workup may be warranted.

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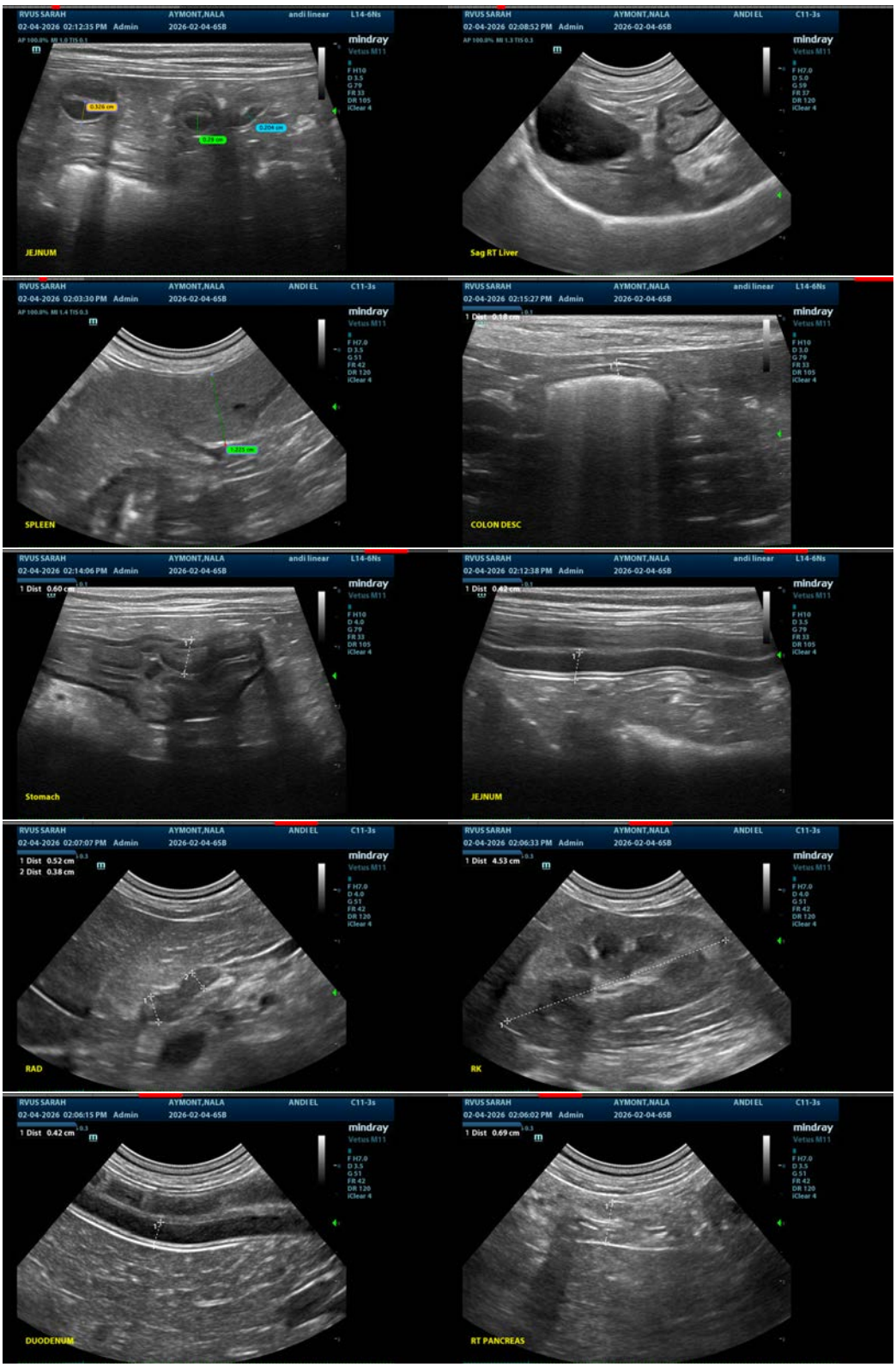

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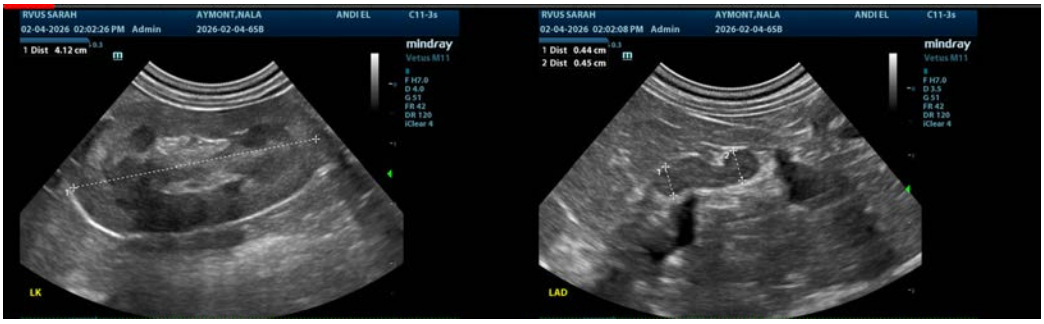

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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