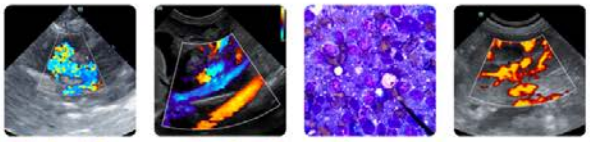


PATIENT

Kiwi Maldanado

SPECIES

Canine

BREED

Bichon x

SEX

Spayed Female

AGE

7

WEIGHT

16

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Maniar

INVOICE

72724

DATE

2/4/26

PRESENTING CLINICAL SIGNS

Hx of IVDD gastrointestinal swelling, bloody diarrhea.

Abnormal PE/Chem/CBC/UA Results: WBC 17.4

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 (4.35 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 (4.24 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 0.38 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 0.77 cm at the cranial pole and 0.66 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.

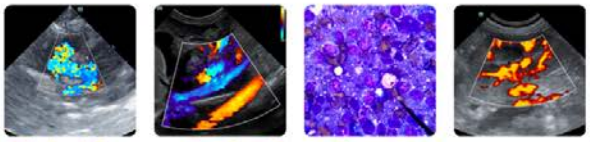
Spleen

The spleen is subjectively normal in size (1.67 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.



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Gastrointestinal

The stomach contains moderate fluid and 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. There is some focal shadowing material visualized in the region of the pylorus measuring approximately 1.04 cm suggestive of foreign material. There is also non shadowing contents suggestive of ingesta and chyme with possible irregular tissue/mucosal hypertrophy or a possible luminal mass effect. The pylorus appears somewhat thickened at 0.76 cm.

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. Duuodenum wall measures 0.45 cm. Jejunum wall measures 0.33 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding 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, 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

- Moderately fluid/ingesta distended stomach with shadowing material visualized in the region of the pylorus, and thickening in that region – Correlate with the feeding history. Findings could be concerning for a pyloric foreign body and a partial obstruction.
- Thickened pylorus/irregular gastric tissue – Findings could be consistent with inflammatory change or a benign/neoplastic gastric mass effect.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is moderately distended with fluid and non-shadowing contents. There is some shadowing material visualized in the region of the pylorus concerning for gastric foreign material. Additionally, there is abnormal/irregular tissue in the gastric lumen which could indicate irritation/inflammation or a gastsric mass (benign or cancerous).

The history doesn't mention vomiting. But these findings are still concerning. If this doesn't fit with the clinical picture, correlate with radiographs and whether the patient was fasted etc…

If there is concern that this could represent normal ingesta, then consider supportive care, rehydration, etc., and repeat imaging (radiographs +/- ultrasound) in 12-24 hours after a more prolonged fast.

Otherwise upper GI endoscopy should be considered to further evaluate for foreign material and to obtain biopsies.

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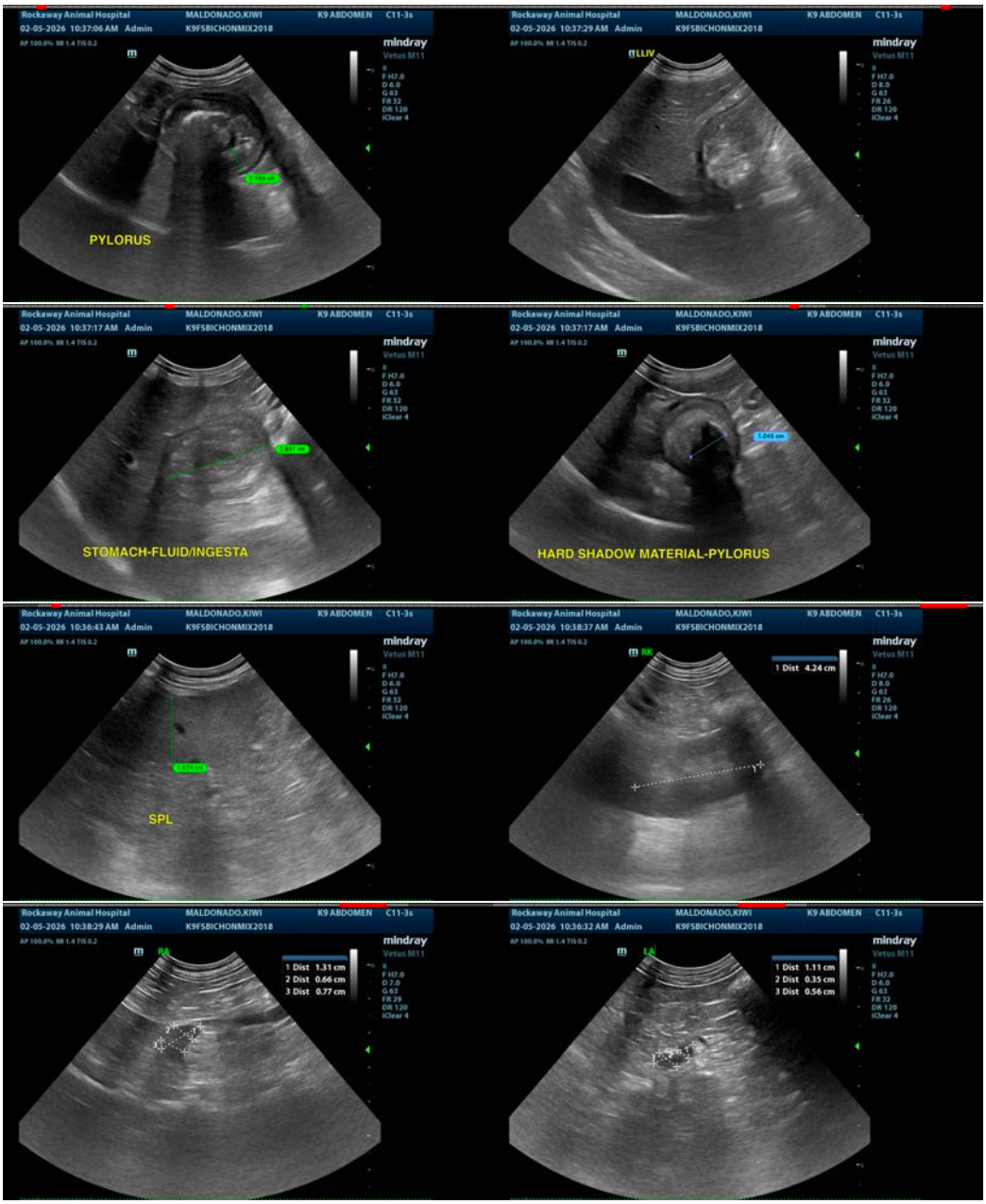
No significant lesions were visualized in the distal GI tract to explain the bloody diarrhea reported. Recommend empirical treatment for hemorrhagic colitis in the meantime.

Correlate findings with current lab work, radiographs, parasite screening, screening for infectious causes of diarrhea, etc.



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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