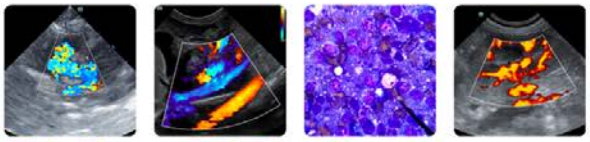


PATIENT

Moose Heinle

SPECIES

Canine

BREED

Chesapeake Retriever

SEX

Neutered Male

AGE

5 Years

WEIGHT

66 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark Animal Hospital

REFERRING VET

Dr. Elizabeth Hawkesworth-Heft

INVOICE

72737

DATE

2/5/26

PRESENTING CLINICAL SIGNS

Patient presented 12/23 for Borborygmi, vomiting, and decreased appetite for 2 months that increased in frequency over a week. Bloodwork revealed cPL 709, mild eosinophilia (2.38), SDMA 16 with normal BUN/ CREAT. Negative fecal. Abdominal radiographs normal. Cortisol 1.7. ACTH stim test on 1/20 was normal. Supportive therapy improved pet's condition from 12/23 and owner has been giving famotidine 20 mg every night and fortiflora daily. Pet presents today (2/5) for vomiting, liquid stool that is light pink in color, and anorexia.

Abnormal PE/Chem/CBC/UA Results: Today's visit: Eosinophilia: 2.38 Lipase: 2,290 cPL: 532 Pink and tacky MM, 5-7% dehydrated, tense on abdominal palpation with pain response mid-abdomen. Heart rate 180

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

Normal region of the left kidney. However, the left kidney itself is not clearly visualized.

The right kidney has a normal shape and size (7.32 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 0.81 cm at the cranial pole and 0.72 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.

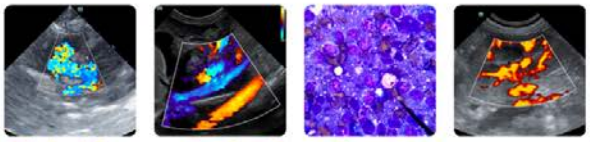
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (1.48 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.



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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 <0.7cm 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Jejunum wall measures 0.35 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The descending colon wall is normal at 0.21 cm with intact wall layering. The colon is distended with non-formed fecal material.

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. There is no significant lymphadenopathy. An occasional prominent mesenteric lymph node is visualized. An example of a mesenteric lymph node measures 0.72 cm. The omentum is normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Left kidney not visualized – suspect congenitally absent kidney or a very small, atypical, dysplastic kidney (not seen).
- Subjectively mildly “ropey” small intestine – findings could be consistent with an enteritis type pattern.
- Fluid distended colon – Findings are consistent with the diarrhea reported.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the chronic gastrointestinal symptoms reported. Unfortunately, there are many causes for vomiting and diarrhea that cannot be definitively diagnosed by ultrasound alone. Consider the following:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- If not already done, recommend parasite screening and empirical deworming.
- Consider an infectious diarrhea panel.

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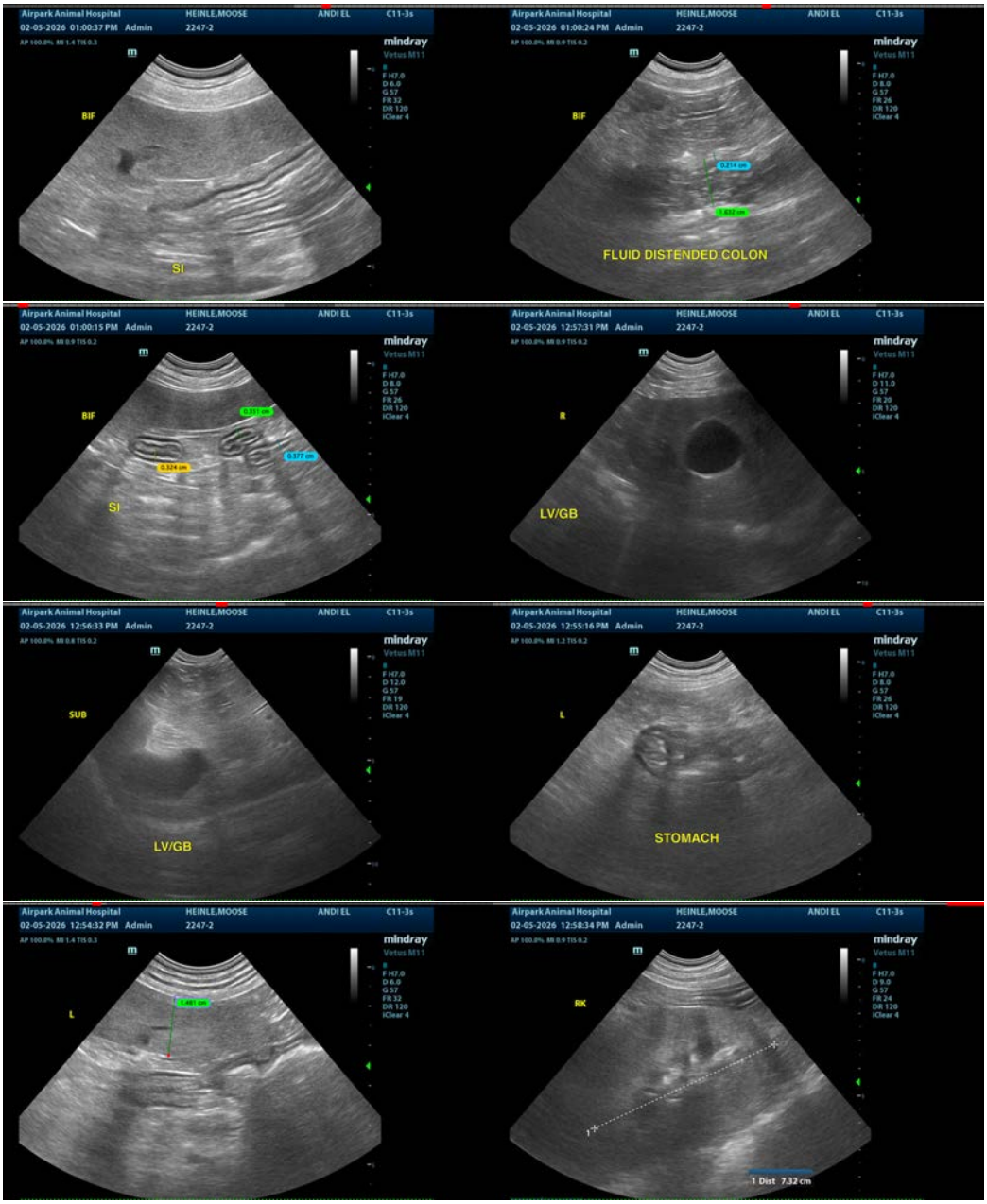
- Recommend non-specific therapy for gastroenteritis/colitis.

If these steps are taken with no improvement, biopsies of the GI tract may eventually be warranted.

The left kidney is not clearly visualized. The region was thoroughly evaluated. I suspect this patient was either born without a left kidney (the right is borderline large, possibly compensatory?) or has a very small dysplastic kidney that is not clearly identified.



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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