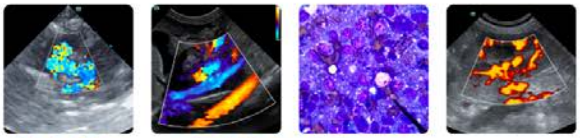


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Olive Letourneau

SPECIES

Canine

BREED

Jug

SEX

Spayed Female

AGE

14 Years

WEIGHT

7.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Southside AC London

REFERRING VET

Dr. Must

INVOICE

72726

DATE

2/5/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: 2yr hx IBD, progressive symptoms including weight loss

Current Medications - Prednisone 10mg PO SID, Mirtazapine 7.5mg PO PRN, Cerenia 24mg PO SID, Atopica 38mg PO BID, Vitamin B12 SQ, 100mg Gabapentin & 50mg Trazodone two hours prior to u/s

Abnormal PE/Chem/CBC/UA Results: 1/27/2026: RBC 5.51 (5.65-8.87) LYM 1.02 (1.05-5.1) PLT 747 (148-484) PCT 0.69 (0.14-0.46) CHOL 2.35 (2.84-8.25) Radiographic Findings 1/27/2026: 3 view abdominal rdx: normal stomach, small intestines, colon full of stool, spleen, liver, kidneys, urinary bladder, soft tissue and skeletal structures, no sign of free fluid, foreign material or masses Primary Question to Be Answered in This Exam Any alternative explanation for IBD symptoms?

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 (4.68 cm). Overall echogenicity is slightly hyperechoic with poor 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 (4.94 cm). Overall echogenicity is slightly hyperechoic with poor 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.

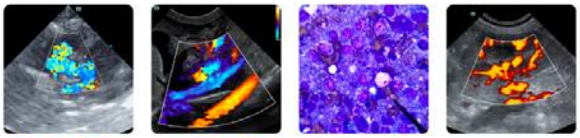
Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 cm at the cranial pole and 0.41 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 0.88 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 (1.02 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.



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Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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. 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 thickness is increased. Some areas have reduced detail of wall layering. Duodenum wall measures 0.52 cm. Jejunum wall measures 0.48 cm. There is mucosal speckling noted. Visualized peristalsis appears appropriate. No focal mass lesions are observed, but generally there are areas that appear somewhat plicated and severely thickened with a very prominent muscularis layer and with evidence of mucosal speckling and striations.

The colon is distended with non-formed fecal material. Descending colon wall is prominent measuring 0.15 cm with intact wall layering.

Pancreas

The pancreas is prominent and hypoechoic as 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

There is scant free fluid noted. No lymphadenopathy. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Prominent, hypoechoic pancreas – Findings could be consistent with chronic pancreatic remodeling +/- mild chronic pancreatitis.
- Large, heterogeneous liver – Findings are most consistent with a vacuolar hepatopathy likely secondary to steroid use.
- Severely diffusely thickened small intestine with a prominent muscularis layer, some areas exhibiting corrugation, as well as mucosal speckling and striations – Findings are most consistent with a severe enteropathy (IBD +/- lymphangiectasia, etc.). An underlying neoplastic process cannot be ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

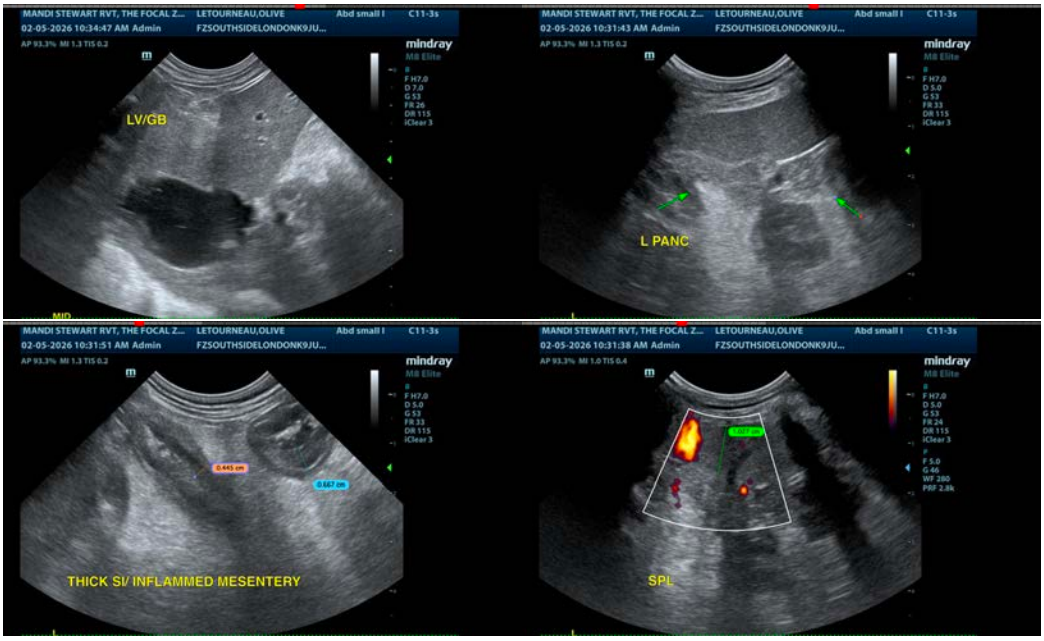
The small intestine is markedly thickened with a very prominent muscularis layer and areas of significant mucosal speckling and striations. Findings are suggestive of diffuse inflammatory change, although there is concern for concurrent lymphangiectasia (was this biopsied for a diagnosis?), and could also be transitioning to early lymphoma.

It is difficult to make recommendations given the chronicity and scope of this case. Ideally, a combination prescription ultra low-fat and hydrolyzed protein prescription diet could be considered (Royal Canin has this type of diet). If significant hypoalbuminemia is present and lymphangiectasia, there may be less traditional treatment options (Octreotide, etc.) If desired, medical consultation can be requested. I'll include the information below.

There is no evidence of any discrete mass lesions or significant lymphadenopathy on today's scan.

For an additional charge an internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services



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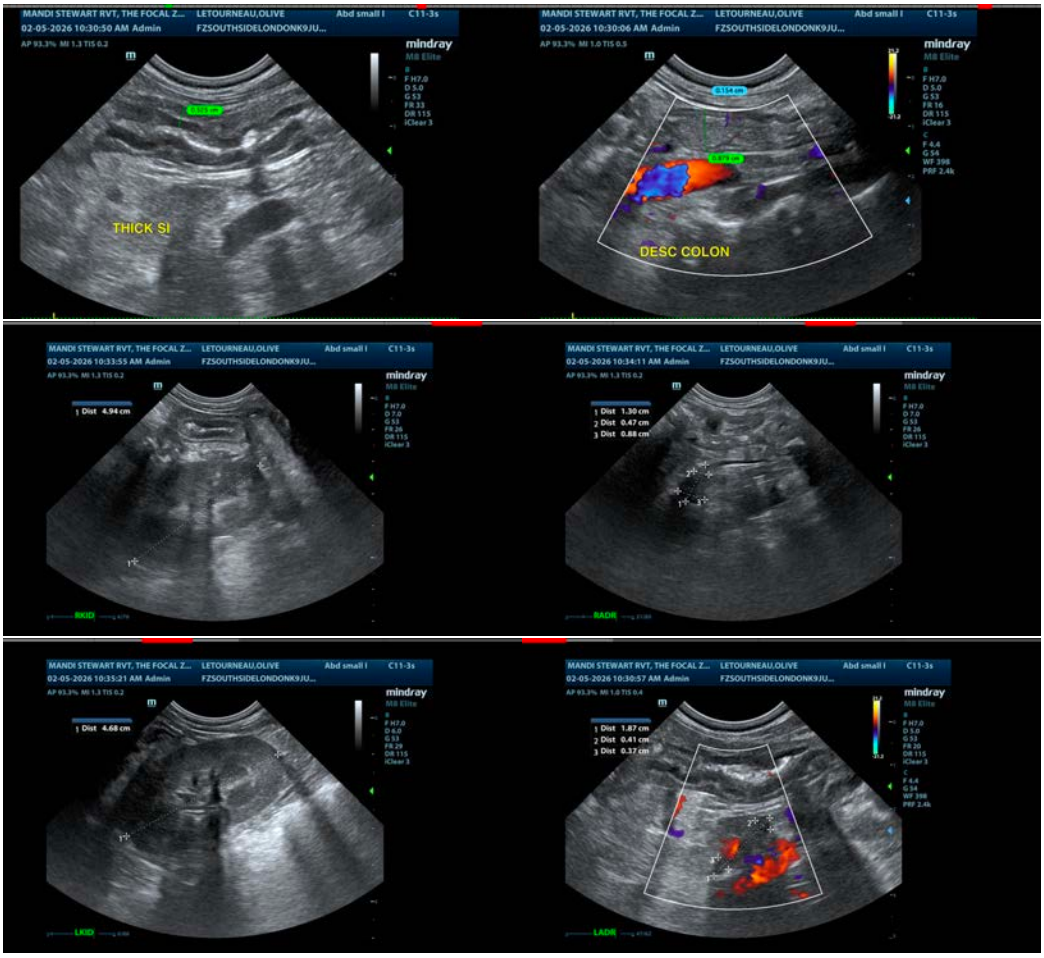

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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