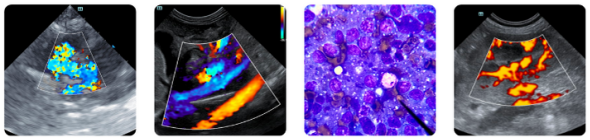

PATIENT

Oliver Catling

SPECIES

Canine

BREED

Poodle Mix

SEX

MN

AGE

11 years

WEIGHT

5.7 kg

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. Whale

INVOICE

11250

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2/5/2026

PRESENTING CLINICAL SIGNS

- Vomiting, lethargy, dehydration.

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.

The left kidney has a normal shape, and size (4.07 cm in length). 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 are numerous small, pinpoint non-obstructive nephroliths are noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.51 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 are pinpoint non-obstructive nephroliths noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is plump in size measuring 0.58 cm at the cranial pole and 0.78 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/borderline plump in size (particularly the caudal pole) measuring 0.43 cm at the cranial pole and 0.73 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.

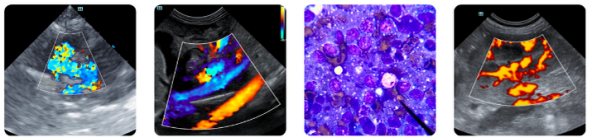
Spleen

The spleen is subjectively large in size with rounded margins. The splenic capsule is smooth with no visible 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. There is a hyperechoic nodule on the left side of the liver measuring 1.14 cm x 1.0 cm.

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.



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Gastrointestinal

The stomach contains moderate fluid. It measures at a normal thickness of 0.24 cm 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 (duodenum measures 0.49 cm, jejunum measures 0.4 cm.) Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering with mucosal speckling. Visualized peristalsis appears appropriate. The small intestine is diffusely. Thickened with a prominent muscularis layer in some areas exhibiting mucosal fogging and speckling. Additionally, there are at least two regions where there is significant asymmetrical wall thickening and loss of layering. Concerning for infiltrative disease. In one area this creates somewhat of a mass effect where the bowel wall measures 1.16 cm in thickness with complete loss of layering. In the abnormal more thickened section of jejunum, the bowel wall measures up to 0.79 cm in thickness.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 pancreas is prominent and mottled in the left limb. 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 revealed scant free fluid. There are occasional prominent rounded hypoechoic mesenteric lymph nodes. An example measures 0.51 cm. The omentum is hyperechoic particularly around the thickened bowel loops.

PRIMARY FINDINGS

- Large, rounded spleen. Differentials could include congestion, lymphoid hyperplasia, splenitis, or neoplastic infiltration.
- Large, distended gallbladder with a large amount of non-organized echogenic debris. A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of lab work and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.
- Moderate gastric distension. Findings could be consistent with ileus, and no evidence of an outflow tract obstruction was visualized.
- Diffusely thickened small intestine with evidence of mucosal fogging and speckling, as well as areas of progressive asymmetrical wall thickening and loss of layering. Findings are concerning for infiltrative neoplasia. Severe inflammation could be possible.
- Large, hypoechoic mesenteric lymph nodes. Changes are concerning for possible neoplastic lymph nodes, although highly reactive lymph nodes are possible.

SECONDARY FINDINGS

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- Pancreatic changes are most consistent with chronic pancreatic remodeling.
- Small, hypoechoic nodule in the liver. This has the appearance most consistent with benign lesion. Recommend continued monitoring.
- Borderline plump adrenals. Findings could be consistent with anatomic variation or mild hyperplasia.

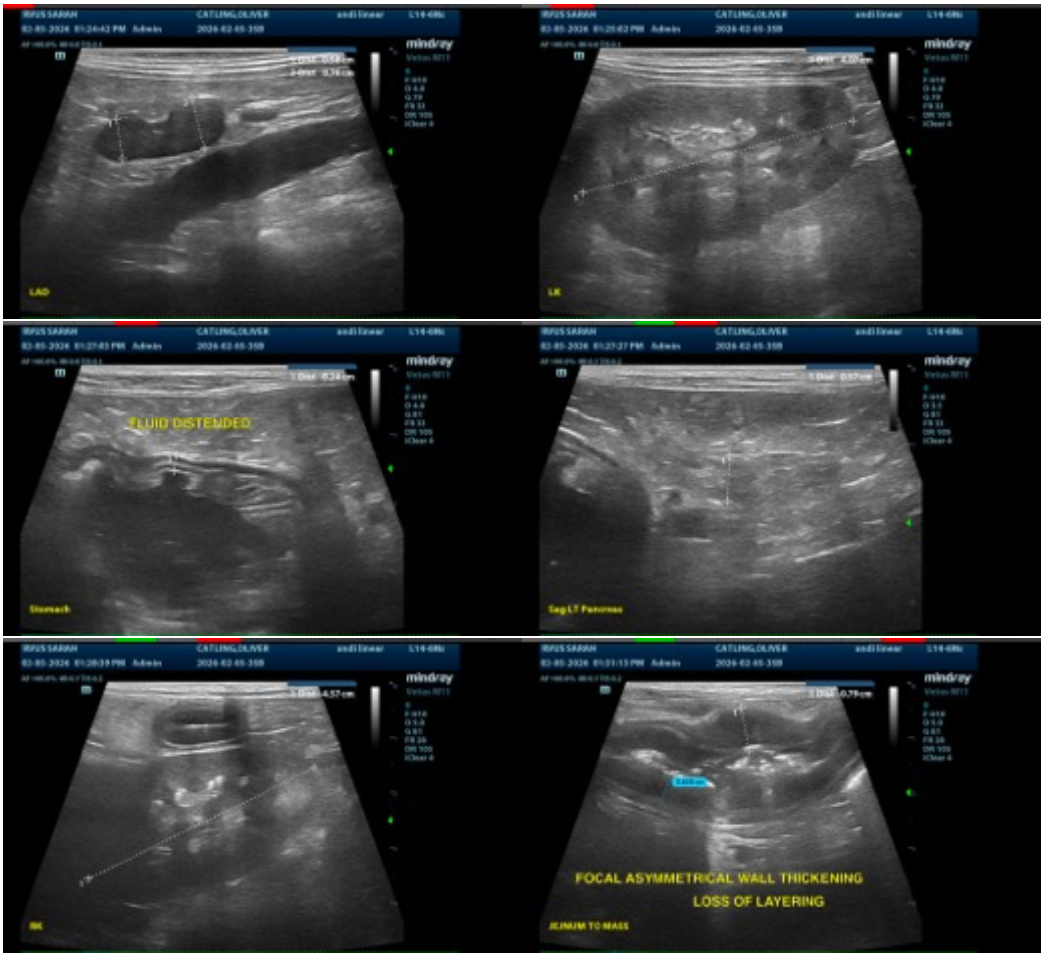
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Small intestine appears diffusely thickened with evidence of mucosal fogging and speckling. There are other focal areas of bowel which exhibit more severe asymmetrical wall thickening and loss of layering, creating the appearance of a mass effect. These changes are concerning for infiltrative neoplasia to these regions. Recommend a fine needle aspirate of the bowel wall in these areas to further evaluate.

There are prominent mesenteric lymph nodes as well as a subjectively large spleen. Aspirates in these regions could also be considered.

Recommend starting ursodiol therapy and continued monitoring of the gallbladder.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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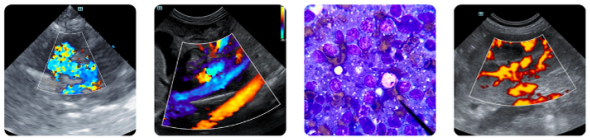

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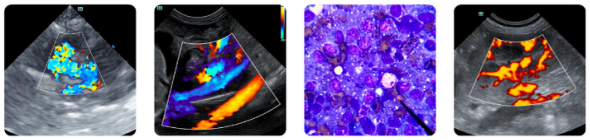

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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