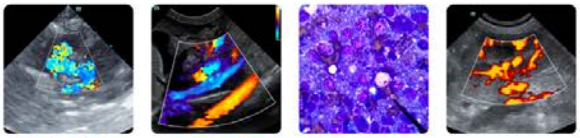

PATIENT

Ellie Williamson

SPECIES

Canine

BREED

Lab x

SEX

Spayed Female

AGE

12 Years

WEIGHT

43.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Monroe Road Animal Hospital

REFERRING VET

Dr. Widay

INVOICE

73570

DATE

3/11/26

PRESENTING CLINICAL SIGNS

P presented for US due to increased freq of stomach upset in the past few weeks. Owner has fed GI Biome which helps. P has history of IBD diagnosed with intestinal biopsies and Idiopathic IMHA. was on Cyclosporine and Prednisone. P has continue Prednisone at 5mg Q 3 days for several years. Has a history of exploratory with R&A when young

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 (5.78 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 (6.08 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 borderline “flat”, measuring 0.39 cm at the cranial pole and 0.33 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 “flat”, measuring 0.38 cm at the cranial pole and 0.41 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 (1.96 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 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. There is a moderate amount of non-organized echogenic debris. Some of the debris appears adhered to the gallbladder wall and is slightly irregular, consistent with small polypoid projections. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach contains moderate fluid/gas. 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. Intraluminal fluid and gas interfere with full evaluation of some areas of the stomach.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal to moderate fluid and gas. Wall thickness appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.34 cm. Jejunum wall measures 0.27 cm. Visualized peristalsis appears appropriate. There is mucosal speckling visualized associated with some areas of the small intestine.

Sections of colon are visualized with 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. No significant lymphadenopathy noted. An iliac lymph node is visualized measuring 0.39 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Borderline “flat” adrenal glands – This is likely secondary to current Prednisone use.
- Large, heterogeneous liver – Findings have the appearance most consistent with a vacuolar hepatopathy/steroid hepatopathy.
- Polypoid-like projections visualized in the apical region of the gallbladder – Findings could be consistent with mildly organized debris or true polyps. Findings could be consistent with mild inflammation.
- Fluid/gas distended stomach – Correlate with feeding/drinking history. If the patient was adequately fasted, this could represent delayed gastric emptying. A partial outflow tract obstruction seems less likely.
- Mildly thickened small intestine with mild mucosal speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The flat adrenal glands and heterogeneous liver are most consistent with current steroid use.

There is moderate debris visualized in the gallbladder with some irregularity noted at the apical region. If liver enzyme elevations are present, consider Ursodiol therapy. If liver values are normal, consider continued monitoring with ultrasound, as there could be concern for mild cholecystitis.

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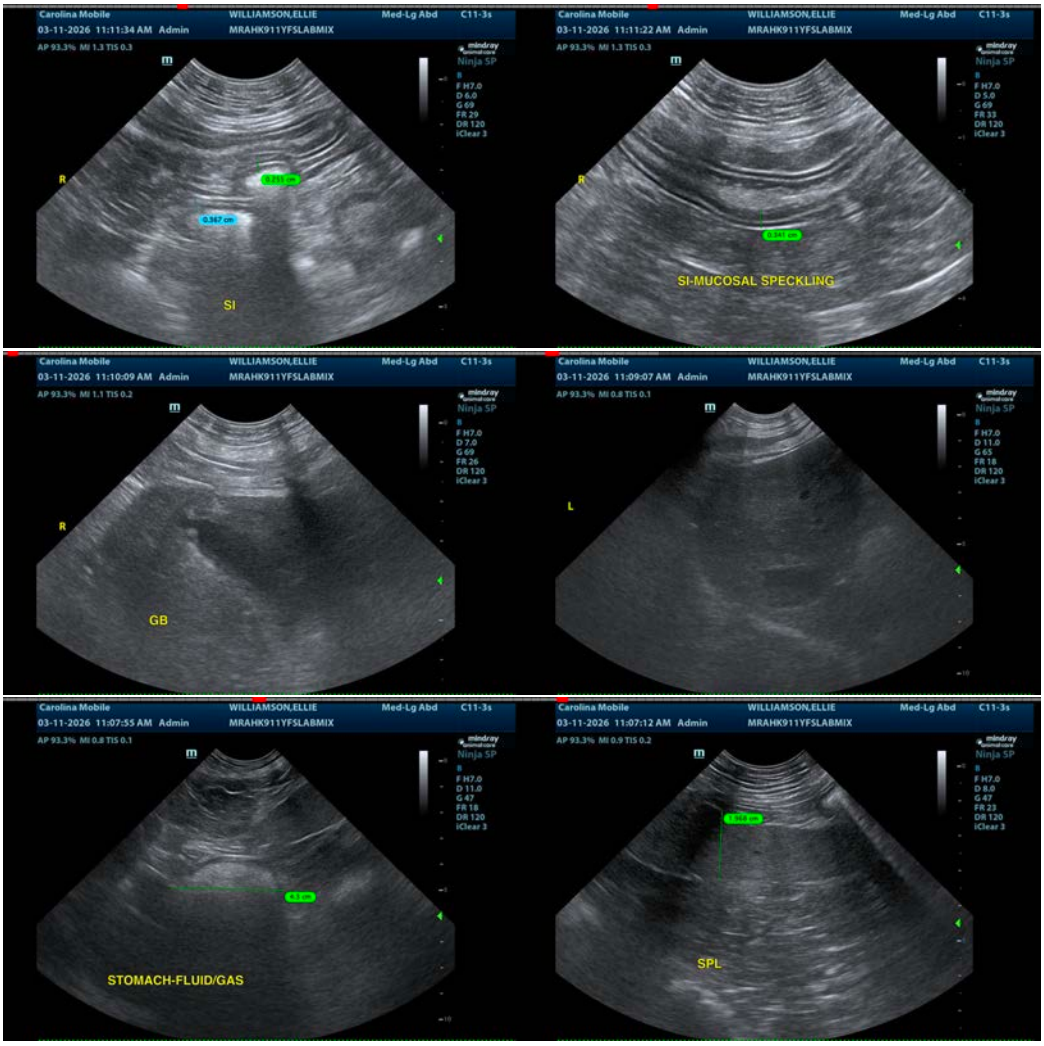
The small intestine appears mildly fluid and gas distended in some areas. Other areas are empty and appear to have mild mucosal speckling and thickening. Findings are suggestive of enteritis/IBD type changes +/- lymphangiectasia. You could consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate. If B12 levels are low, this could be an indicator of relapse of GI disease. Depending on the clinical symptoms present, additionally an ultra low-fat hydrolyzed protein prescription diet may be of benefit (Royal Canin).

If symptoms are persistent despite initial medical therapy, recheck imaging could be considered, looking for the progression of today's lesions or the development of new lesions.



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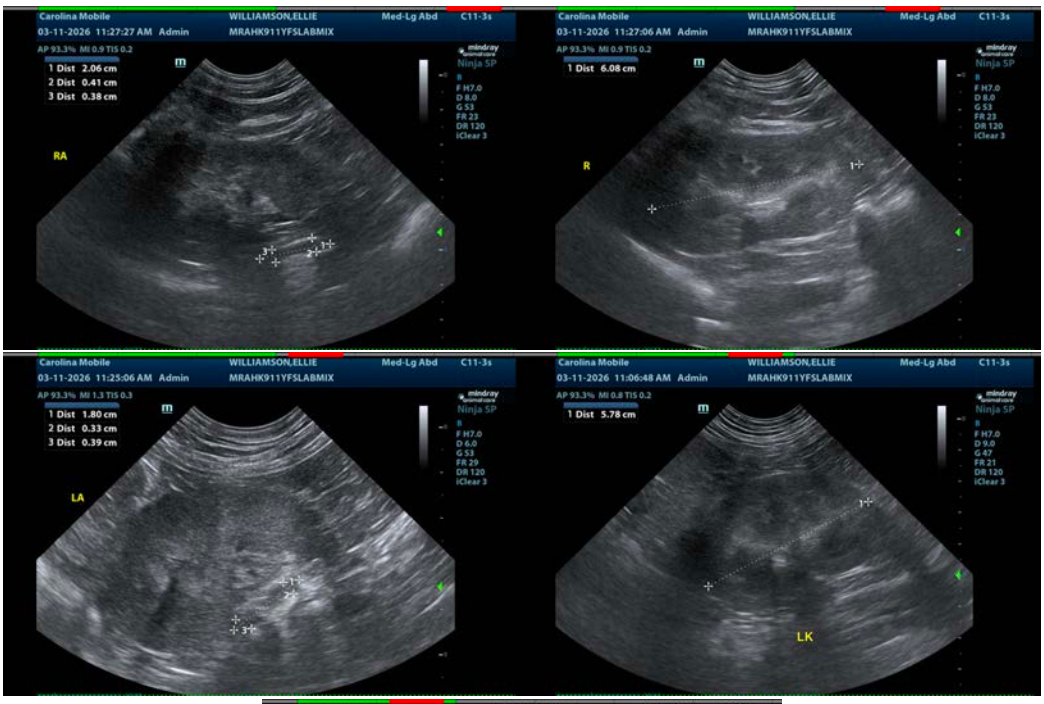

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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