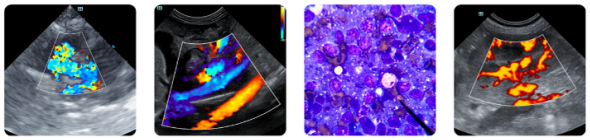


PATIENT

Molly Osorio

SPECIES

Canine

BREED

Mixed

SEX

Intact Female

AGE

11 years

WEIGHT

34.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr. Alma Alicea

INVOICE

11453

DATE

3/11/2026

PRESENTING CLINICAL SIGNS

- Px presented as a referral for an abdominal ultrasound due to having episodes of hematemesis and a seizure
- Owner reported that Px used to have seizures around 2 years ago and was on Mx, but they had stopped the Mx after a while
- Px had the most recent seizure on 3/8/26, which is when Px was hospitalized
- Owner reports that Px was tachypneic before the seizure, but besides that, Px had been BAR, had a good appetite, and was drinking water as per usual
- rDVM reports that once hospitalized, Px presented with hematemesis, profuse projectile diarrhea, and lethargy
- Initial BW showed leucopenia / neutropenia that has now resolved
- Px is currently still hospitalized and on the following Mx: cerenia, famotidine, ondansetron, Metronidazole, Baytril, keppra, propectalin, Vit . B 12, butorphanol, IV fluids. Diagel, Dex SP and Vit K1 (given once 3/09/25)
- rDVM would like to r/o pyometra, pancreatitis vs. primary GI problem

Abnormal PE/Chem/CBC/UA Results: Radiographs and bloodwork attached below.

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 (5.88 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.

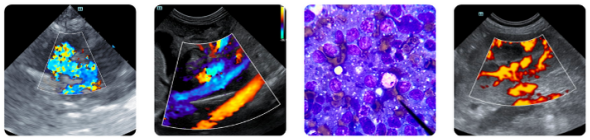
The right kidney has a normal shape and size (6.29 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is large in size measuring 0.61 cm at the cranial pole and 0.76 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 large in size measuring 0.79 cm at the cranial pole and 0.86 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



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The spleen is subjectively normal in size (1.39 cm) and the echotexture is homogenous. 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. 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 mild/moderate fluid. It measures at a normal thickness of 0.46 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. The muscularis layer appears prominent in some areas of the stomach.

Some of 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. The duodenum measured as normal (0.58 cm in wall thickness) and the jejunum measured as normal (0.35 cm.) Visualized peristalsis appears appropriate. Some sections of small intestine appear segmentally “ropey” with a slightly prominent muscularis layer.

Sections of colon are visualized with formed fecal material and gas shadowing distally. The descending colon wall measures 0.24 cm with intact wall layering.

Pancreas

The pancreas is prominent and mottled in the right 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 did not reveal any evidence of effusion. There is no significant lymphadenopathy. A mesenteric lymph node is visualized measuring 0.57 cm. An iliac lymph node is visualized measuring 0.41 cm. The omentum is of normal uniform echogenicity.

Other

The uterine body is visualized and appears within normal limits. Both ovaries are visualized. The left measures 1.4 cm and the right measures 1.52 cm.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly. The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.

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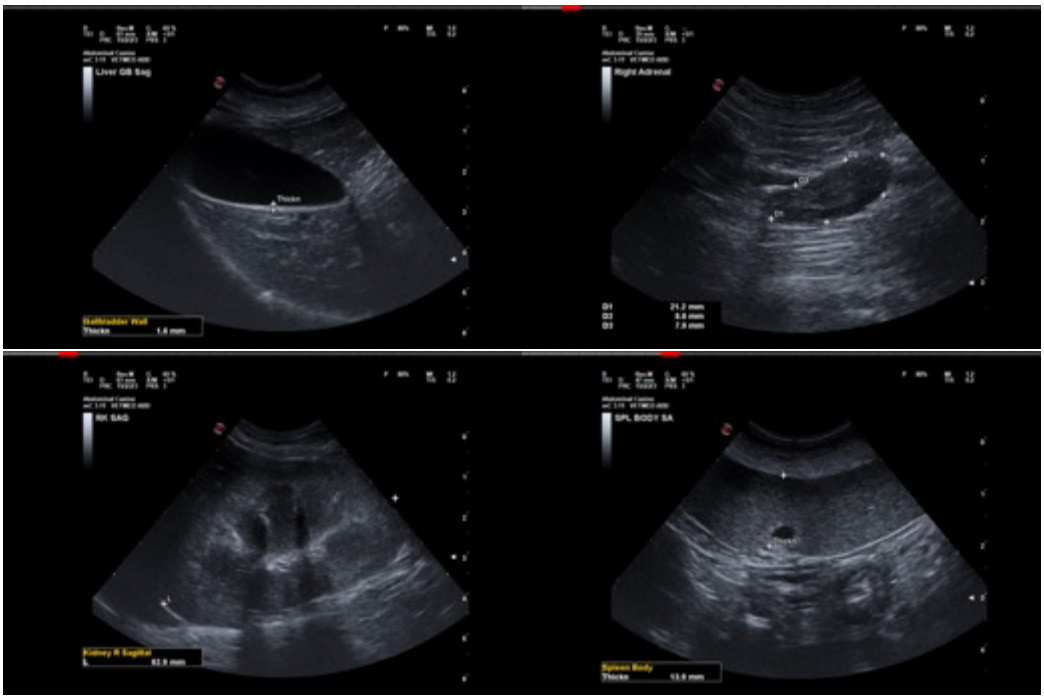
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Subjectively prominent gastric wall with a thickened muscularis layer. Findings could be consistent with gastritis.
- Segmental areas of “ropey” small intestine with a prominent muscular layer. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenals appear large. If there are symptoms are consistent with Cushing’s disease, consider adrenal function testing when the patient has fully recovered from this episode. Additionally, recommend a blood pressure evaluation looking for evidence of systemic hypertension.

The gastric wall appears to have a prominent muscularis layer as do some areas of the small intestine. Possibly consistent with inflammation/gastroenteritis type changes. No focal lesions are visualized to explain the symptoms reported. Consider empirical treatment for gastroenteritis. If there are no metabolic causes for seizures identified, you could consider consultation with a veterinary neurologist and/or imaging of the brain looking for possible epilepsy.



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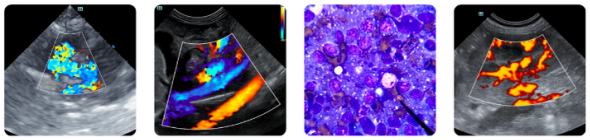

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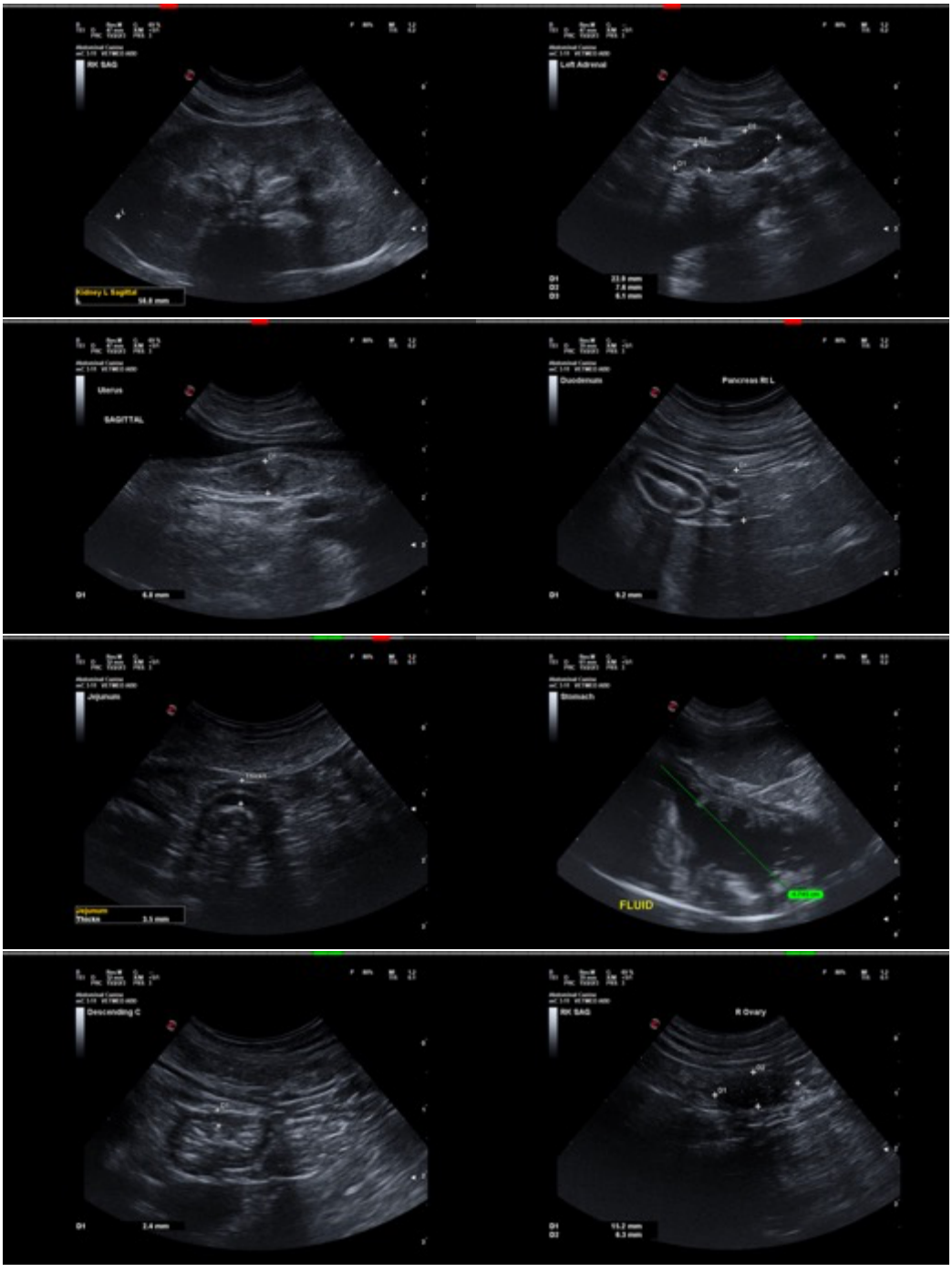

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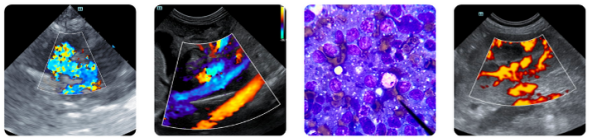

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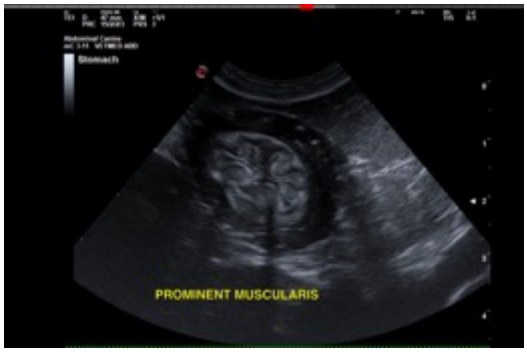

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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