



DATE PRESENTING CLINICAL SIGNS

3/13/2026

Patient History: Bella has a history of weight loss and chronic intermittent vomiting. Weight loss was noted on exam. Otherwise Bella's exam was unremarkable.

PATIENT

Bella Krieg

Current Medications: Cerenia (16 mg) 1/2 to 1 tab po prn for vomiting.

Labwork Results: Labwork attached, reported as: CBC/chem- nsf. 4dx: all negative.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

BREED

Yorkie

Stat Report: Not requested.

Imaging Performed by: Rachel Brillhart, RDMS.

SEX

FS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

9 years

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.

WEIGHT

6.16 lbs

The left kidney has a normal shape and size (3.26 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. Occasional pinpoint cortical mineralizations noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney has a normal shape and size (3.52 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.

HOSPITAL NAME

Rock Spring Veterinary
Clinic

Adrenal Glands

The left adrenal gland is normal in size measuring 0.64 cm at the cranial pole and 0.59 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.

REFERRING VET

Dr. Gibson

The right adrenal gland is normal in size measuring 0.59 cm at the cranial pole and 0.58 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.

INVOICE

11485

Spleen

The spleen is subjectively normal in size (0.86 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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum (0.42 cm), jejunum (0.25 cm) 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. Visualized peristalsis appears appropriate. There is significant mucosal speckling visualized associated with the duodenum and some areas of the jejunum.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with non-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 visible/slightly mottled. 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

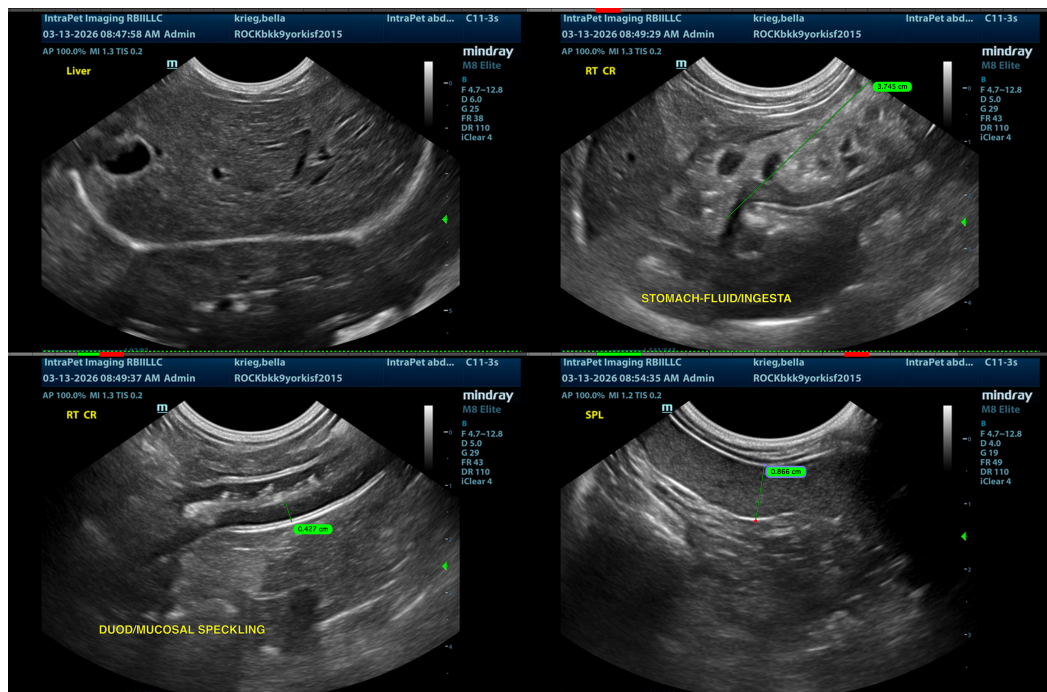
- Prominent, mottled pancreas. Findings are most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Fluid/ingesta distended stomach. In a fasted patient, this is most consistent with delayed gastric emptying.
- Mildly thickened small intestine with significant mucosal speckling in the region of the duodenum. Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

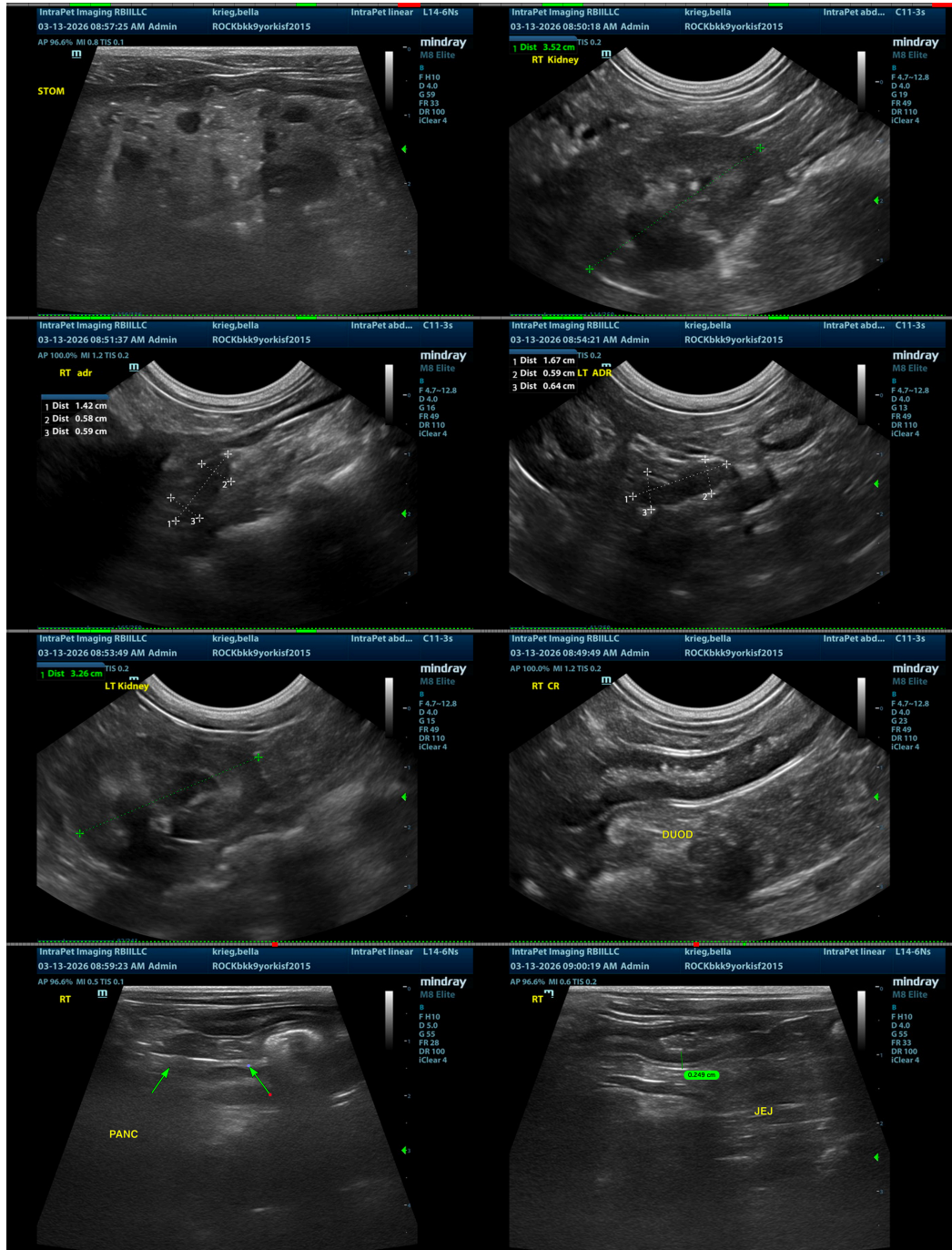
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears prominent and mildly thickened with significant mucosal speckling of the duodenum and some areas of the jejunum. These changes are concerning for possible lymphangiectasia, particularly in the breed. A primary enteropathy is thought to be likely. Consider the following:

- Consider a combination prescription ultra-low fat/hydrolyzed protein prescription diet (Royal Canin.)
- 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.
- Consider chronic probiotic therapy.

Ideally, recommend upper GI endoscopy to further evaluate and obtain biopsies of the GI tract to assess for concurrent IBD, etc. Lab work provided shows the albumin levels are towards the lower end of normal. This should be monitored closely for progression. Biopsies are strongly recommended if albumin levels continue to drop and/or if patient's symptoms are not controlled with diet alone.





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.

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