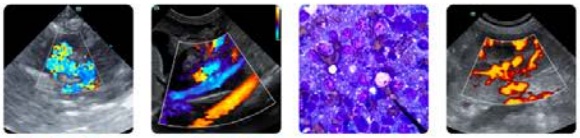


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Kilo Nabi

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

12 Years

WEIGHT

34.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Salib

INVOICE

73728

DATE

3/17/26

PRESENTING CLINICAL SIGNS

Ongoing stomach issues, mucous/slimy stool, became tarry/yellow diarrhea, loud grumbling coming from his abdomen, vomited once 1 week ago.

Current Medications: Trazadone, Gabapentin, Forti Flora, Omeprazole

Abnormal PE/Chem/CBC/UA Results: No UTD bloodwork Radiographic Findings no UTD rads Primary Question to Be Answered in This Exam Cause of abdominal issues

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly diffusely thickened and slightly irregular, measuring 0.43 cm in the apical region. The trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The prostate is large, heterogeneous and mottled, measuring 2.82 cm x 5.24 cm.

The left kidney has a normal shape and size (6.89 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 (7.17 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 normal in size measuring 0.56 cm at the cranial pole and 0.53 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.

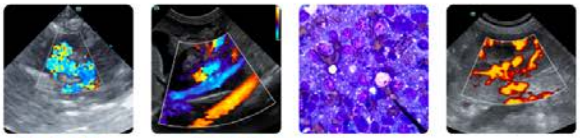
The right adrenal gland is normal in size measuring 1.19 cm at the cranial pole and 0.55 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is large, measuring 2.36 cm in width at the level of the hilus. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a very subtle ill-defined hypoechoic nodule visualized in the parenchyma measuring 0.77 cm.

Liver

The liver is subjectively normal in size, and 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.



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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 to moderate gas. The gastric wall is slightly prominent, measuring 0.73 cm with intact wall layering. 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 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. Duodenum wall measures 0.36 cm. Jejunum wall measures 0.31 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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. Descending colon wall measures 0.25 cm with intact wall 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, 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

- Mildly irregular/thickened urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Large, mottled/heterogeneous prostate – The appearance is suspected to be consistent with an involuted prostate with previous prostatic disease. Correlate with the appearance/size prior to neutering.
- Large, mottled spleen with an ill-defined hypoechoic nodule – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

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- Subjectively prominent/thickened gastric wall with intact wall layering – Findings are suggestive of gastritis. An early neoplastic process is less likely.
- Slight prominent colon wall – Findings could be consistent with mild colitis. Intraluminal gas interferes with full evaluation of the colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal changes observed are relatively mild. The stomach subjectively appears mildly thickened, as does the distal colon. Unfortunately, you can have relatively mild ultrasonographic findings and still have significant gastrointestinal/colonic disease. Consider the following:

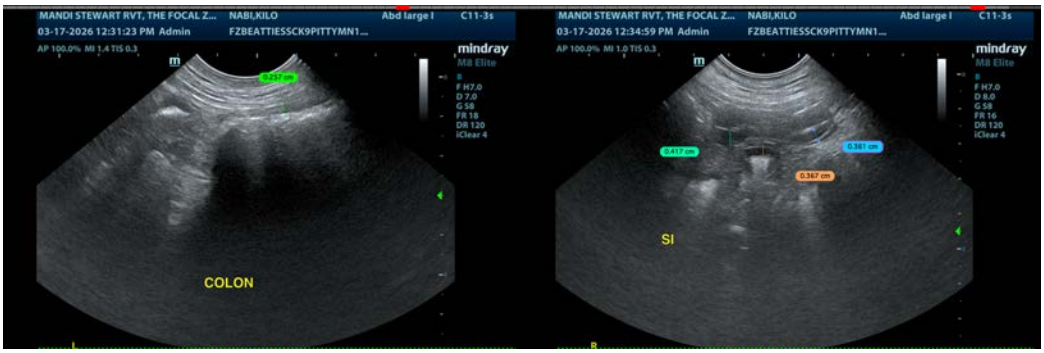
- If not already done, recommend empirical deworming and parasite screening.
- Consider an infectious panel, screening for infectious causes of diarrhea.
- Consider an ultra low-fat/hydrolyzed protein prescription diet.
- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function. This would be helpful to screen for exocrine pancreatic insufficiency and other causes of small and large bowel disease.
- Recommend full biochemical and urine screening.

The spleen appears large and mottled with occasional ill-defined hypoechoic nodules. Consider a fine needle aspirate to rule out the possibility of infiltrative neoplasia.

The prostate is large and mottled in appearance. Given the recent neutering and depending on the degree of previous prostatic disease present, the prostate may never normalize, but there should be improvement. Correlate today's findings with the appearance and previous size of the prostate. Consider a urinalysis and culture if clinically appropriate.

If the previously described evaluation and initial treatment for gastroenterocolitis does not result in improvement, then biopsies of the GI tract may be warranted to further evaluate.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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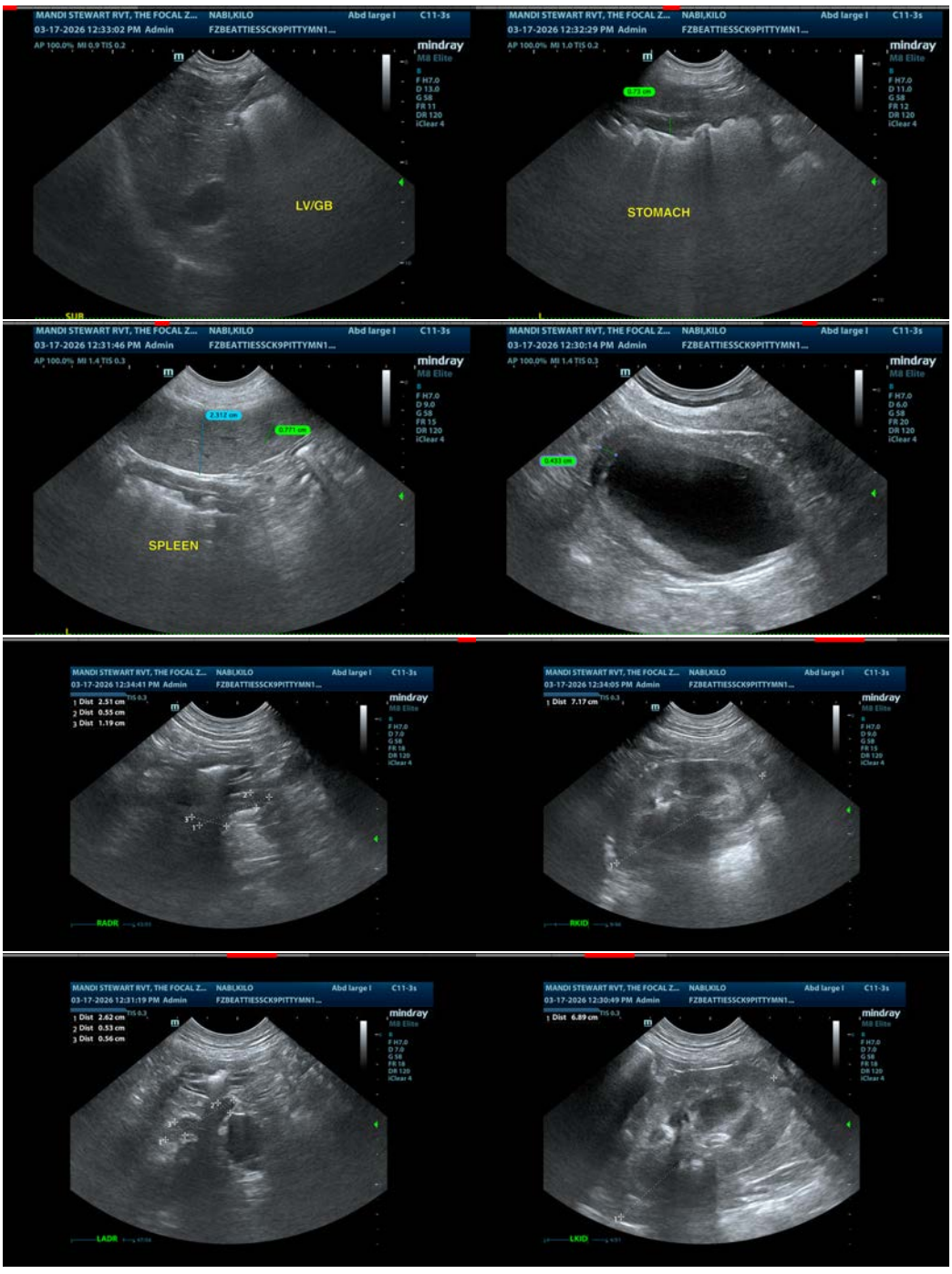

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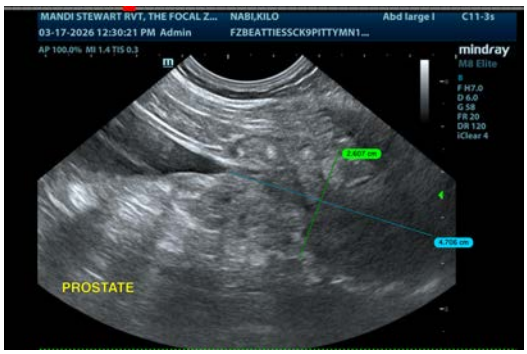

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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