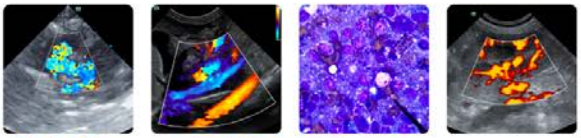


PATIENT

Arlo Dunne

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

3 Years

WEIGHT

12 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Kingston Animal Hospital

REFERRING VET

Dr. Turner

INVOICE

73798

DATE

3/19/26

PRESENTING CLINICAL SIGNS

Gi signs, V+, D+ Possible renal mineralization

Current meds: IV fluids, Cerenia, Famotidine, Metro IV

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 prostate is normal in size (0.73 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.05 cm) with mild medullary mineralization. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.3 cm) with very mild medullary mineralization. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.25 cm at the cranial pole and 0.43 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.

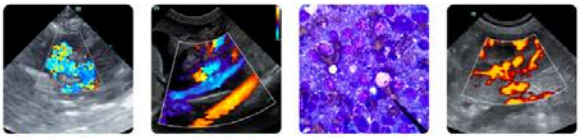
The right adrenal gland is normal in size measuring 0.65 cm at the cranial pole and 0.35 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.14 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 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.



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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 fluid. 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. No masses or focal lesions were observed.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild 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 0.41 cm. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. The proximal duodenum is somewhat distended with gas, fluid, and shadowing ingesta. A definitive obstruction is not visualized, but a partial obstruction cannot be ruled out.

Sections of colon are visualized with non-formed/liquid fecal material and gas shadowing distally. The descending colon wall appears prominent with intact wall layering, measuring at 0.27 cm.

Pancreas

The pancreas is mildly 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 did not reveal any evidence of effusion. No significant lymphadenopathy. The omentum is hyperechoic in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Prominent, mildly mottled left limb of the pancreas – Findings are most consistent with pancreatic remodeling. Mild inflammation is possible.
- Mild/moderate gastric distention with fluid – Correlate with the feeding/drinking history. If the patient was adequately fasted, findings are most consistent with mild ileus.
- Fluid, gas/ingesta distended proximal duodenum – A definitive obstruction is not visualized at this time, although there is concern for possible focal ileus or partial obstruction. Recommend monitoring over time.
- Mildly thickened fluid distended descending colon – Findings are most consistent with colitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is mildly to moderately fluid distended, and there is some fluid, gas and ingesta distention of the proximal duodenum. A definitive obstruction is not visualized at this time, but this area should be monitored, as a partial obstruction or similar cannot be definitively ruled out. Correlate with abdominal radiographs. If this is a significant concern, consider repeat imaging in 12-24 hours with patient persistently NPO to see if the distention resolves. If not, upper GI endoscopy may need to be considered.

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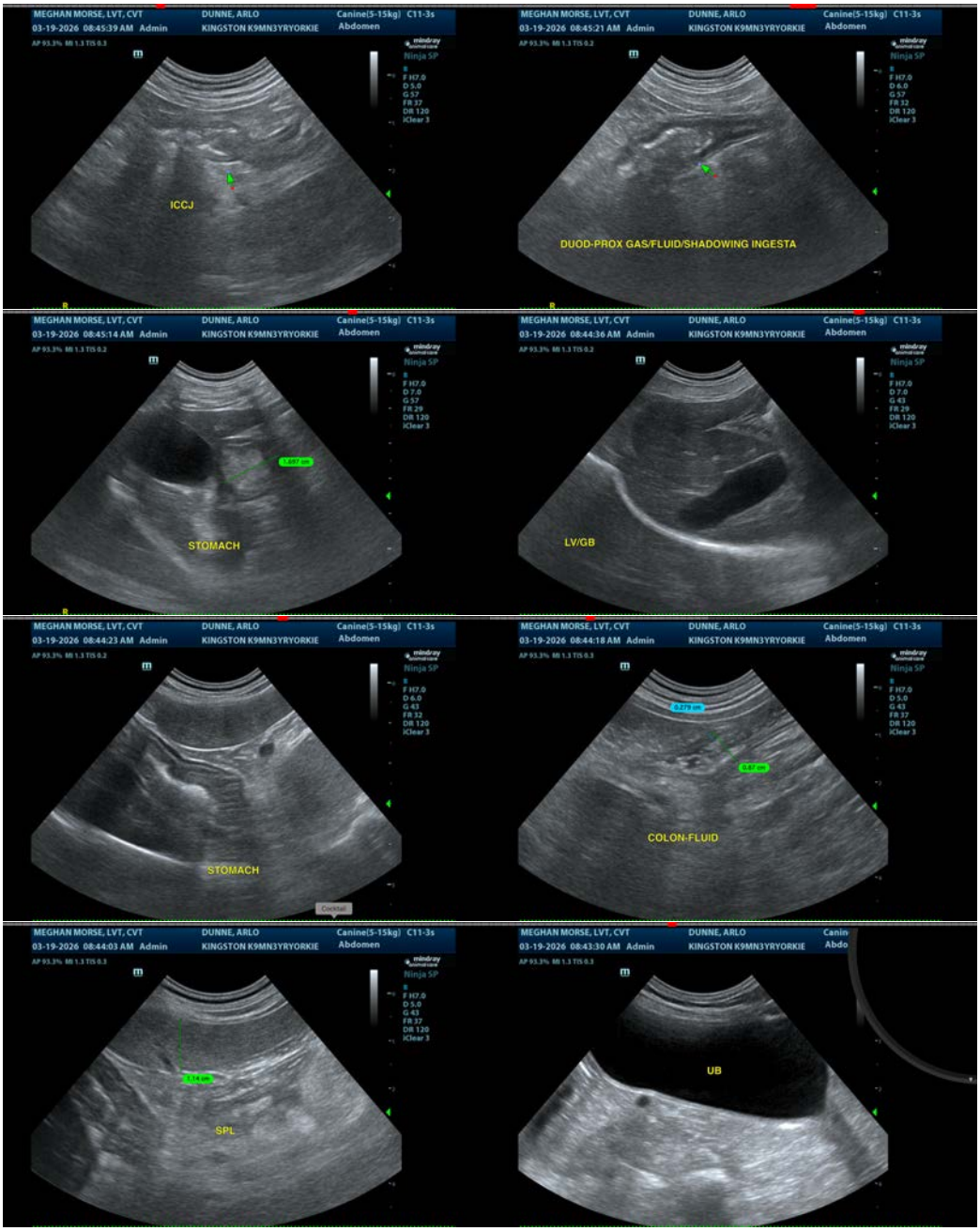
Other than the proximal duodenum, there is the general appearance of a mild gastroenterocolitis. Recommend empirical therapy, rehydration, etc., and current lab work.



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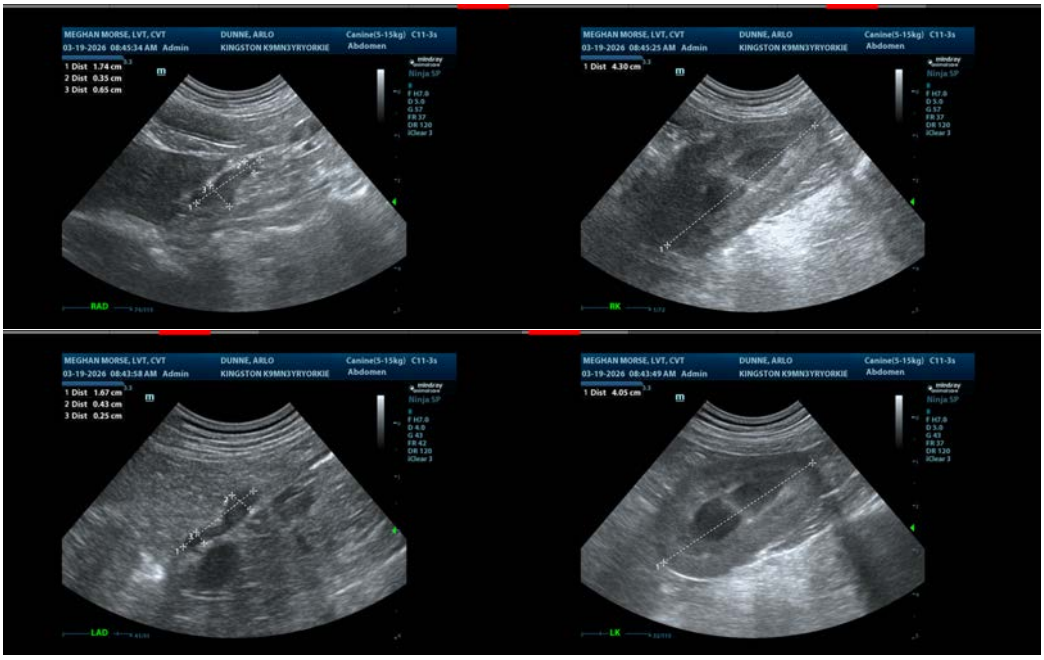

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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