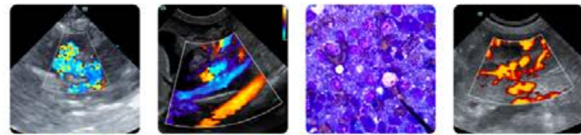


SonoPath
www.SonoPath.com
info@sonopath.com 800.838.4268

PATIENT

Marley George

SPECIES

Canine

BREED

Siberian Husky x

SEX

Female

AGE

5 Years 9 Months

WEIGHT

33.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Brodheadsville Veterinary Clinic

REFERRING VET

Dr. Madelyn Dolinsky

INVOICE

73812

DATE

3/19/26

PRESENTING CLINICAL SIGNS

Chronic intermittent vomiting, unintentional weight loss. NSF on exam-mildly underweight. Dexdom/Torb sedation for scan, no other current meds.

Abnormal PE/Chem/CBC/UA Results: Hct-59.1

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 (5.01 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 (5.56 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 0.46 cm at the cranial pole and 0.55 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 0.86 cm at the cranial pole and 0.60 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.

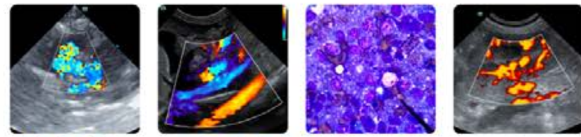
Spleen

The spleen is subjectively normal in size (1.7 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.

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.



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Gastrointestinal

The stomach contains mild/moderate fluid and focal shadowing ingesta. 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. There is focal shadowing material measuring 1.04 cm, possibly consistent with medication, foreign material, ingesta. etc.

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 0.63 cm. Jejunum wall measures 0.36 cm. Visualized peristalsis appears appropriate. Some focal sections of bowel appear mildly fluid distended, possibly with a focal enteritis. No evidence of an obstructive pattern is visualized at this time.

Sections of colon are visualized with formed 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, 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.

Other

The uterine body and ovaries are visualized and appear within normal limits. Left ovary measures 1.56 cm in length. Right ovary measures 2.07 cm with a follicle.

ULTRASONOGRAPHIC FINDINGS

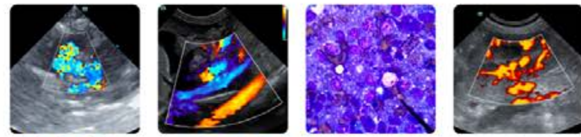
- Mild/moderate fluid distention of the stomach with focal shadowing ingesta – Findings could be consistent with ingesta, medication, or ingested foreign material.
- Enteritis type pattern visualized associated with the small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized to explain the vomiting and weight loss reported. The stomach has a moderate amount of fluid and some shadowing ingesta. This interferes with full evaluation of the stomach. This could represent a non-fasted patient, delayed gastric emptying, and much less likely a partial outflow tract obstruction. The shadowing material could represent medication, kibble, or similar.

The small intestine has some sections that appear mildly fluid distended. No evidence of an obstructive pattern is visualized. Findings are most consistent with an enteritis type pattern/enteropathy, although a small focal partially obstructive lesion or similar cannot be definitively ruled out.

Consider the following:



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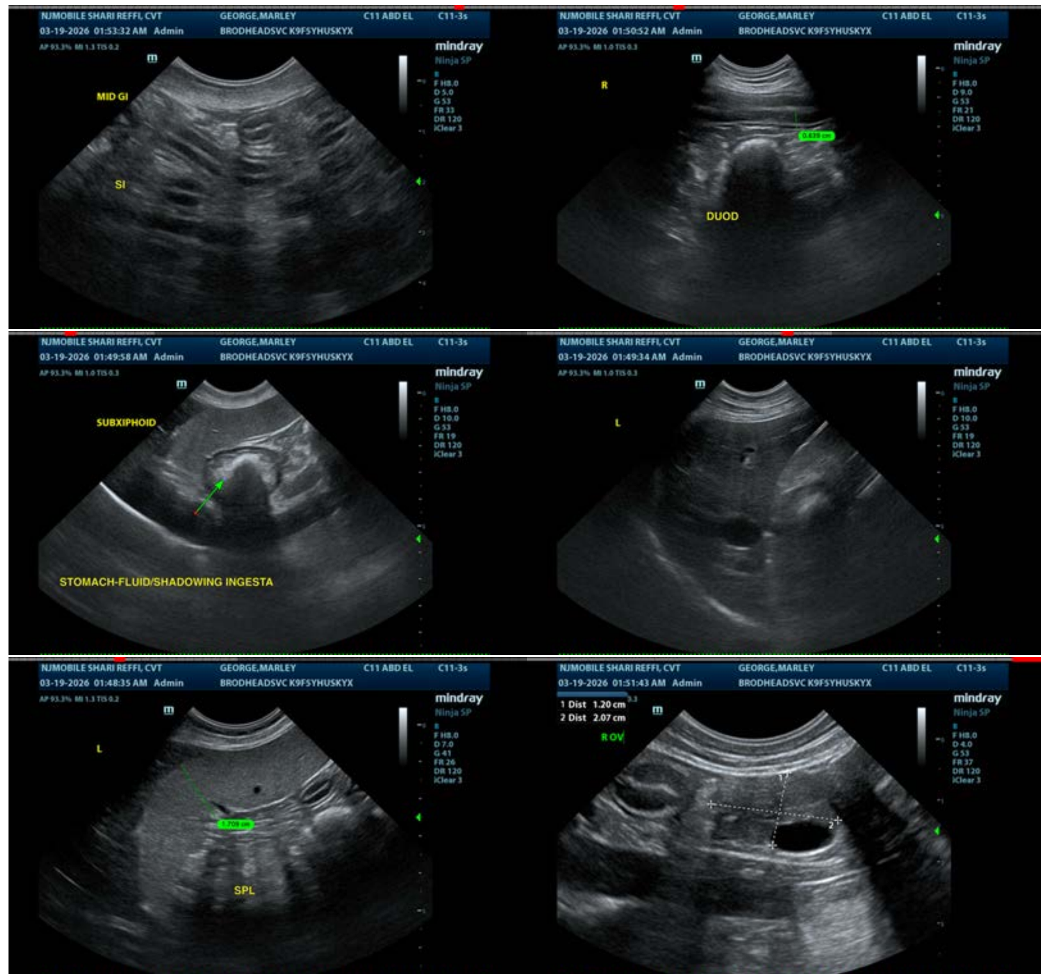
- Recommend full biochemical evaluation as well as a baseline cortisol and urinalysis.
- If not already done, recommend empirical deworming and parasite screening.
- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

If symptoms are persistent, ultimately biopsies of the GI tract may be warranted. If you are concerned about a focal obstructive lesion or similar, you could consider repeat imaging, looking for the progression of today's lesions.



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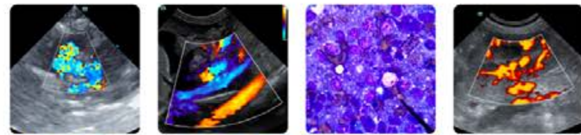

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Educational Teleconsultation Services™

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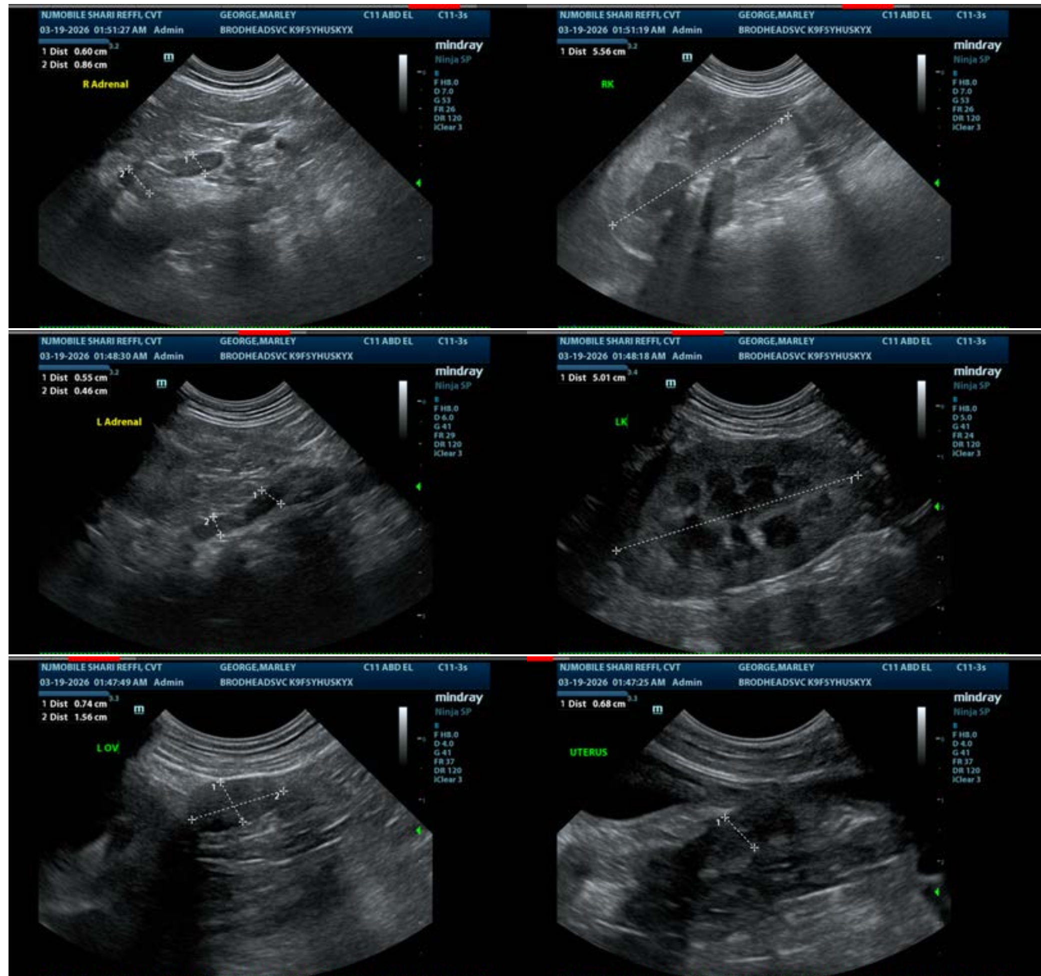

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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