



DATE PRESENTING CLINICAL SIGNS

3/24/26 **Patient History:** Vomiting With Blood. History: Loose stool for the past few days; progressed to bloody vomiting and bloody diarrhea today (3/23)

PATIENT

Reagan Lippold

Current Medications: Potassium Chloride, Cerenia, Ondansetron, Protinix.

Labwork Results: Labwork attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Rachel Brillhart, RDMS.

SPECIES

Canine

BREED

Golden Retriever x

SEX

Spayed Female

AGE

3/23/19

WEIGHT

57.8 lbs

INTERPRETED BY

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

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 (5.76 cm) with rare pinpoint cortical mineralizations, and mild pyelectasia at 0.41 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 infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.16 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 0.55 cm at the cranial pole and 0.70 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 0.58 cm at the cranial pole and 0.56 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 (2.42 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.

INVOICE

73960

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Goessling

The gall bladder lumen is significantly distended. There is some debris and irregularity associated with the gallbladder wall, possibly consistent with polypoid-like lesions or adhered debris. There is a large amount of primarily non-organized echogenic debris within the gallbladder. There is no evidence of bile duct dilation.

Gastrointestinal

The stomach contains minimal luminal contents. Some areas of the gastric wall appear thickened with some focal thickening involving the mucosal region visualized, creating the appearance of a mass effect, polypoid lesion/focal thickening. Ulceration in the region cannot be ruled out but is not definitively visualized. The gastric wall in this area measures at 1.1 cm with intact wall layering.

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 0.33 cm. Jejunum wall measures 0.34 cm. Visualized peristalsis appears appropriate. There is a generalized enteritis type pattern with some sections of bowel having mild fluid and gas distention.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. The colon and distal ileum appear distended with non-formed fecal material/fluid. The distal colon is prominent, measuring up to 0.30 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

There is no free fluid. There is no evidence of a significant diffuse lymphadenopathy. A primary mesenteric lymph node is visualized measuring 1.1 cm x 2.89 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large gallbladder debris with irregularity noted at the gallbladder wall – Findings could be consistent with adhered debris or polypoid like lesions. No evidence of surrounding inflammation noted. Findings are concerning for chronic inflammation/cholecystitis.
- Thickened gastric wall with focal thickening involving the mucosal layer – Findings are suggestive of severe gastritis, although focal ulceration or mass effect (polyp, etc.) cannot be ruled out.
- Diffuse enteritis type pattern.
- Fluid distended colon with distal wall thickening with intact wall layering – Findings are suggestive of colitis and diarrhea.
- Likely reactive mesenteric lymph node.

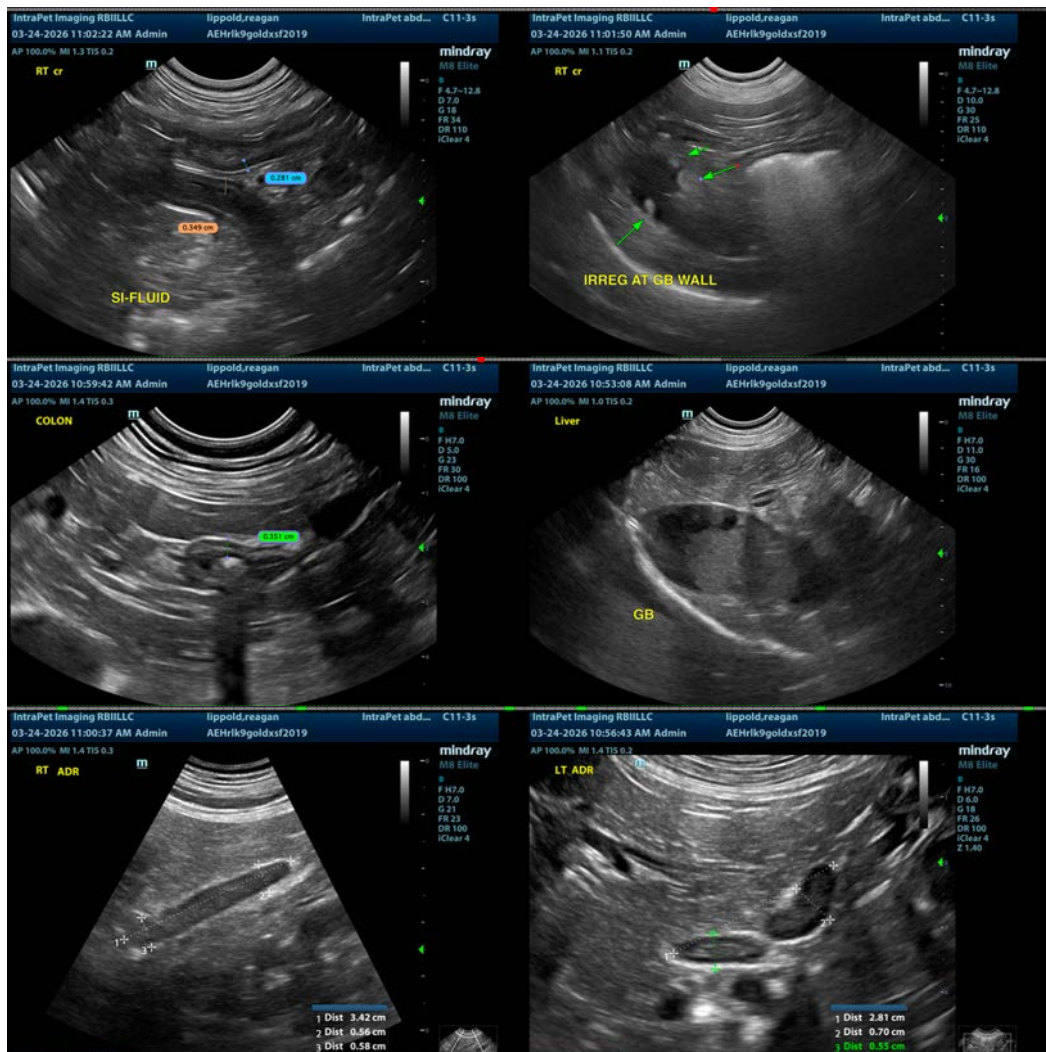
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

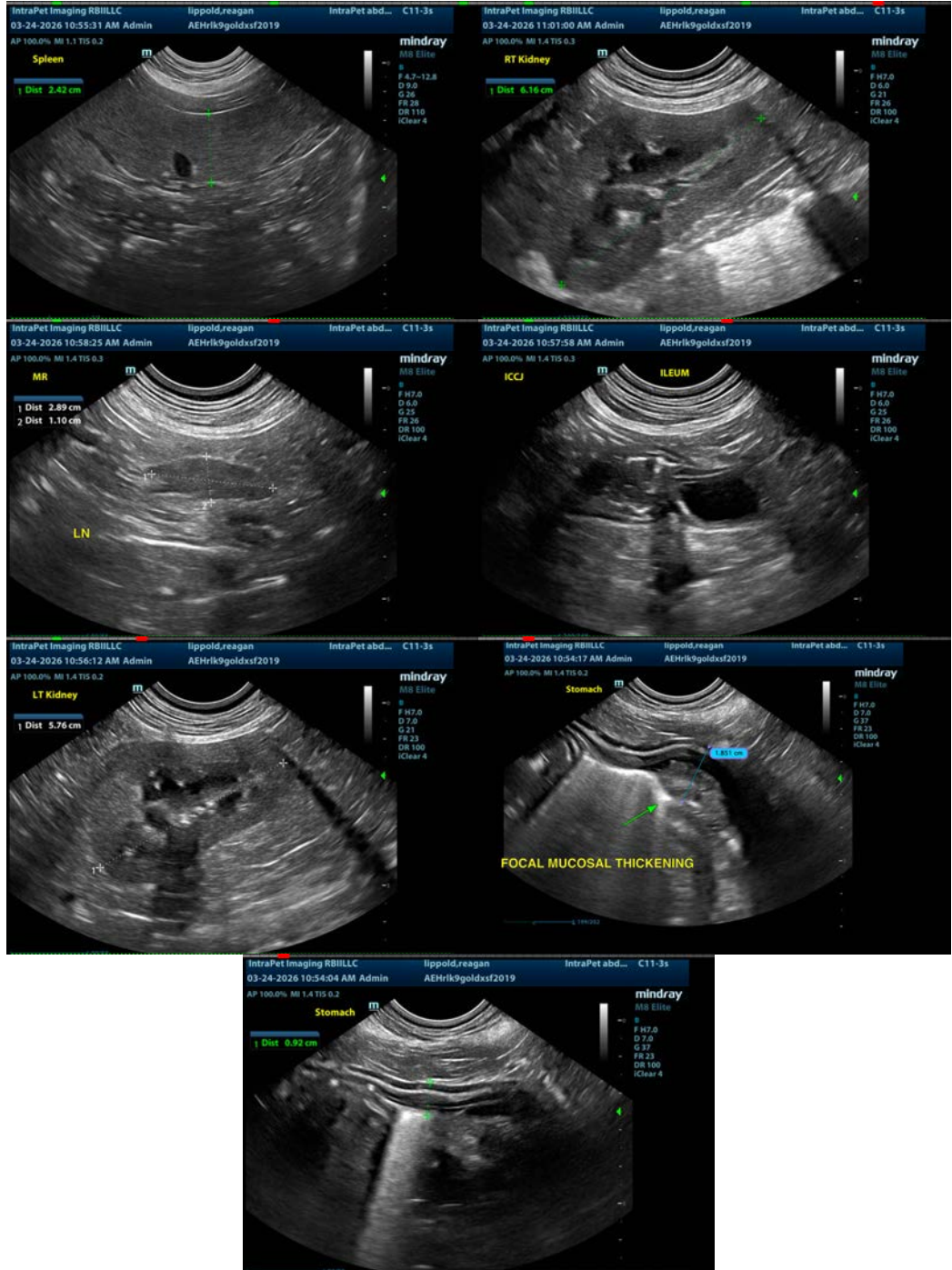
There is diffuse and focal thickening of the gastric wall with some areas exhibiting a prominent, irregular mucosal layer. Findings are suggestive of severe gastroenteritis, although a focal ulceration and/or mass effect cannot be ruled out. Additionally, the colon is fluid distended and somewhat thickened, consistent with colitis. Findings are suggestive of ulcerative gastroenterocolitis. Recommend non-specific supportive therapy (fluids, antibiotics, antiulcer therapy, etc.). Consider recheck evaluation of the stomach 1-2 weeks after

resolution of symptoms. If symptoms are persistent, consider upper GI endoscopy to further evaluate and to obtain biopsies.

There is a large amount of gallbladder debris and some of the debris appears adhered to the gallbladder wall, and there is some irregularity concerning for possible polypoid like lesions. Consider starting Ursodiol therapy and reevaluation of the gallbladder in 4-6 weeks. Chronic Ursodiol therapy may be warranted and continued monitoring for progression of these changes.

If not already done, recommend full biochemical evaluation and a baseline cortisol. Additionally consider screening for large bowel parasites, and empirical deworming.





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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