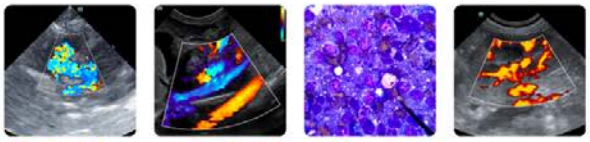


PATIENT

Penny Zimmers

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Spayed Female

AGE

8 Years

WEIGHT

3.12 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Law

INVOICE

74003

DATE

3/26/26

PRESENTING CLINICAL SIGNS

P vomited 3 times today all white fluid. P had diarrhea yesterday 2 times, 2 times today with blood noted. P ate normally yesterday, food is ad lib and owner did have to refill the bowl. P did not eat today. P was boarded (1st time ever doing so) from 3/7 thru 3/16. P was kept in same run as 2 other housemates. 1 other housemate also had gi signs (diarrhea). Previous Health Concerns vaccine reaction

Tachypneic and coughing noted after initial NG tube placement. Developed respiratory distress and dyspnea secondary to iatrogenic pneumothorax. Patient was intubated. Muffled lung and heart sounds noted on auscultation due to air in the pleural space. Now doing much better, extubated yesterday and out of oxygen support but continue to have large GRVs. Suspect gastric ileus secondary to inflammation vs opioid induced.

Abnormal PE/Chem/CBC/UA Results: CBC: Eos 0.02 L, Hct 67.5 H, Hgb 22.5 H, RBC 9.15 H CHEM: Phos 5.2 H, TP 4.7 L, Glob 1.7 L, Chol 94L, Lipase 882 H EPOC: pH 7.311 L, Hct 61 H 3 view abdominal radiographs obtained: Gas filled stomach, fluid filled loops of small intestine with gas bubbles, empty colon. Normal liver, kidneys, spleen and urinary bladder.

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 (3.71 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 (4.06 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.

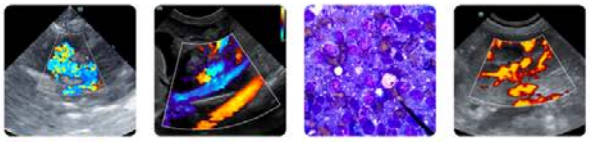
Adrenal Glands

The left adrenal gland is normal in size measuring 0.27 cm at the cranial pole and 0.29 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (0.95 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.



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Liver

The liver is borderline large in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly 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.

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 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.

The visualized areas of duodenum, jejunum 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. Duodenum wall measures 0.35 cm. Jejunum wall measures 0.23 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. The descending colon wall appears slightly prominent measuring at 0.25 cm with intact wall layering.

Pancreas

The left limb of the pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy. Occasional prominent mesenteric lymph nodes are visualized. The omentum is mildly diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes in the left limb most consistent with mild pancreatitis.
- Subjectively large, mildly 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.
- Mild/moderate fluid visualized within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying or a partial outflow tract obstruction (none clearly visualized).
- Subjectively mildly thickened small intestine – Findings could be consistent with a mild enteritis type pattern.

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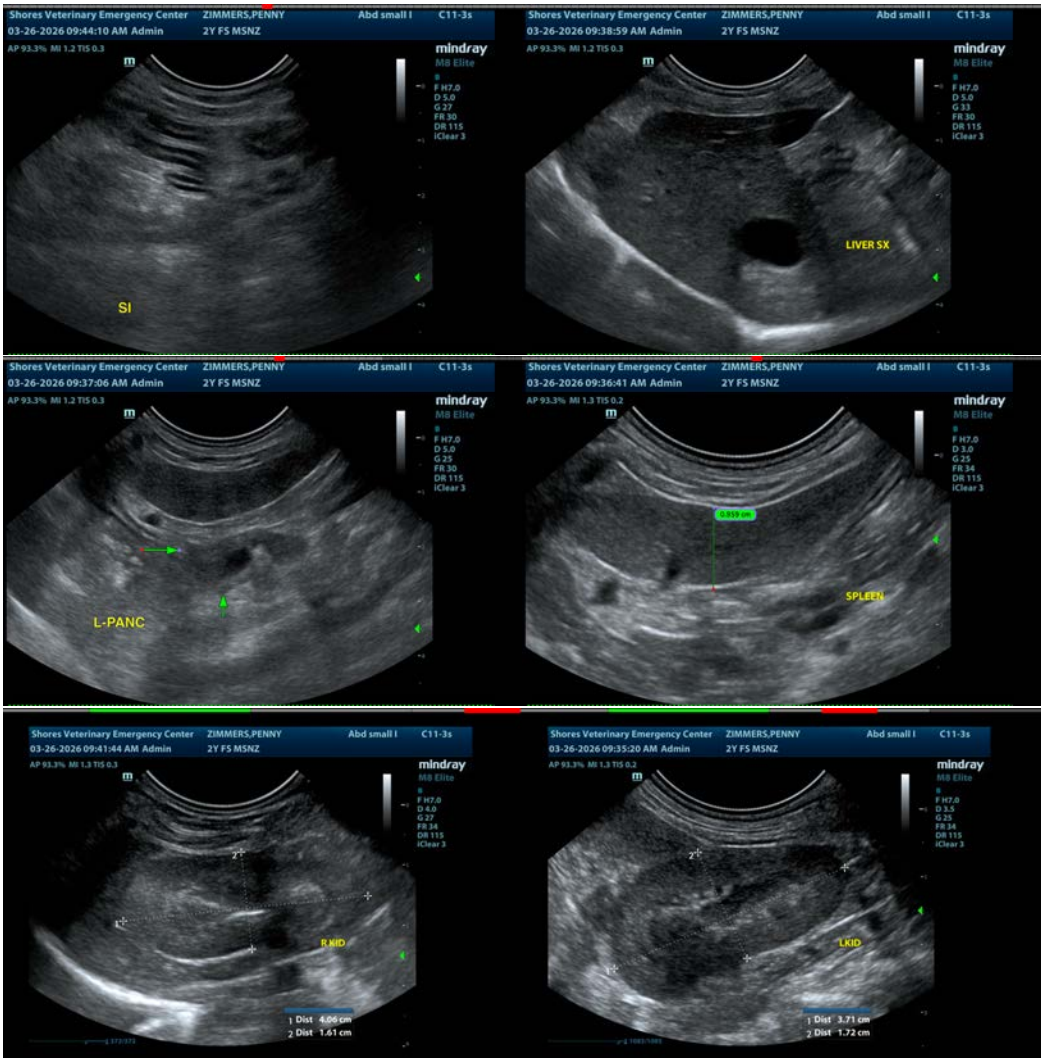
- Mildly thickened distal colon with intact wall layering – Findings are most consistent with colitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left limb of the pancreas is hypoechoic and prominent, concerning for possible mild pancreatitis. In general, the small intestine appears mildly thickened. No focal lesions are visualized, although an unseen focal lesion cannot be ruled out. Findings are suggestive of pancreatitis/gastroenteritis. Recommend continued treatment and close monitoring. If symptoms are persistent, consider repeat imaging.

The liver subjectively appears mildly heterogeneous. The significance of this in the absence of elevations in liver enzymes is uncertain.



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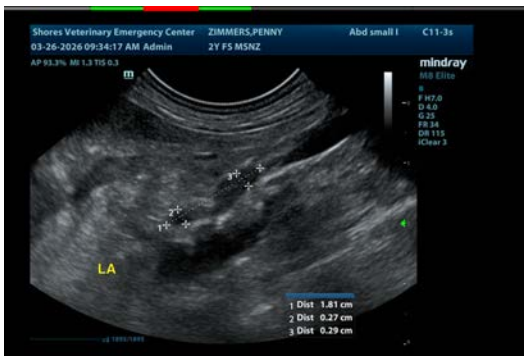

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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