

**PATIENT**

Luna Burbank

SPECIES

Canine

BREEDSiberian Husky x
Alaskan Malamute x
German Shepherd**SEX**

Spayed Female

AGE

8 Years

WEIGHT

30 kg

INTERPRETED BYKathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)**IMAGING
PERFORMED BY**Loetitia Saint-Jacques,
LVT**HOSPITAL NAME**

Alpine Animal Hospital

REFERRING VET

Dr. Burbank

INVOICE

73342

DATE

3/3/26

PRESENTING CLINICAL SIGNS

Chronic intermittent diarrhea for the past year. Diarrhea had been relatively well controlled on RC GI low fat with only occasional episodes every couple weeks, but recently diarrhea has gotten worse and more consistent. Stool varies from liquid to very soft but formed, occasionally some mucus present. Some days there is increased frequency and urgency but typically defecates twice a day. No improvement with Provable. No vomiting or weight loss. Appetite is normal. Attempted to transition to z/d last summer, but pt did not tolerate. Diarrhea was significantly worse with the introduction of z/d.

Working diagnosis: Concern for IBD. Medication - Adequan for OA, Myos

2 other genetically unrelated housemates also developed chronic diarrhea around the same time last year- housemates responsive to prednisone. One housemate subsequently developed chronic hepatitis

Abnormal PE/Chem/CBC/UA Results: May 2025- CBC/Chem WNL May 2025 Diarrhea PCR neg Jan 14 2026- Dysbiosis index WNL Feb 28 2026: ALT 183 (RI 12- 118), ALP 265 (RI 5-131) Mar 2 2026 Texas GI panel - results pending

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 (5.67 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 is borderline large, measuring 9.54 cm (including the cyst). There is a large anechoic cortical cyst in the cranial pole measuring 5.34 cm x 5.49 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 0.38 cm at the cranial pole and 0.42 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 0.59 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 (1.89 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 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.

Gastrointestinal

The stomach contains mild 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 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. Jejunum wall measures 0.36 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 pancreas is visible/mildly mottled in the right 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. There is no significant lymphadenopathy. A prominent portal lymph node measures 0.68 cm x 0.93 cm. A mesenteric lymph node measures 0.59 cm. The omentum is normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes consistent with mild pancreatic remodeling.
- Large cortical cyst in the cranial pole of the right kidney, most consistent with a benign renal cyst.
- Occasional prominent/likely reactive mesenteric lymph nodes in the cranial abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the enlarged/mixed bowel diarrhea reported. Unfortunately, there are many causes for diarrhea that cannot be definitively diagnosed by ultrasound alone. Consider the following:

- It might be worth trying a combination prescription ultra low-fat/hydrolyzed protein prescription diet (Royal Canin has a diet with these attributes).
- Some patients with diarrhea will improve with supplemental fiber therapy, others will get slightly worse. It might be worth trying in this individual.



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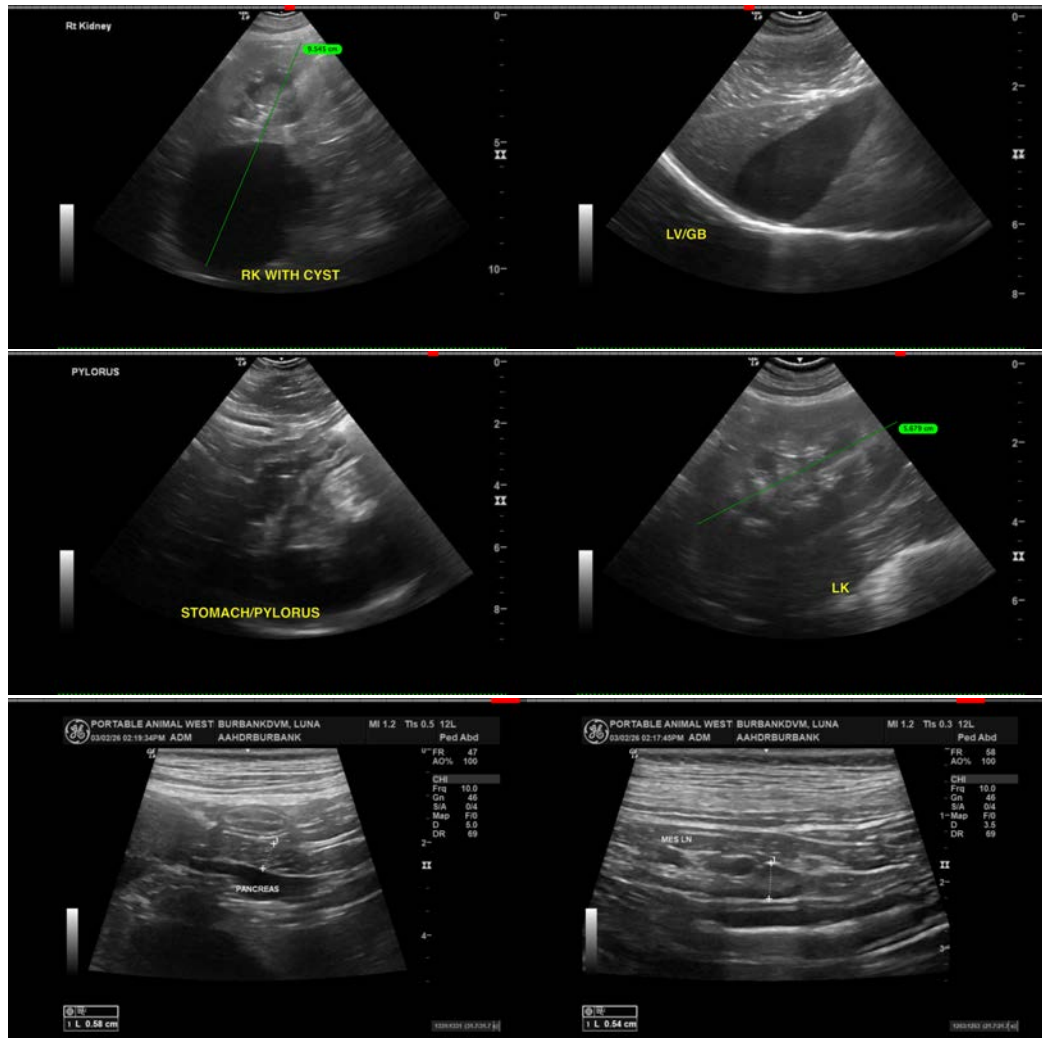
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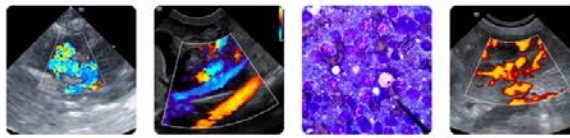
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- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease. I believe this is currently pending, and will help to rule out exocrine pancreatic insufficiency, look for small intestine involvement (B12 levels), etc.
- If not already done, recommend parasite screening and empirical deworming.
- Consider current lab work to reevaluate for any significant biochemical changes.

If symptoms are persistent, consider upper and lower GI endoscopy to further evaluate, given the chronicity of the symptoms.





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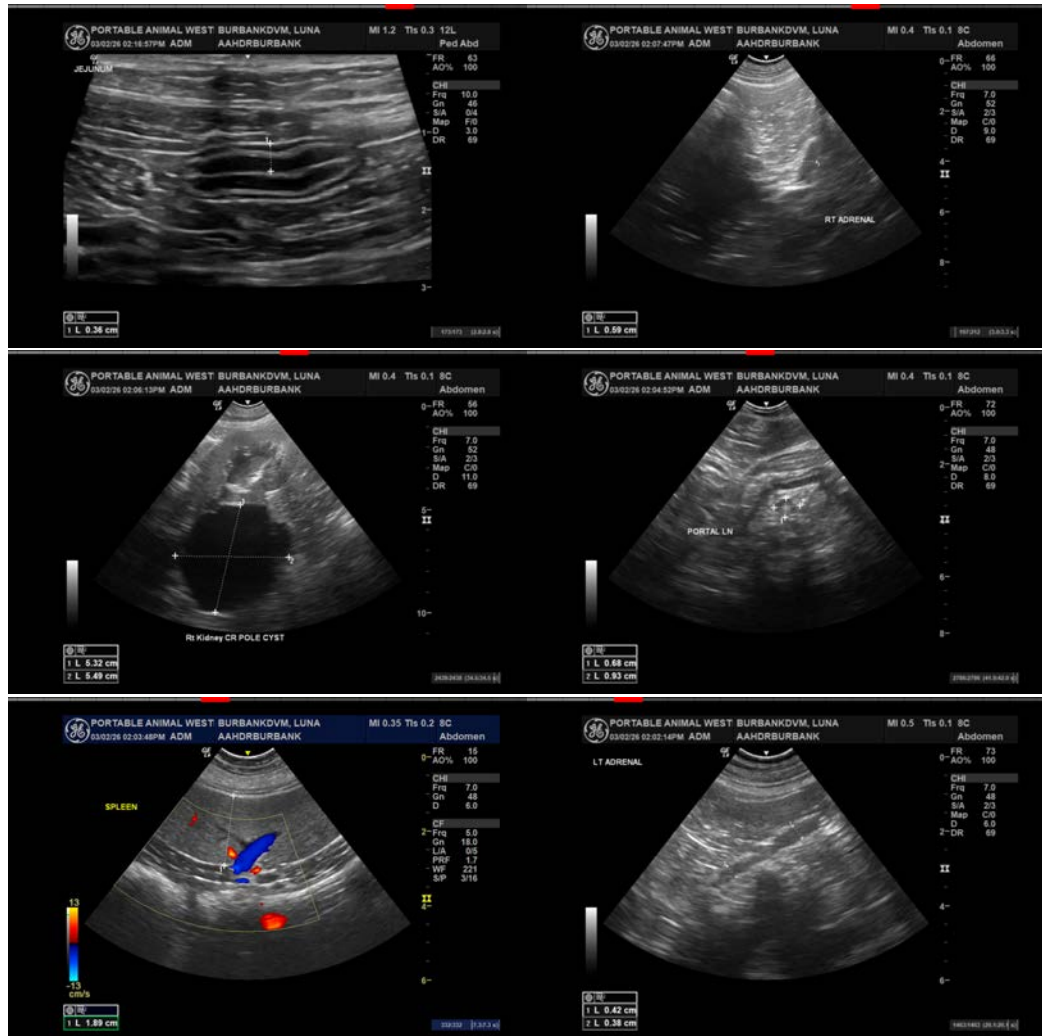
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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