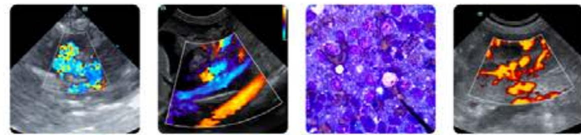


PATIENT

Maple Reilly

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

3 Years 8 Months

WEIGHT

56 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Marsh Animal Hospital

REFERRING VET

Dr. Armani

INVOICE

73338

DATE

3/3/26

PRESENTING CLINICAL SIGNS

Hemorrhagic enteritis. Meds: Sulfasalazine, Metro, Visbiome

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 (5.93 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 (5.24 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 0.75 cm at the cranial pole and 0.71 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 0.82 cm at the cranial pole and 0.52 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 (1.75 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.

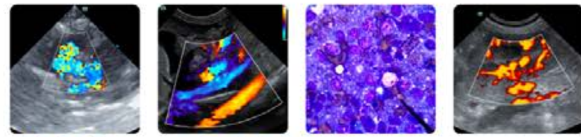
Liver

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.

Gastrointestinal

The stomach contains a large/moderate amount of fluid/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



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gastric wall layers is adequate and there is no impression of reduced peristaltic activity. There is a large amount of fluid and some shadowing ingesta visualized within the lumen and in the region of the pylorus. A definitive obstruction is not clearly visualized, but full evaluation is challenging due to mild intraluminal gas and shadowing ingesta.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with moderate fluid and gas 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 0.45 cm. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. The small intestine and some areas of large intestine appear diffusely fluid distended with some areas containing mild gas and mild corrugation, most consistent with a diffuse enteritis. A focal partially obstructive lesion or similar cannot be definitively ruled out, but none is clearly visualized.

Sections of colon are visualized with non-formed fecal material. 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. No significant lymphadenopathy noted. The omentum is normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large fluid/ingesta distended stomach – Correlate with feeding history. If the patient was adequately fasted, this likely represents delayed gastric emptying. No evidence of an outflow tract obstruction is visualized but this cannot be definitively ruled out.

- Diffusely fluid distended small intestine with some areas exhibiting mild corrugation and mild intraluminal gas – Findings are most consistent with an enteritis type pattern. An unseen partially obstructive lesion or similar cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

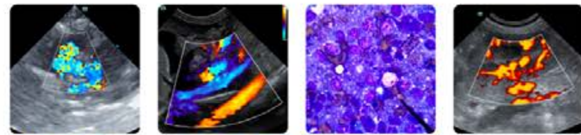
The stomach is significantly fluid and ingesta distended, and the small intestine appears similarly fluid and gas distended, possibly consistent with severe gastroenterocolitis and non-progressive motility. A partially obstructive lesion or similar cannot be definitively ruled out but seems less likely. Assuming this is an acute finding, consider the following:

- Recommend empirical treatment for hemorrhagic gastroenterocolitis.

- Recommend parasite screening and empirical deworming.

- Recommend a baseline cortisol to screen for Addison's.

- If there is concern for a more complicated disease process, you could consider screening for infectious causes of diarrhea.



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- If symptoms are more chronic in nature, a fecal culture or possibly even upper and lower GI endoscopy could be considered.

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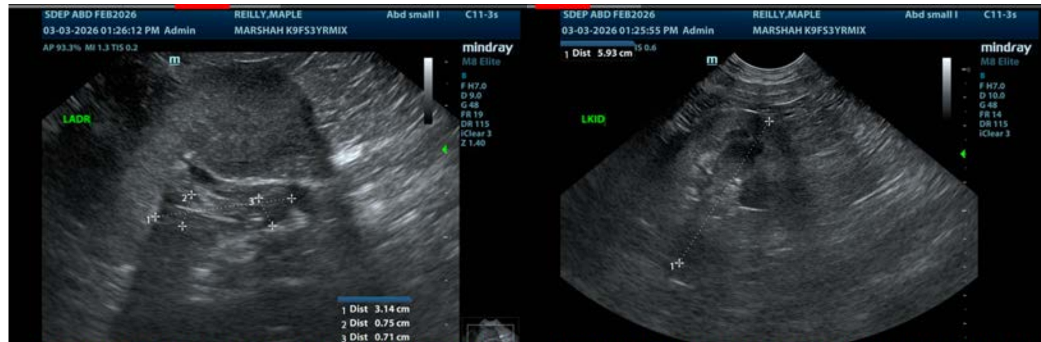

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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