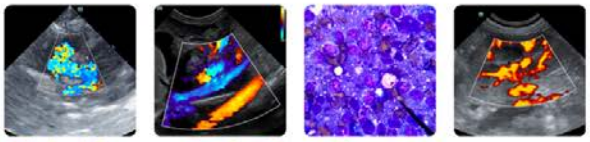


PATIENT

Bruno Krill

SPECIES

Canine

BREED

Bernese Mtn Dog

SEX

Neutered Male

AGE

11 Years

WEIGHT

26.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Abby Gerenser

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

Dr. Abby Gerenser

INVOICE

73452

DATE

3/5/26

PRESENTING CLINICAL SIGNS

Presented yesterday for severe hematochezia of 2 days duration with lethargy and decreased appetite of 3-4 days duration. No hx of eating appropriate things. Admitted for IV fluids, gastroprotectants, pain meds, and metronidazole yesterday afternoon. Intestines on rads were extremely gas filled. Returned today for continued care and attitude and overall appearance is improved.

Abnormal PE/Chem/CBC/UA Results: Extremely painful on palpation of cranial abdomen and when scanning cranial abdomen, dehydrated, frequent bouts bloody diarrhea with undigested food observable in it, labwork showed low sodium and chloride, baseline cortisol 13, pancreatic lipase <30, Anaplasma positive, fecal negative Labwork results attached.

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (6.44 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 (6.7 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 0.63 cm at the cranial pole and 0.61 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.

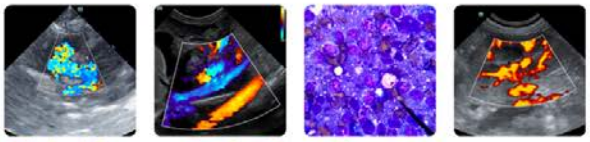
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (1.46 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.



PATIENT

Bruno Krill

SPECIES

Canine

BREED

Bernese Mtn Dog

SEX

Neutered Male

AGE

11 Years

WEIGHT

26.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Abby Gerenser

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

Dr. Abby Gerenser

INVOICE

73452

DATE

3/5/26

The gall bladder lumen is moderately distended. The wall of the gall bladder appears hyperechoic and mildly thickened, measuring at 0.40 cm. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. 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. On one view of the stomach there is a small soft tissue appearing structure that could be artifact (abnormal view of rugal fold) or a polypoid-like lesion measuring approximately 0.47 cm in diameter.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with segmental mild fluid and gas. 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 0.54 cm. Jejunum wall measures 0.36 cm. Visualized peristalsis appears appropriate. There are some segmental areas of jejunum that appear mildly fluid and gas distended, possibly consistent with mild enteritis.

Sections of colon are visualized with non-formed fecal material and gas shadowing distally. The descending colon wall measures 0.24 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy. A prominent mesenteric lymph node is visualized measuring 0.92 cm x 2.32 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic, slightly irregular gallbladder wall – Correlate with current lab work. Findings could be consistent with mild cholecystitis.
- Questionable polypoid-type lesion visualized within the stomach – Recommend continued monitoring for symptoms and consider reevaluation in the future, looking for the persistence of this structure.
- Enteritis type pattern visualized associated with the small intestine.
- Fluid distended colon – Findings are most consistent with the diarrhea reported.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the symptoms reported. There are some mild small intestinal changes consistent with enteritis, and the colon is fluid distended, most consistent with gastroenterocolitis.

PATIENT

Bruno Krill

SPECIES

Canine

BREED

Bernese Mtn Dog

SEX

Neutered Male

AGE

11 Years

WEIGHT

26.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Abby Gerenser

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

Dr. Abby Gerenser

INVOICE

73452

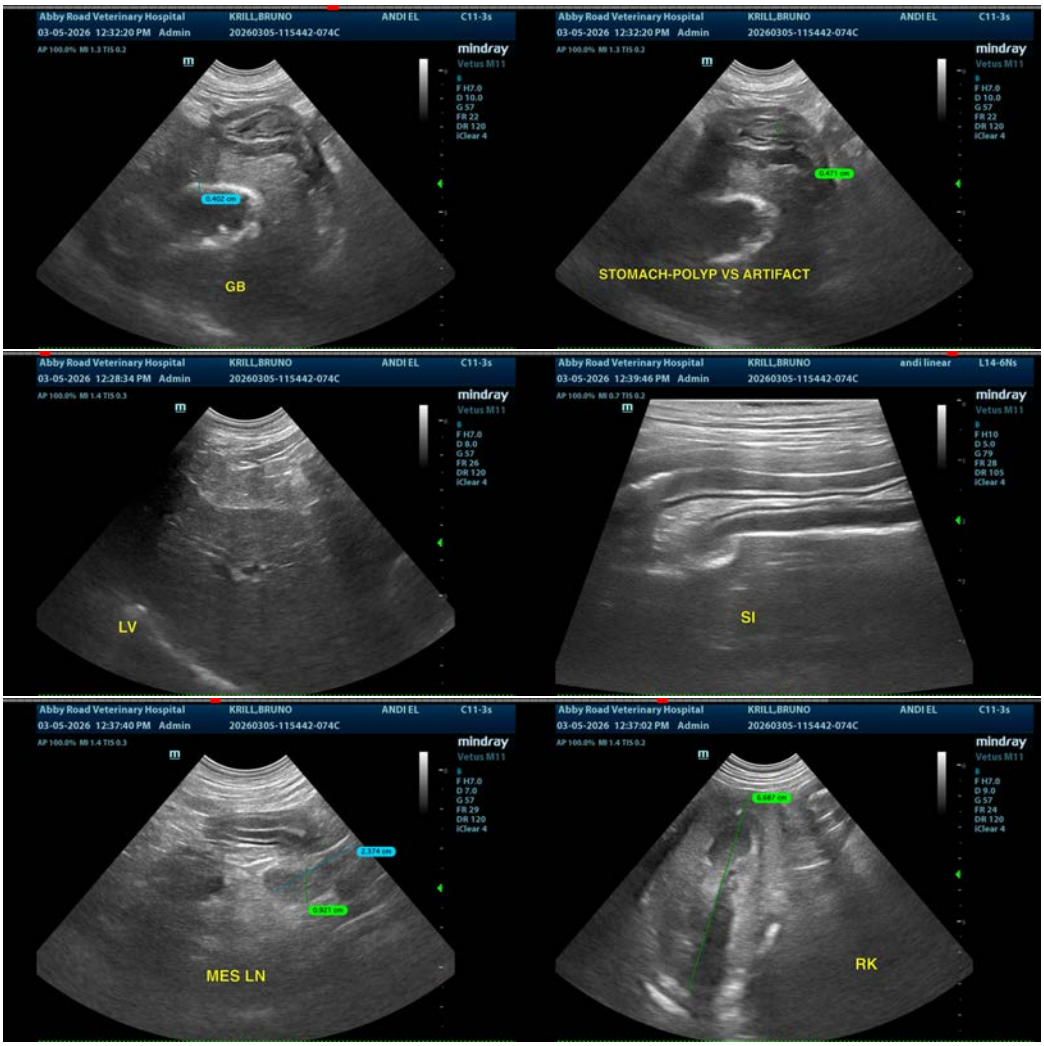
DATE

3/5/26

There is questionable polypoid-type looking lesion visualized in the stomach. This could be artifact with an obliqued view or similar (not seen on multiple views). Recommend continued monitoring for any symptoms and continue repeat imaging in the future, looking for the persistence of this structure.

The gallbladder wall is mildly thickened and hyperechoic. No significant liver enzyme elevations are present, so the significance of this is uncertain. You could consider a course of Ursodiol and reevaluation in the future.

You've done a nice job with initial diagnostics and therapy. Recommend continued care. You could consider a panel for infectious causes of diarrhea, and screening for large bowel parasites. If the patient is not responding to therapy as would be expected, consider repeat imaging, looking for the development of new lesions.



PATIENT

Bruno Krill

SPECIES

Canine

BREED

Bernese Mtn Dog

SEX

Neutered Male

AGE

11 Years

WEIGHT

26.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Abby Gerenser

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

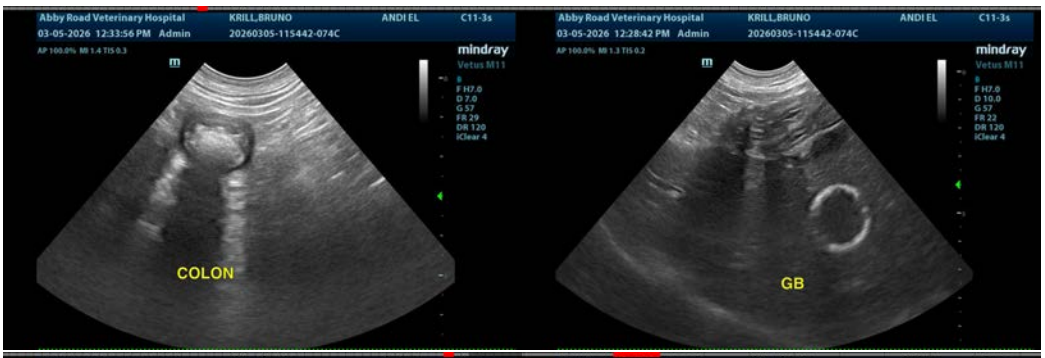
Dr. Abby Gerenser

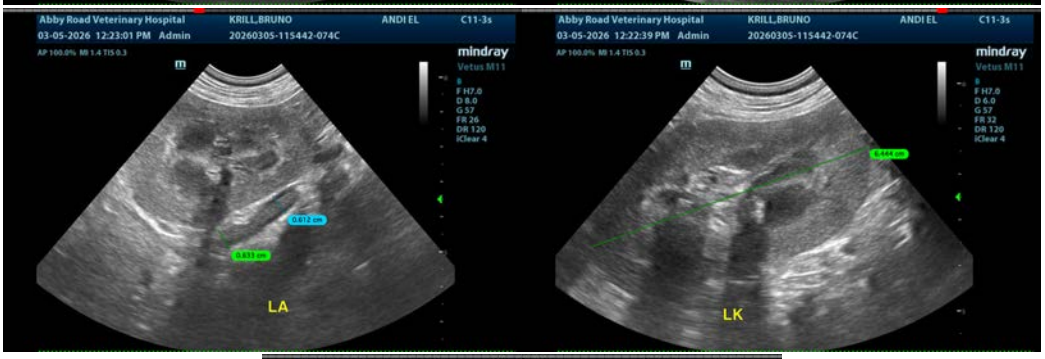
INVOICE

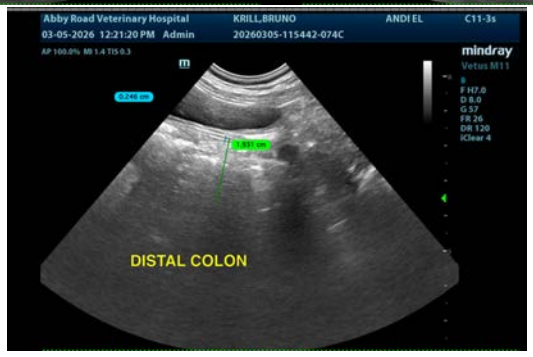
73452

DATE

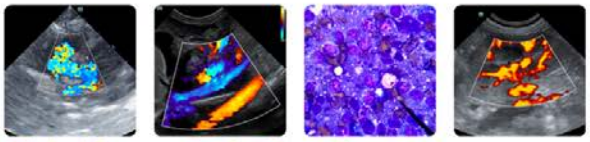
3/5/26







SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Bruno Krill

SPECIES

Canine

BREED

Bernese Mtn Dog

SEX

Neutered Male

AGE

11 Years

WEIGHT

26.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Abby Gerenser

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

Dr. Abby Gerenser

INVOICE

73452

DATE

3/5/26

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