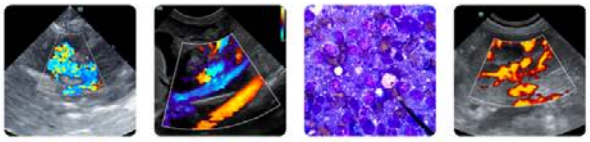


PATIENT

Sylas Bianes

SPECIES

Canine

BREED

Greater Swiss Mountain Dog

SEX

Neutered Male

AGE

3 Years

WEIGHT

113 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessica Bailes

HOSPITAL NAME

All Creatures Great & Small Veterinary Clinic

REFERRING VET

Dr. Jessica Bailes

INVOICE

74493

DATE

4/15/26

PRESENTING CLINICAL SIGNS

Chronic intermittent hx of nausea/vomiting and diarrhea. Chronic hx of skin/ear infections - currently well managed w/ immunotherapy. Hx of gastropexy. Weight loss w/ diarrhea and vomiting despite HA trial.

Abnormal PE/Chem/CBC/UA Results: NSF on PE CHEM/CBC/TT4/UA's have always been WNL Repeated fecals always negative Maldigestion profile done 9/2024 - TLI slightly decreased @ 10.4, otherwise NSF Had AUS performed 9/2024 - prominent abdominal LN's, otherwise NSF Currently on I/D diet but patient developed acute worsening vomiting/diarrhea 1 week ago. Symptoms persisted despite cerenia, sucralfate and omeprazole. Improved w/ addition of ondansetron. ACTH stim WNL

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 (7.22 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 (7.95 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.

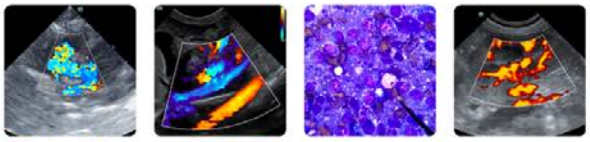
Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 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 0.34 cm at the cranial pole and 0.57 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 (2.18 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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

The stomach contains moderate 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 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. Duodenum wall measures 0.56 cm. Jejunum wall measures 0.49 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 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. There are occasional prominent mesenteric lymph nodes. Examples measure 0.79 cm x 1.4 cm and 0.85 cm x 1.88 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Moderate ingesta visualized within the gastric lumen – correlate with the feeding history. If the patient was adequate fasted this could represent delayed gastric emptying or partial outflow tract obstruction (none visualized).
- Occasional reactive mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are mild. No focal lesions are visualized associated with the GI tract to explain the vomiting reported, although a small focal unseen lesion cannot be definitively ruled out. Based on the history provided, a more generalized enteropathy is suspected. Unfortunately, there

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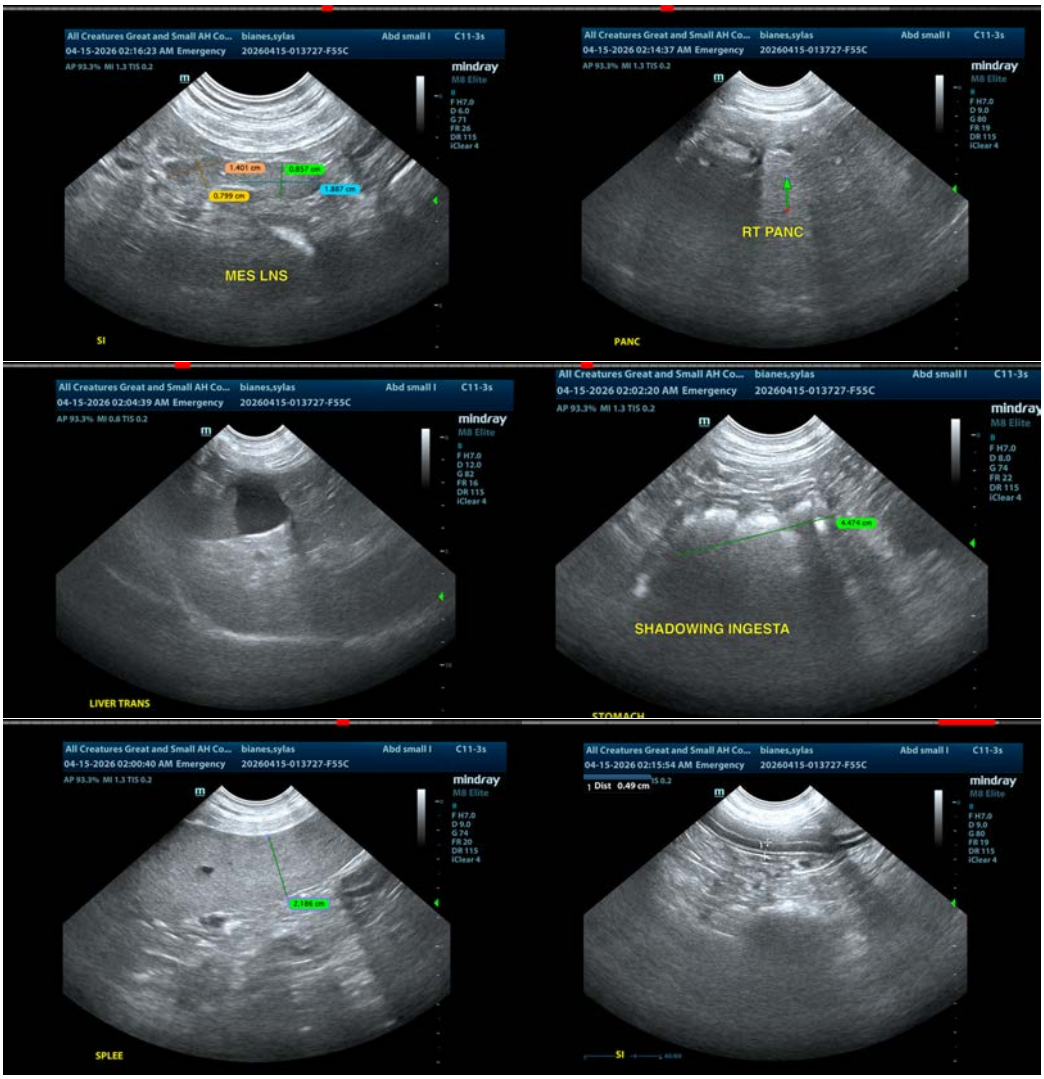
are many causes for vomiting and diarrhea that cannot be definitively diagnosed by ultrasound alone. Consider the following:

- Recommend a hydrolyzed protein prescription diet (Royal Canin has a combination ultra low-fat and hydrolyzed protein prescription diet.
- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
- If not currently administering probiotics, consider restarting them.

If symptoms are persistent despite making these changes, ultimately biopsies of the GI tract may be warranted to further evaluate.



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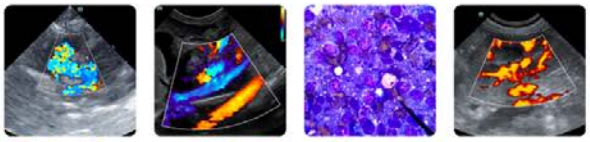

Clinical Sonography & Telecytology
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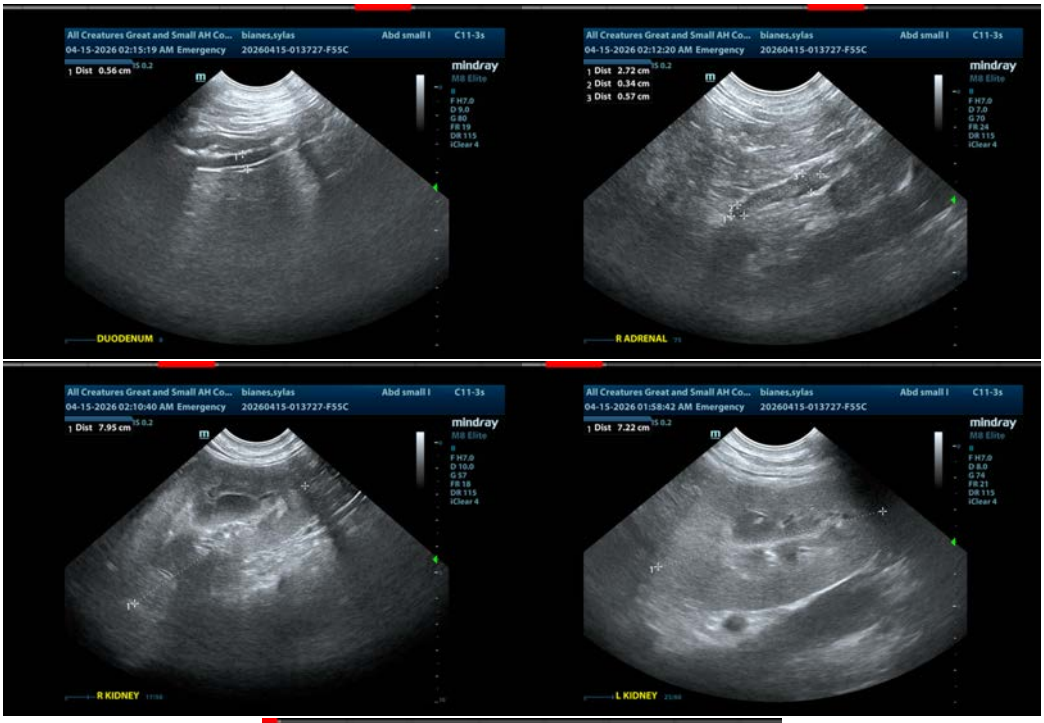

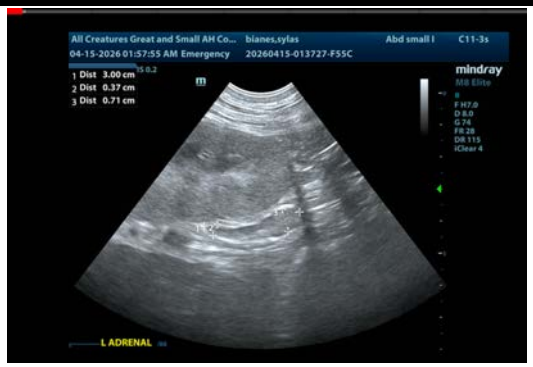

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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