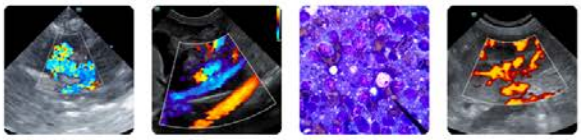


DATE

4/17/26

PATIENT

Tank Hughes

SPECIES

Canine

BREED

Mixed

SEX

Intact Male

AGE

8/1/21

WEIGHT

83.2 lbs

INTERPRETED BY

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

HOSPITAL NAME

Banfield Timonium

REFERRING VET

Dr. Borrison

INVOICE

74554

PRESENTING CLINICAL SIGNS

Patient History: Chronic soft stools-diarrhea, intermittent inappetence

Current Medications: Trazodone 350mg night before and 2hrs before appointment, Gabapentin 750mg night before and 2hrs before appointment
Labwork Results: Labwork not attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Torbugesic.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The prostate is normal in size (1.33 cm) and shape. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (7.35 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 (7.32 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 0.51 cm at the cranial pole and 0.56 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 0.45 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 (2.24 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 moderate shadowing ingesta. It measures at a normal thickness of 0.32 cm 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 0.50 cm. Jejunum wall measures 0.29 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. Descending colon wall measures 0.16 cm with intact wall 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other
No testicles are visualized.

ULTRASONOGRAPHIC FINDINGS

- Mild echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.

- Shadowing ingesta 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 visualized).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are very mild and of questionable significant.

There is mild echogenic debris in the urinary bladder. Correlate with urinalysis.

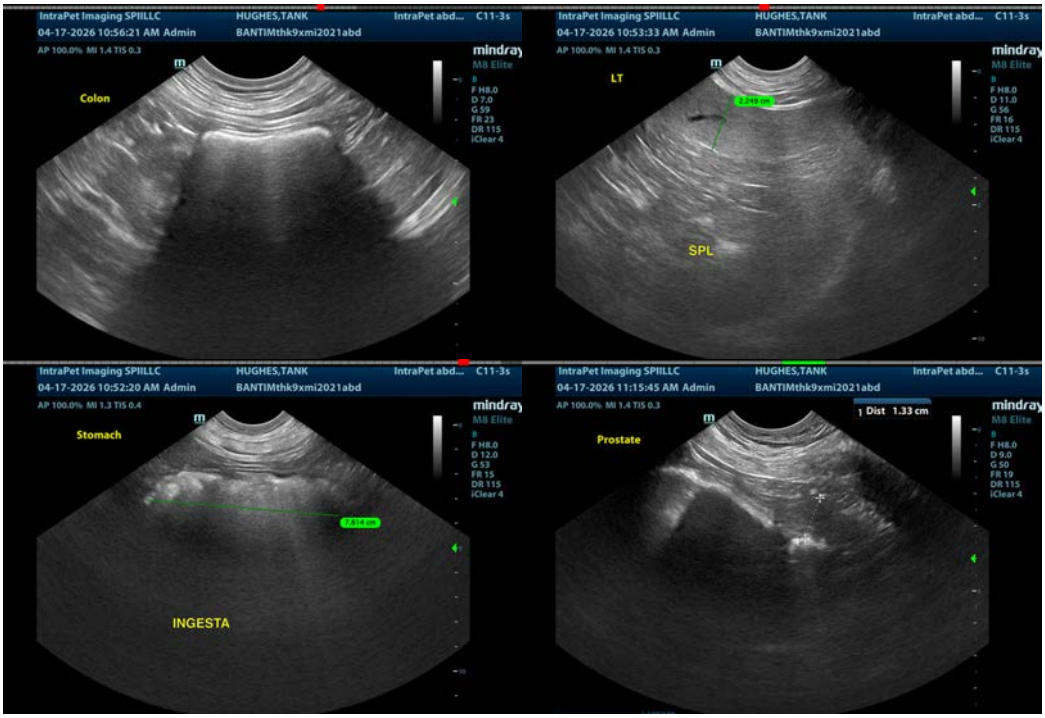
The stomach has some moderate shadowing ingesta most consistent with food. Ingested foreign material cannot be definitively ruled out. No evidence of an obstructive pattern is visualized at this time. If this is a concern, correlate with radiographs and consider an upper GI endoscopy to evaluate the gastric contents.

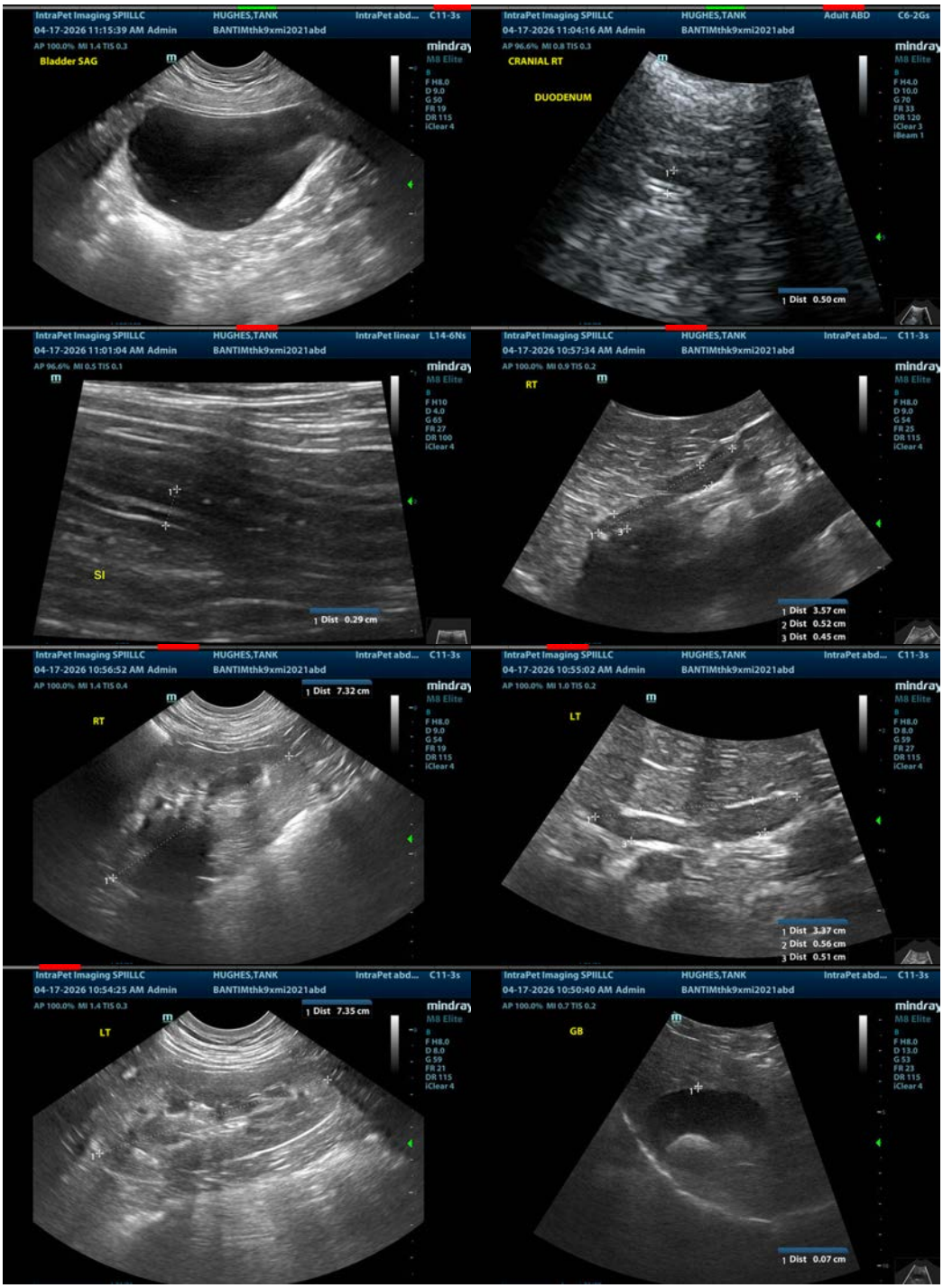
If not already done, recommend systemic workup for any issues that could be contributing to the symptoms described. This would include a CBC/Chem panel, urinalysis, baseline cortisol, parasite screening, empirical deworming, etc. Additionally, a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate could screen for exocrine pancreatic insufficiency, looking for underlying small intestinal disease or markers for possible dysbiosis. Additionally, a panel looking for infectious causes of diarrhea would be reasonable.

If not already done, recommend a hydrolyzed protein prescription diet. Royal Canin has a combination low-fat hydrolyzed protein prescription diet that can help with multiple issues. Additionally recommend probiotic therapy.

If symptoms are persistent despite taking these measures, then biopsies of the GI tract may ultimately be warranted. If dysbiosis is strongly suspected, you could consider a fecal transplant.

No testicles were visualized on today's exam, and the prostate appears relatively normal in size/most consistent with a neutered pet. Recommend antimullerian hormone levels, looking for any evidence of retained gonadal tissue.

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HUGHES,TANK
IntraPet abd... C11-3s
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BANTIMthk9xmi2021abd
Bladder SAG
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HUGHES,TANK
Adult ABD C6-2Gs
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CRANIAL RT
DUODENUM
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HUGHES,TANK
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SI
1 Dist 0.29 cm
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HUGHES,TANK
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RT
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2 Dist 0.52 cm
3 Dist 0.45 cm
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RT
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HUGHES,TANK
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LT
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3 Dist 0.51 cm
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GB
1 Dist 0.07 cm

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)
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