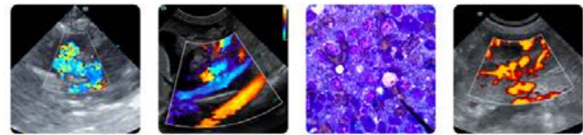


PATIENT

Temperance Keyes

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

9 Years 11 Months

WEIGHT

34.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Stoney Creek Veterinary Hospital

REFERRING VET

Dr. Zamoborsky

INVOICE

74632

DATE

4/21/26

PRESENTING CLINICAL SIGNS

P presented for chronic history of soft stool and constipation and weight loss. BCS 3/9, ALB 2.7, Glob 4. P has been on a few different food trials. Ultamino caused constipation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly 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 (5.3 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 (5.5 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 0.55 cm at the cranial pole and 0.58 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 “plump” measuring 1.18 cm at the cranial pole and 0.86 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.

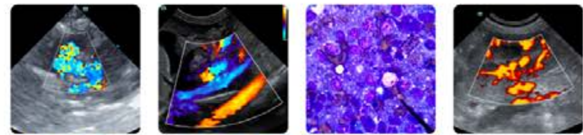
Spleen

The spleen is subjectively normal in size (1.34 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.



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Gastrointestinal

The stomach contains moderate 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 uniform diameter with minimal to mild fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.35 cm. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The descending colon wall appears prominent, measuring 0.29 cm with intact wall layering. The colon is distended with gas and fecal material.

Pancreas

The pancreas is visible/mildly mottled in the right limb.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent jejunal lymph nodes. A sublumbar lymph node is prominent measuring 0.95 cm x 2.75 cm. A jejunal lymph node is visualized measuring 0.45 cm. The omentum is of normal echogenicity.

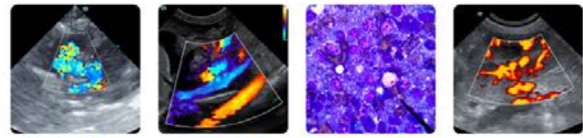
ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with mild pancreatic remodeling.
- “Plump” right adrenal gland – The significance of this is uncertain. No significant pathology noted at this time. Recommend continued monitoring.
- Mildly thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Prominent distal wall of the colon – This could be consistent with mild colitis.
- Occasional prominent sublumbar and jejunal lymph nodes – At this time, these have an appearance most consistent with reactive lymph nodes, although early neoplastic lymph nodes cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today’s scan are relatively mild. Some sections of small intestine appear mildly thickened with some mild fluid distention. An unseen focal lesion cannot be ruled out. The distal colon appears mildly distended with stool and some gas. Correlate with radiographs to better assess the nature of the distention, looking for evidence of significant constipation versus straining.

A definitive cause for the weight loss, low albumin levels, and diarrhea is not observed, but this does not rule out the possibility of a primary enteropathy. Consider the following:



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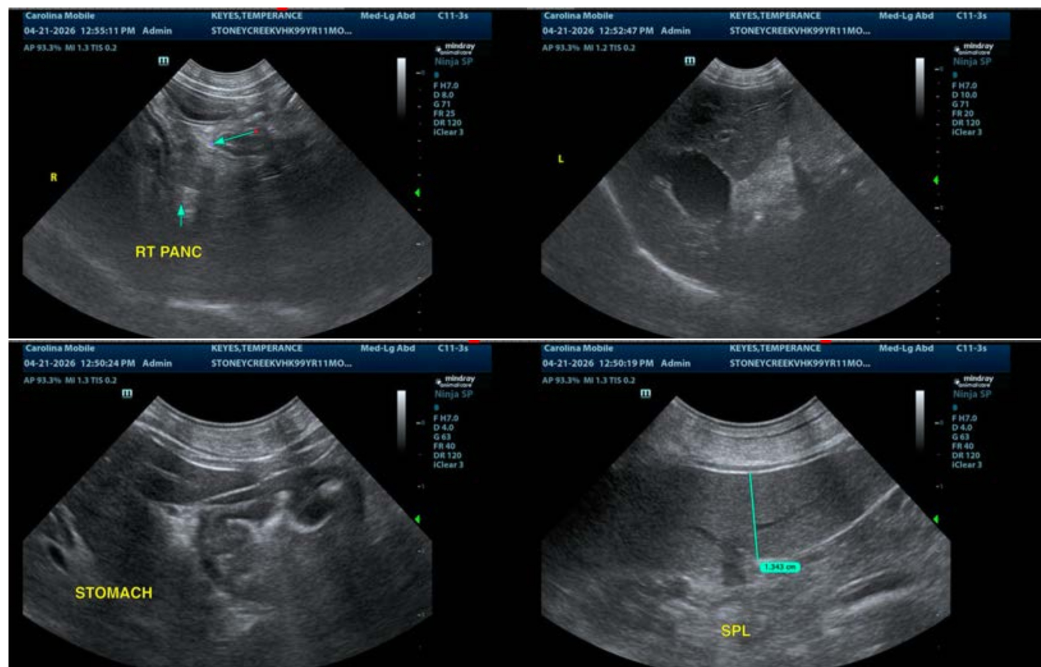
- If not already done, recommend parasite screening and empirical deworming.
- Recommend a combination ultra low-fat/hydrolyzed protein prescription diet (Royal Canin has a diet with these qualities) in addition to fiber supplementation to help with potential constipation.
- Recommend chronic probiotic therapy.

If there is concern for a possible protein losing enteropathy based on the symptoms reported, recommend urinalysis with urine protein to creatinine ratio, looking for evidence of significant proteinuria as well as a possible liver function test, looking for alternate causes of low albumin levels. If these other sites are ruled out and symptoms are persistent, biopsies of the upper and lower GI tract would be strongly recommended.

Additionally, you could consider repeat imaging in the future, looking for progression of the lymphadenopathy noted and/or the development of any lesions.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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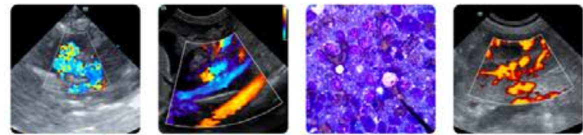

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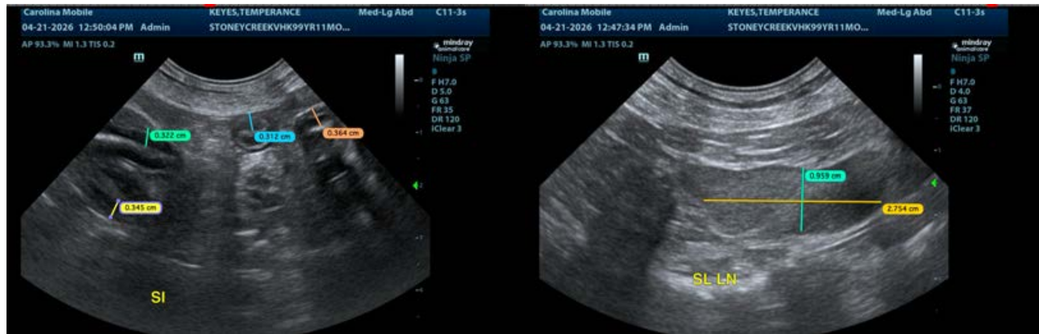

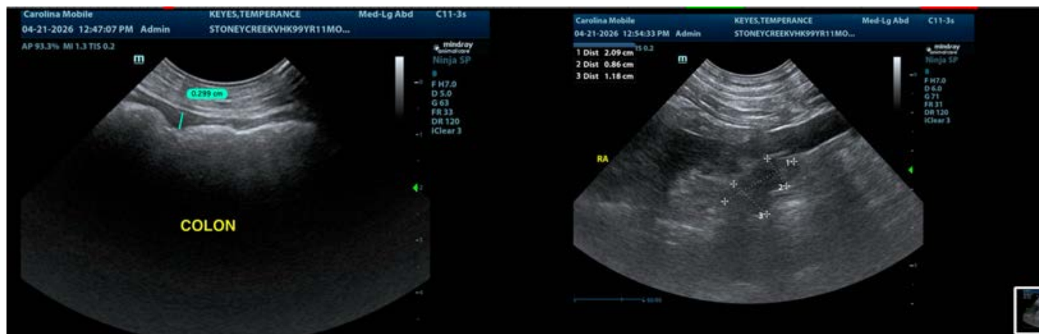

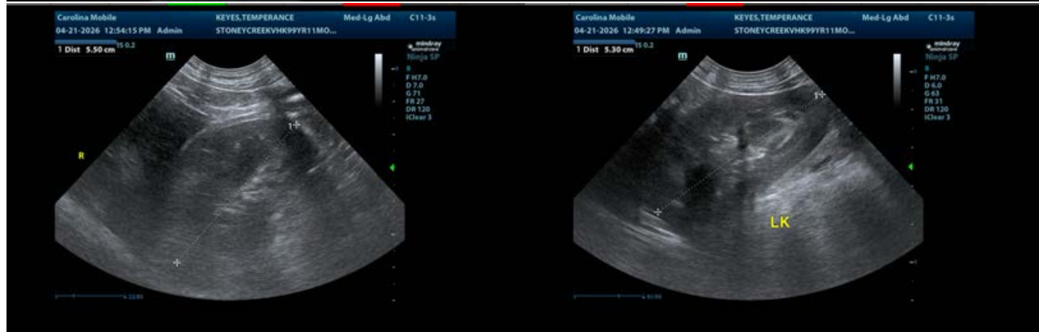

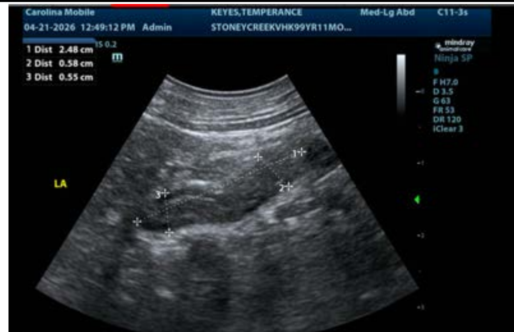

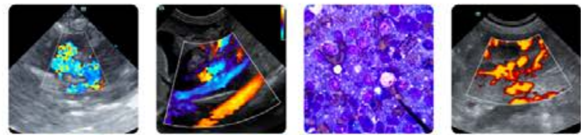

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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