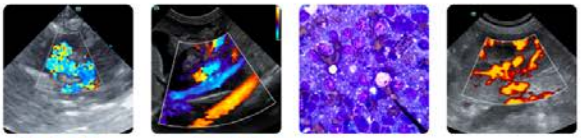


PATIENT

Maci Mascarelli

SPECIES

Canine

BREED

Labrador Retriever x Poodle

SEX

Spayed Female

AGE

8 Years

WEIGHT

75 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

New Bridge Veterinary Practice

REFERRING VET

Dr. Glennon

INVOICE

74359

DATE

4/9/26

PRESENTING CLINICAL SIGNS

Chronic d+ despite diet change to low fat GI soft. Stools and d+ persist.
Current meds: Metronidazole, Propectalin, had Tylan powder but no change so stopped

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 (6.04 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 (6.03 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 0.52 cm at the cranial pole and 0.63 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 1.13 cm at the cranial pole and 0.76 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.

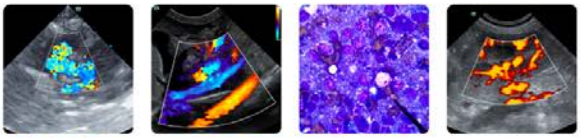
Spleen

The spleen is subjectively normal in size (2.67 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. On some views there is a slightly irregular, poorly defined, hyperechoic, patchy region of tissue ventral to the gallbladder measuring 1.78 cm x 3.51 cm.

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 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. 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. Jejunum wall measures 0.37 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The colon is distended with non-formed fecal material. Descending colon wall is slightly prominent/thickened, measuring 0.31 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, 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.

ULTRASONOGRAPHIC FINDINGS

- Poorly defined hyperechoic region ventral to the gallbladder in the liver – No distinct mass lesion is observed. This could represent an area of focal hyperplasia or similar. Continued monitoring is warranted.
- Prominent/mildly thickened colon wall with non-formed fecal material – Findings are consistent with reported diarrhea and mild inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. Unfortunately, there are many causes for chronic diarrhea that cannot be definitively diagnosed by ultrasound alone. Consider the following:

- Recommend a hydrolyzed protein prescription diet in the case of a dietary sensitivity, food allergy, IBD, etc. If the Royal Canin low-fat was well tolerated, they have a combination hydrolyzed protein/low-fat option.
- If not already done, recommend parasite screening and empirical deworming.
- Recommend full lab work including a baseline cortisol to screen for metabolic causes of diarrhea.
- Consider a screening panel, looking for infectious causes of diarrhea.

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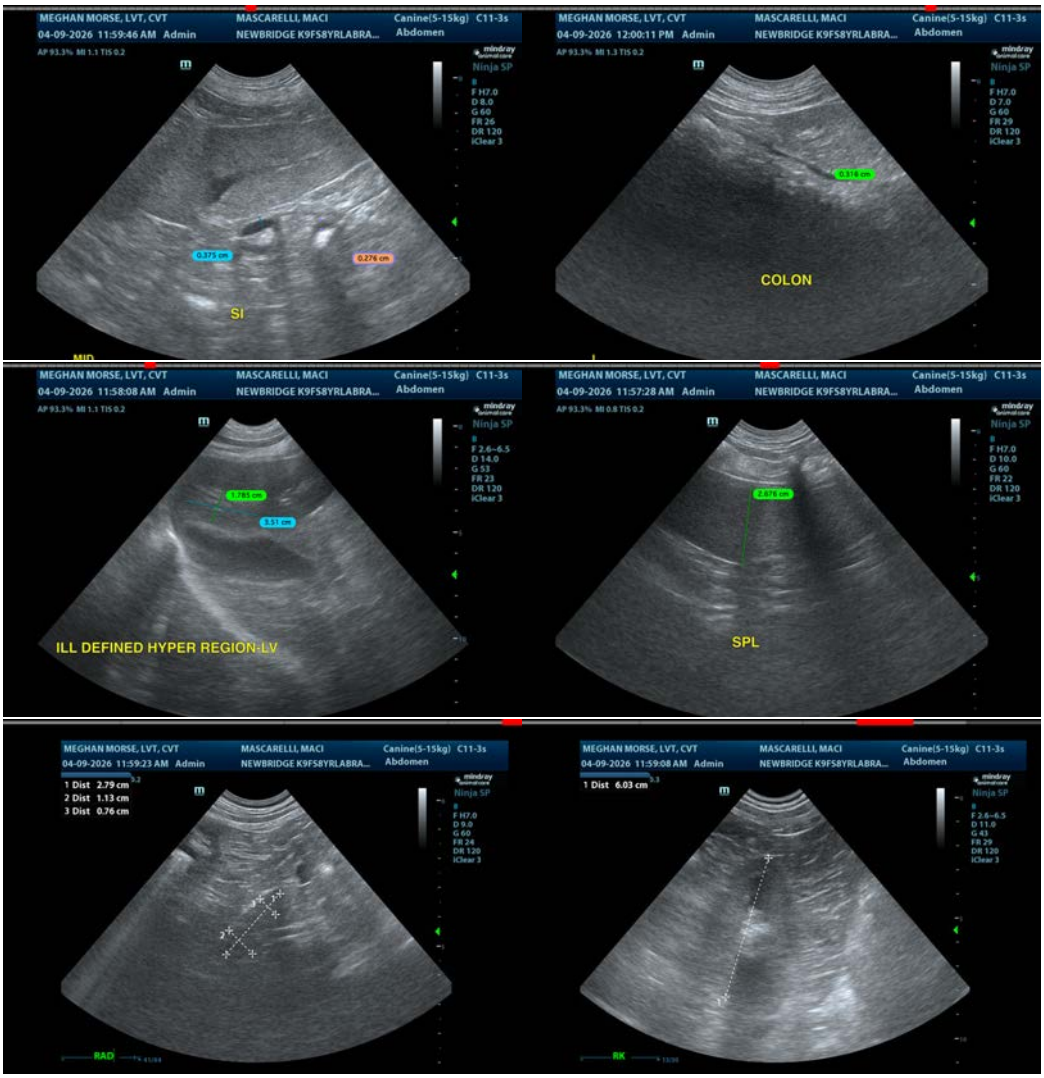
- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function. This will screen for exocrine pancreatic insufficiency, look for evidence of concurrent small intestinal disease, dysbiosis, etc.

- Recommend chronic probiotic therapy.

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

There is a very subtle hyperechoic patchy region of liver visualized ventral to the gallbladder. The significance of this is uncertain, although a discrete mass lesion is not observed. Recommend continued monitoring at this time and monitoring of liver values. Consider recheck ultrasound in 3-4 months.



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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