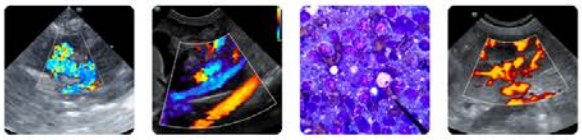


PATIENT

Penny Cannito

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

4 Years

WEIGHT

45.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView Animal Hospital

REFERRING VET

Mariam Malak, DVM

INVOICE

74367

DATE

4/9/26

PRESENTING CLINICAL SIGNS

Chronic intermittent diarrhea, decreased appetite and lethargy - r/o food-responsive enteropathy(Food allergy), inflammatory bowel disease, pancreatitis, hypoadrenocorticism (Addison's disease) vs others. Mild GI discomfort - r/o underlying GI inflammation, pancreatitis vs others. Intermittent urinary incontinence (partially controlled on incurin) - r/o urethral sphincter mechanism incompetence (USMI), recurrent UTI, estrogen-responsive incontinence, Neurological disorder(less likely). Diarrhea for a while. Has been very watery since ended Abx. Drinking less and eating fine. Threw up breakfast yesterday. A little lethargic. Occasional urinary accidents.

Abnormal PE/Chem/CBC/UA Results: Relevant Laboratory Results / Abnormalities: CYW, Spec cPL test and Baseline Cortisol test: Pending. Fecal test: Negative. Urinalysis and urine culture: Unremarkable. MED Metronidazole Tablets 250mg: 1 tab/BID. Proviable DC Caps #30. Incurin Tablets 1mg 30ct RADS- CONCLUSIONS: 1. Although no definitive abnormalities identified in the urinary system, this does not rule out the possibility of infectious disease, inflammatory disease, nonvisible urinary calculi or neoplasia. 2. Although no definitive abnormalities are identified in the vertebral column, this does not rule out the possibility of a myelopathy or neuropathy or soft tissue injury/disease outside of the vertebral column. 3. The fluid-filled opacity adjacent to the urinary bladder is suspected to represent impending diarrhea.

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.

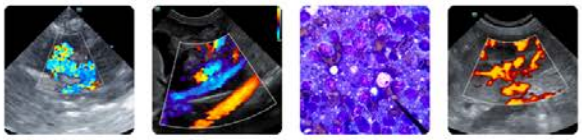
The left kidney has a normal shape and size (5.68 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.97 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 0.40 cm at the cranial pole and 0.48 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 0.46 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.



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Spleen

The spleen is subjectively normal in size (2.54 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 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.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate 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 0.54 cm. Jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. The proximal duodenum appears mildly fluid distended with subjectively reduced motility. There is a section of jejunum that appears more significantly thickened (0.49 cm) with mild corrugation/irregularity and subjective mild reduction in wall layering.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is scant free fluid noted. No significant lymphadenopathy. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild suspended echogenic debris in the urinary bladder.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Focal area of thickened, irregular small intestine with reduced detail of wall layering – Findings could be consistent with severe focal inflammation or early neoplastic change.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

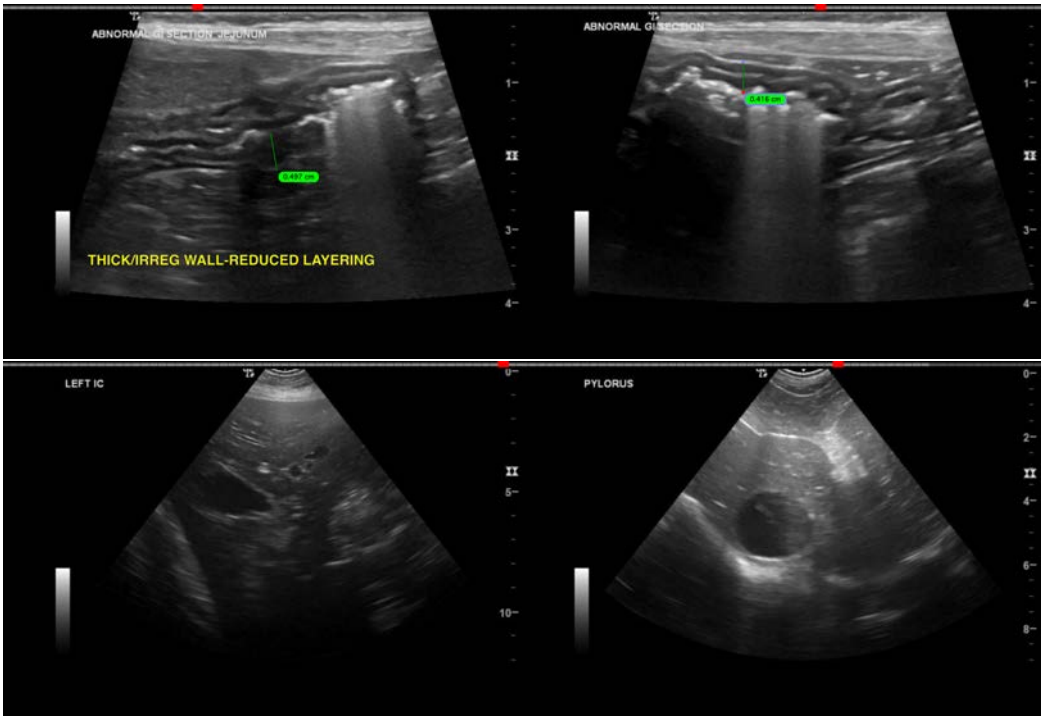
The majority of the small intestine appears normal. The duodenum is mildly fluid distended with subjectively reduced motility, possibly consistent with mild ileus, and there is a section of mid jejunum that appears slightly corrugated/irregular and thickened with mildly reduced detail of wall layering, possibly consistent with focal enteritis or early neoplastic change.

If not already done, recommend the following:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- If not already done, recommend parasite screening and empirical deworming.
- If not already done, recommend fecal screening for infectious causes of diarrhea.
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend probiotic therapy.

If symptoms are persistent despite taking these measures, biopsies will likely be necessary for histopathology. Based on today's findings, surgical biopsies would be recommended. Additionally, you could consider repeat imaging in the future, looking for progression of today's changes.

No significant lesions are visualized associated with the urinary tract. This does not rule out subtle congenital lesions, functional abnormalities, infectious or inflammatory disorders.



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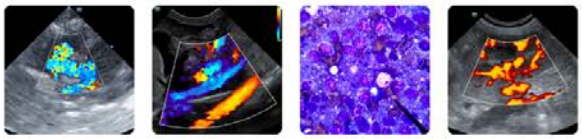

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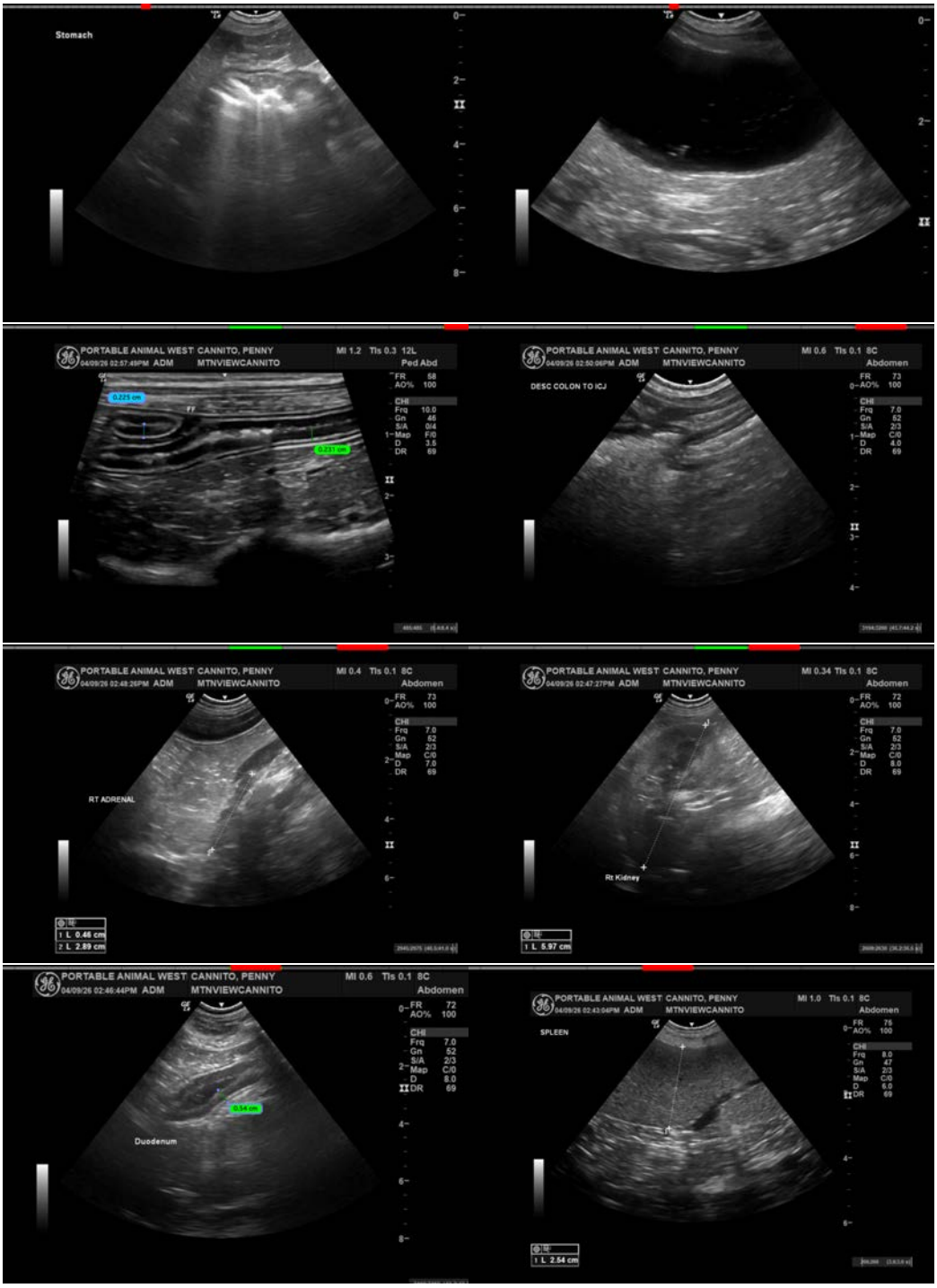

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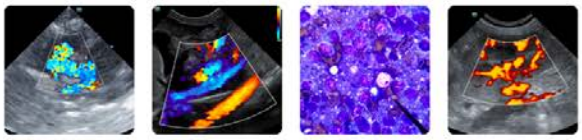

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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