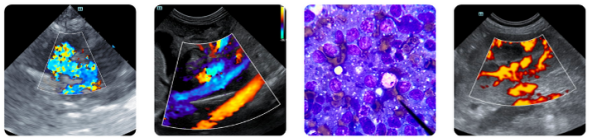


PATIENT

Dallas Mae Sedler

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

7 years

WEIGHT

65 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Chrissy Krell

HOSPITAL NAME

Lake Region Small Animal Center

REFERRING VET

Dr. Kendra Greiner

INVOICE

11935

DATE

5/12/2026

PRESENTING CLINICAL SIGNS

Notable weight loss over the past few weeks/months. No changes to routine, no symptoms other than the declining weight, eating readily and normal stools. Her weight normal weight had been 89, 74 lbs in February, and 65 lbs in May. Took Gabapentin for the US, no other medications other than Credellio Quattro given on May 5th.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 3/9, worn dentition, mild dental changes. no other abnormalities. XR: poor serosal detail/fluid present?, SI appear elevated from ventrum. CBC: wnl Chem: wnl Pending FNA of spleen, Texas A & M GI Panel. DDX: neoplasia, IM disease, tick disease, GI disease/IBD/EPI, atypical hypoadrenocorticism, open.

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 (7.82 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 (7.34 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 0.47 cm at the cranial pole and 0.49 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.

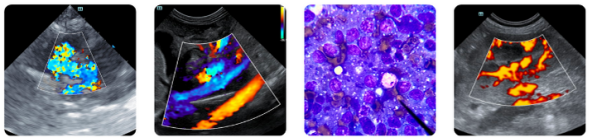
The right adrenal gland is normal in size measuring 0.59 cm at the cranial pole and 0.49 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.47 cm). The spleen echotexture is heterogenous and mottled, 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.



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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 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 relatively uniform diameter with minimal to mild 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. The duodenum measured as normal (0.58 cm in wall thickness) and the jejunum measured as normal (0.32 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 visible/mildly mottled in the right limb. 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

- Mildly mottled spleen. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Visible pancreas possibly consistent with mild pancreatic remodeling.
- Fluid distended stomach. Correlate with the eating/drinking history. If the patient was adequately fasted, this could represent delayed gastric emptying or a partial outflow tract obstruction (none observed.)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. No focal lesions are visualized associated with the GI tract to explain the weight loss reported. Unfortunately, you can still have significant gastrointestinal disease with relatively mild/minimal ultrasonographic changes. Recommend a GI panel to Texas A&M for a qualitative PLI/TLI, cobalamin, and folate looking for evidence of dysbiosis, exocrine pancreatic insufficiency, small intestinal disease, etc. (I believe this is currently pending.)

The spleen appears mildly mottled. This could be normal for this individual but given the concerns over weight loss, a fine needle aspirate could be considered.

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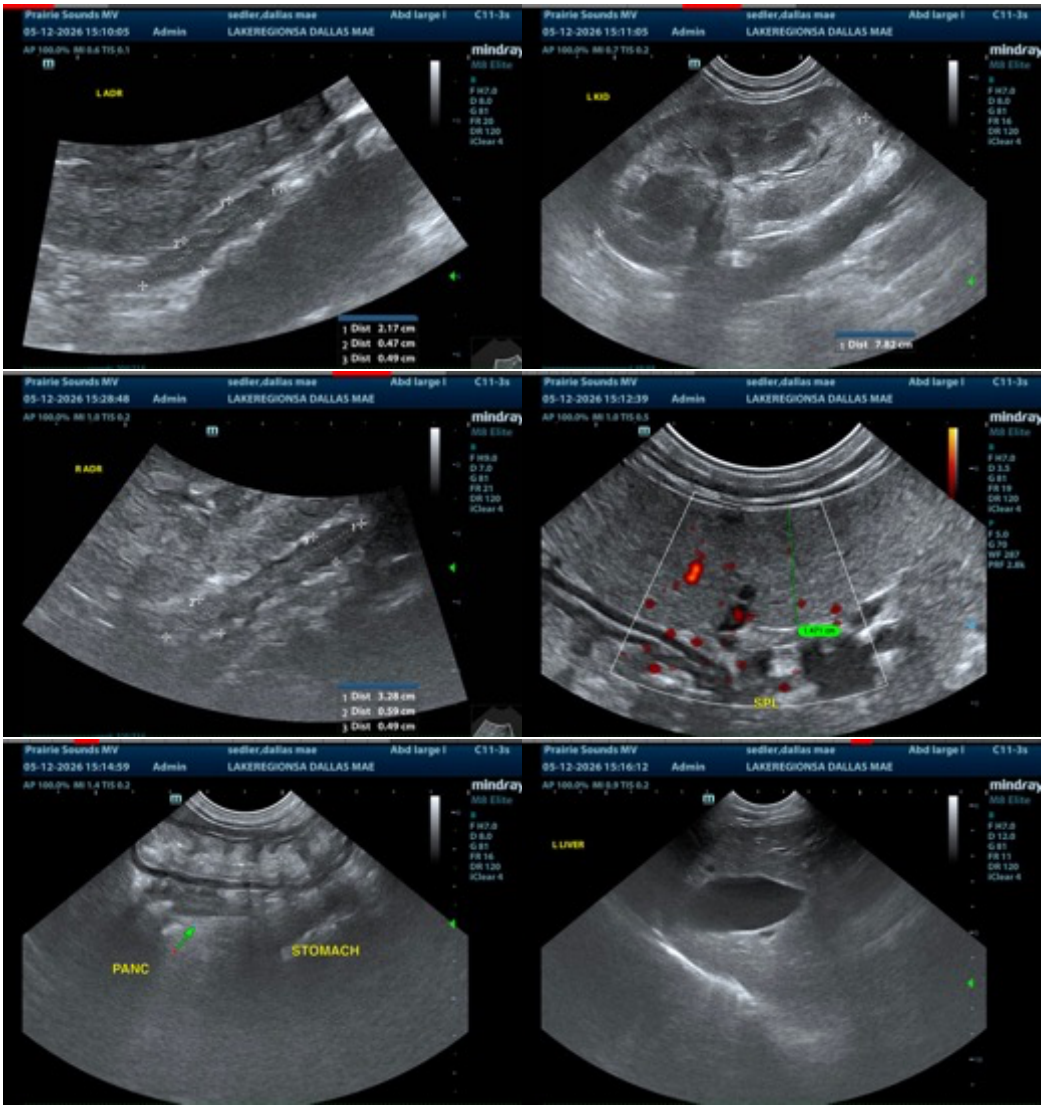
The stomach is significantly fluid distended. If the patient was adequately fasted this could represent delayed gastric emptying which can be associated with underlying gastrointestinal disease. No evidence of an outflow tract obstruction is visualized but a small unseen lesion cannot be definitively ruled out.

Ultimately, if no other cause for weight loss is identified and there is any supportive evidence of underlying gastrointestinal disease, biopsies of the GI tract may be warranted.

If not already done, recommend three view thoracic radiographs.



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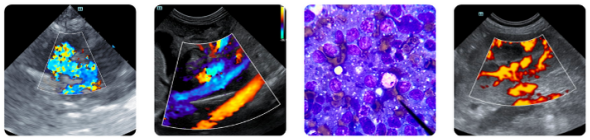

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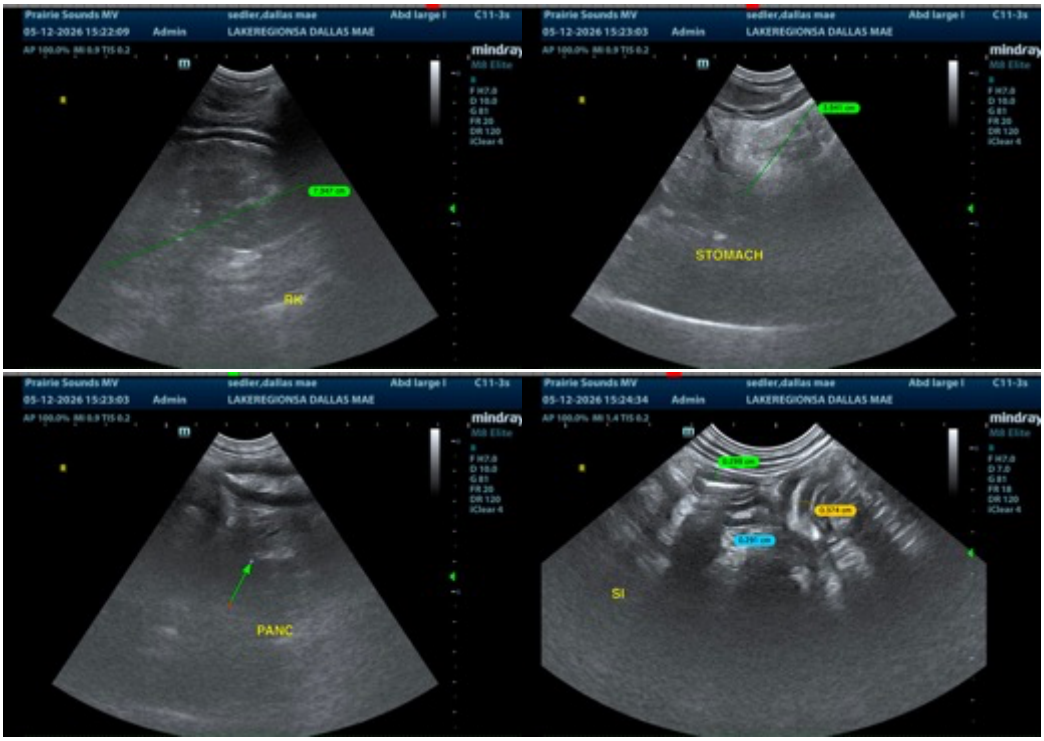

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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