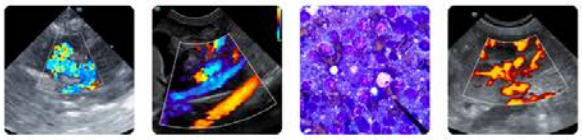


PATIENT

Kenzi Archibald

SPECIES

Canine

BREED

Aussie x

SEX

Spayed Female

AGE

8.5 Years

WEIGHT

18 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Best Friends Animal Clinic

REFERRING VET

Dr. Phoebe Weaver

INVOICE

75498

DATE

5/27/26

PRESENTING CLINICAL SIGNS

Kenzie, an 8.5 yo FS mixed breed, presented for diarrhea and ADR at ER on sunday. Labwork was done, only abnormality was an ALP of 1200. Kenzi was sent home with cerenia injection and probiotics. Since then there has been no improvement in diarrhea and now she is not eating at all. Repeated labwork today. ALP still elevated at 1100. No other abnormalities. Recommended abdominal u/s to assess GI tract and liver/GB due to ALP elevation.

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 (5.99 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 (5.9 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 “plump” measuring 0.56 cm at the cranial pole and 0.70 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.

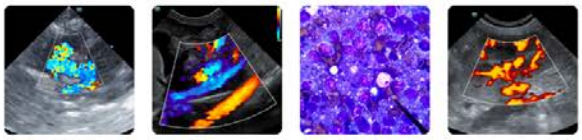
The right adrenal gland is normal in size measuring 0.73 cm at the cranial pole and 0.62 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a subtle poorly defined, mixed echogenicity nodule visualized in the parenchyma measuring 0.77 cm x 1.03 cm. Additionally, there is a very small hypoechoic lesion measuring 0.24 cm in diameter.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. 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. There is a moderate amount of non-organized echogenic debris. 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.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal to mild fluid and gas distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.41 cm. Jejunum wall measures 0.29 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with non-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 0.18 cm.

Pancreas

The pancreas is 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. There are occasional prominent mesenteric lymph nodes. Examples measure 0.34 cm and 0.36 cm. A portal lymph node measures 0.50 cm. The omentum is generally of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Poorly defined mixed echogenicity splenic nodule and a very small hypoechoic splenic nodule/lesion – The mixed echogenicity lesion could represent a benign or early neoplastic lesion. The smaller hypoechoic lesion is of uncertain significant.
- Pancreatic changes consistent with mild pancreatic remodeling.
- Mildly heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Mild diffuse small intestinal thickening – 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).

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- Prominent mesenteric lymph nodes – Findings are most consistent with reactive lymph nodes. Early neoplastic change cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

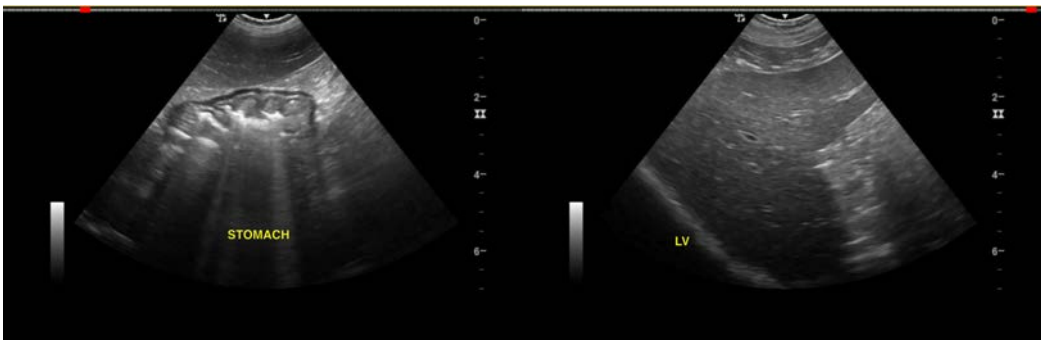
The changes observed on today's scan are relatively mild. No focal lesions are visualized associated with the GI tract to explain the diarrhea and lethargy reported. Unfortunately, this does not rule out a primary enteropathy. The small intestine does appear mildly thickened with some areas exhibiting a prominent muscularis layer. These changes could be consistent with inflammatory type change, gastroenterocolitis, etc. Additionally consider possible metabolic causes. Consider the following:

- Recommend an ultra low-fat prescription hydrolyzed protein diet (Royal Canin has this combination).
- If not already done, recommend screening for infectious causes of diarrhea.
- Consider parasite screening and empirical deworming.
- 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.
- Recommend probiotic therapy.
- Recommend aggressive treatment for acute gastroenterocolitis and consider repeat lab work, as the patient is clinically doing worse. A baseline cortisol could also be considered.

There is a poorly defined mixed echogenicity nodule and a very small hypoechoic nodule visualized in the spleen. Options moving forward would include a fine needle aspirate or continued monitoring with ultrasound.

The liver is mildly heterogeneous. These changes could be consistent with a vacuolar hepatopathy. Alternate but less likely differentials could include round cell neoplasia, etc. Consider a fine needle aspirate of the liver to look for any evidence of underlying neoplasia.

There is a moderate amount of debris in the gallbladder but no evidence of wall thickening or surrounding inflammation. Chronic Ursodiol therapy could be considered as a treatment or possible cholestatic disease.



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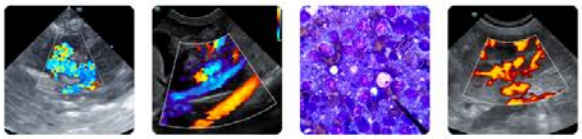

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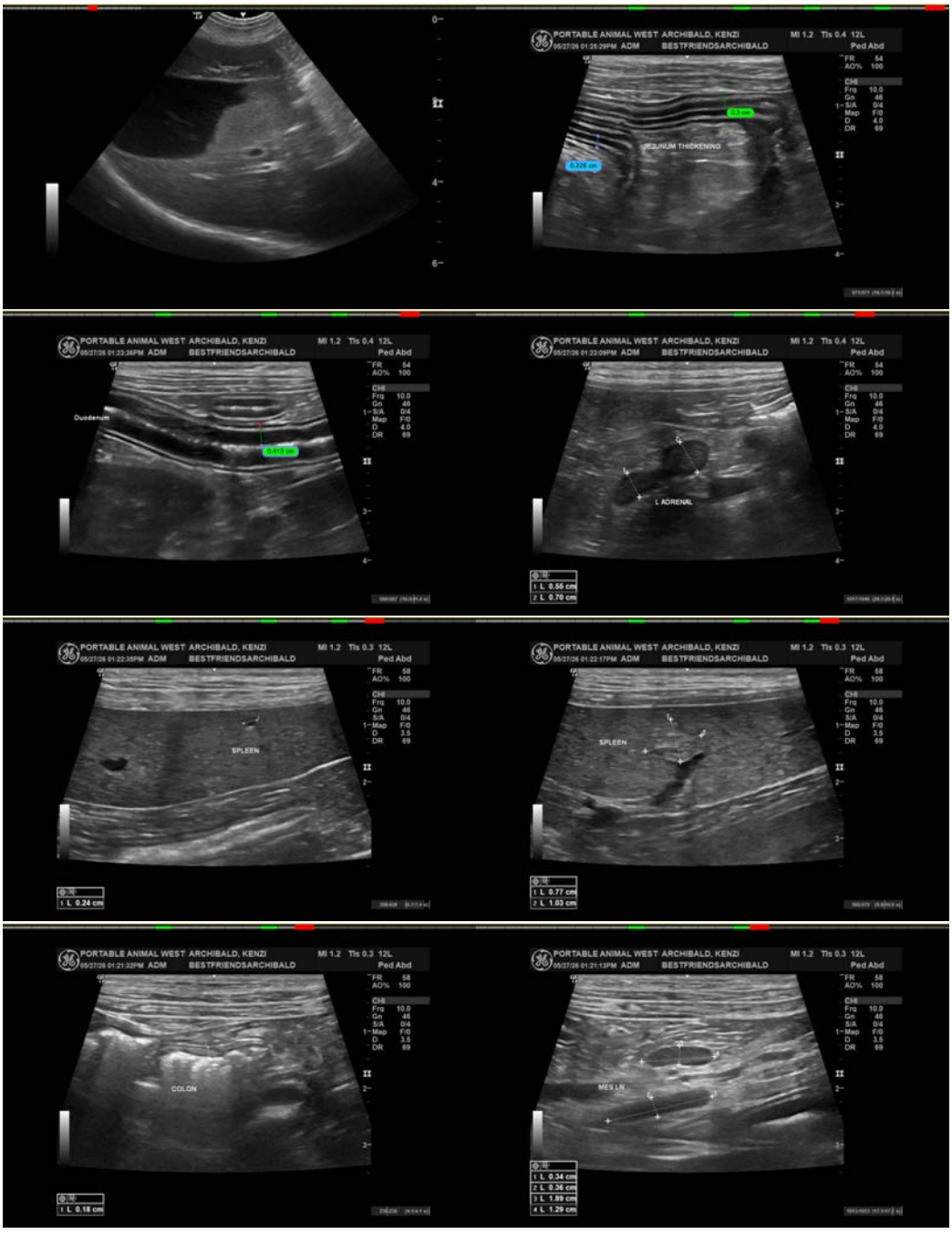

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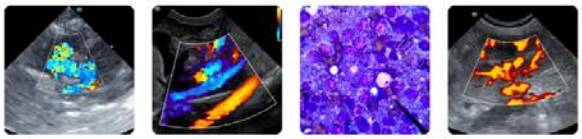

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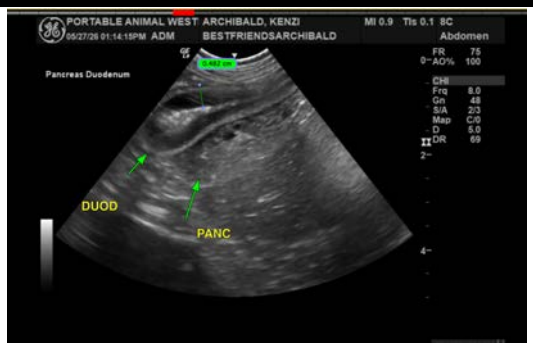

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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