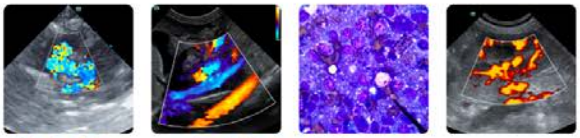

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PATIENT

Ro Han

SPECIES

Canine

BREED

Pekingese x

SEX

Neutered Male

AGE

12 Years

WEIGHT

19.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Monroe Road Animal Hospital

REFERRING VET

Dr. Fackrell

INVOICE

75462

DATE

5/27/26

PRESENTING CLINICAL SIGNS

P presented for abd US due to history of occasional vomiting and soft stool on and off. submitting GI panel today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The apical wall of the urinary bladder appears mildly thickened with a smooth mucosal surface, measuring at 0.38 cm.

The prostate appears normal at 0.96 cm.

The left kidney has a normal shape and size (4.65 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 (3.93 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 0.49 cm at the cranial pole and 0.60 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 1.05 cm at the cranial pole and 0.50 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 (0.95 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. On some views the spleen appears somewhat folded/curled with no focal lesions observed.

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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach contains mild gas/fluid. The gastric wall is prominent with some mild irregularity/thickening noted in the region of the body with intact wall layering. The gastric wall in this region measures at 0.87 cm with intact/mildly reduced detail of wall layering.

Most of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.34 cm. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There are some sections of small intestine that appear more significantly thickened with mild mucosal speckling and fogging. An example of one of these small intestinal sections measures 0.41 cm in thickness.

The colon is moderately distended with non-formed fecal material and gas shadowing distally. The descending colon appears mildly thickened with intact wall layering, measuring at 0.25 cm.

Pancreas

The pancreas is visible/slightly hypoechoic 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

- Prominent/mildly thickened apical wall of the urinary bladder – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Prominent right limb of the pancreas – Findings are suggestive of chronic pancreatic remodeling.
- 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 fluid/shadowing ingesta and irregularity/thickening of the gastric wall – Findings could be consistent with gastritis. Early neoplastic infiltration cannot be ruled out.
- Segmental thickening of the small intestine with some areas exhibiting mucosal speckling and mucosal fogging – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.
- Thickened descending colon with intact wall layering – Findings are most consistent with mild colitis.

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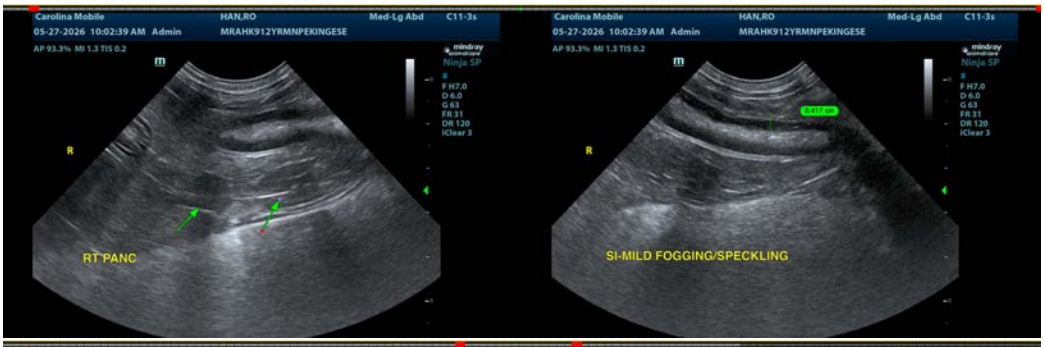
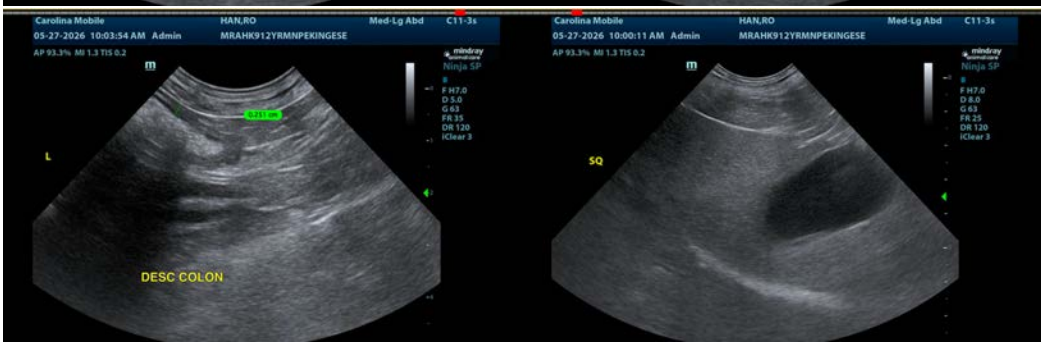
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

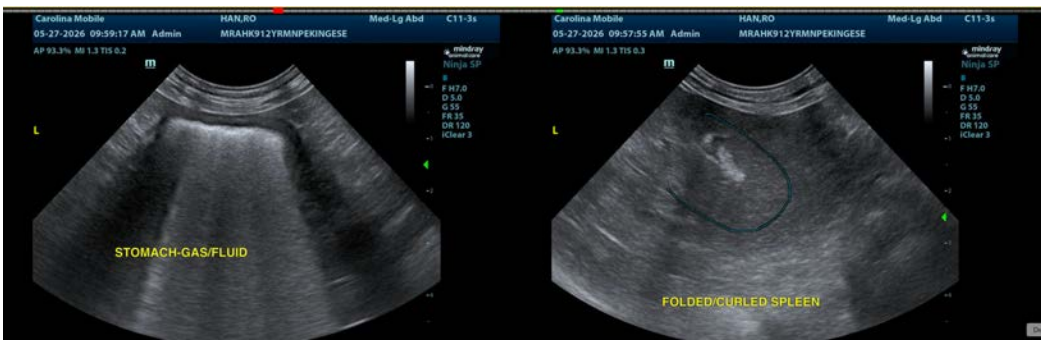
There is segmental thickening of the small intestine with some areas exhibiting mild mucosal speckling and fogging as well as thickening of the descending colon wall with non-formed intraluminal fecal material. Findings could be consistent with a chronic enteropathy +/- colitis. Consider the following:

- Consider a combination prescription ultra low-fat and hydrolyzed protein prescription diet (Royal Canin has a diet with these attributes).
- 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. (I believe this is currently pending)
- Recommend probiotic therapy.

If symptoms are persistent, strongly recommend further evaluation and biopsies. Additionally consider repeat imaging in 6-8 weeks to reassess the gastric wall for progressive thickening, as an early neoplastic process cannot be definitively ruled out.







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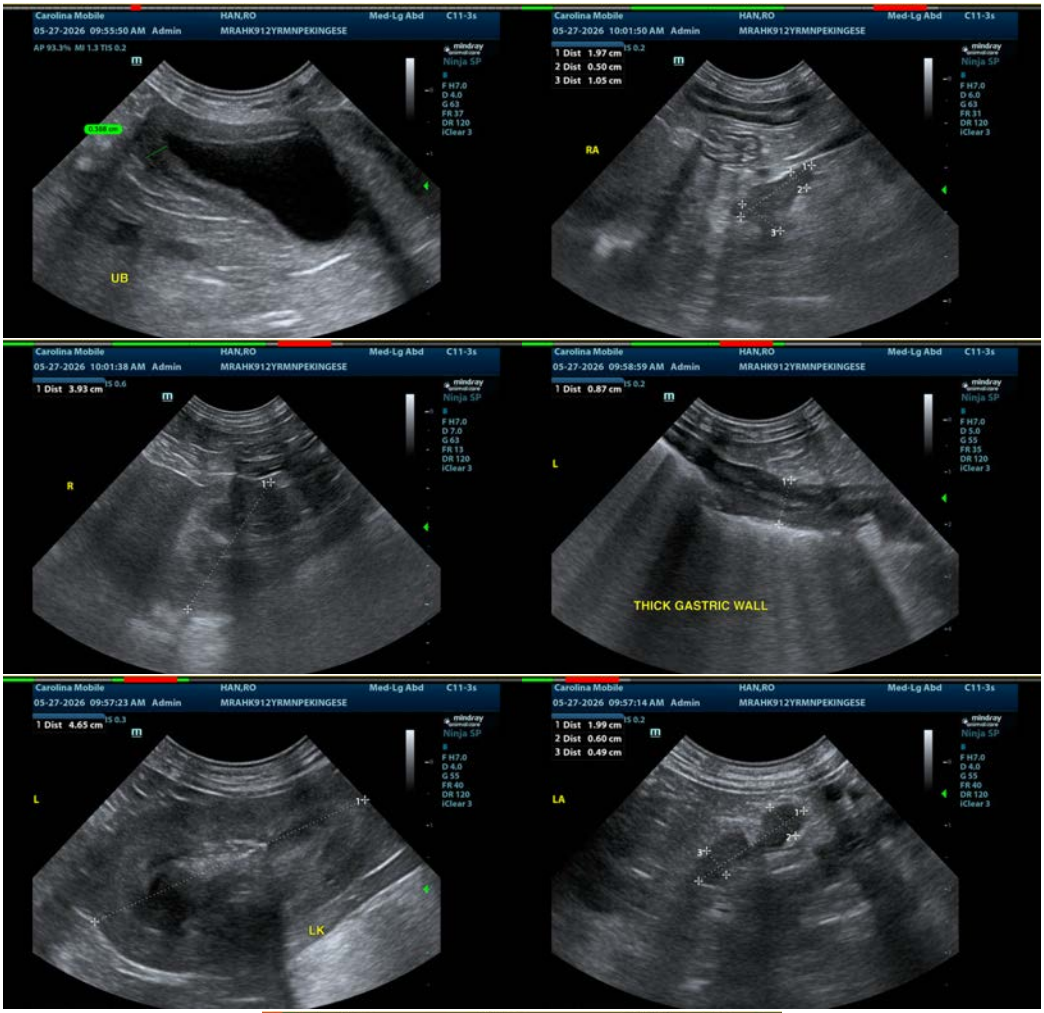

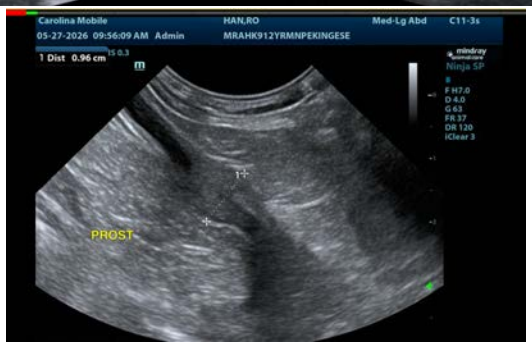

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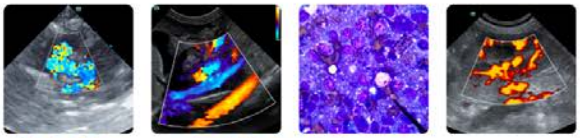

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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