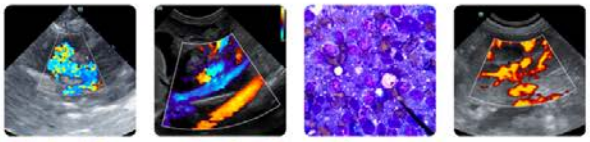


PATIENT

Emmet Rapini

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

12 Years

WEIGHT

34 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Veterinary Services

REFERRING VET

Peter Tanago, DVM

INVOICE

75546

DATE

5/28/26

PRESENTING CLINICAL SIGNS

Evaluation of recurrent bouts of bloody stool and weight loss. History of bloody stool multiple times in the last 1-2 years. He has lost 6 pounds since October 2024. The owner reports the stool is hard at first, then becomes very soft. She notes bright red drops of blood after defecation. The bleeding seems to last for about 3 days per episode. Owner notes a possible correlation with stress (e.g., after long car rides) and dietary indiscretion (e.g., fast food, ice cream, yogurt). Discussed that this could be a combination of food sensitivity and stress. He eats things outside, including mulch and sometimes his own feces. A dog walker reportedly lets him get into the garbage.

Other history:
- Degenerative AV valve disease
- History of spindle cell sarcoma
- Chronic allergies / chronic allergic dermatitis
- Separation anxiety
- Gastrointestinal issues
- Heart disease (no sedation)

CLINICAL SIGNS:
Bloody Stool and Weight Loss
MEDICATIONS:
Pimobendan 5 mg 1 tab every 12 hours
Enalapril 2-5 mg 2 tabs every 12 hours

Abnormal PE/Chem/CBC/UA Results: May 7, 2026 CBC, Blood chem, UA, CPL wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

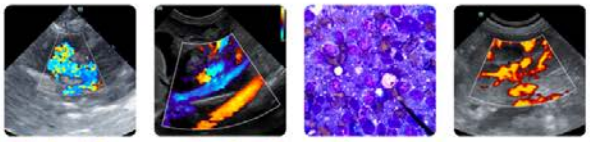
Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly thickened and slightly irregular in the apical region, measuring at 0.47 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The prostate is normal in size (0.94 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.01 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 (6.9 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.



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Adrenal Glands

The left adrenal gland is normal in size measuring 0.46 cm at the cranial pole and 0.59 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 borderline large and slightly irregular in shape, measuring 1.2 cm at the cranial pole and 0.52 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 abnormal in appearance in that there is an irregular somewhat subtle hyperechoic nodule in the cranial pole measuring 0.93 cm x 1.27 cm. No evidence of vascular invasion visualized.

Spleen

The spleen is subjectively normal in size (1.81 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

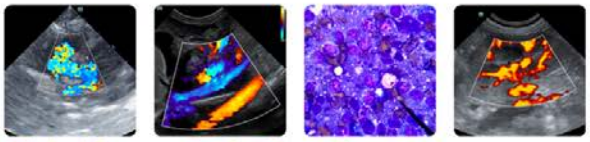
The stomach contains moderate ingesta. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. Shadowing ingesta interferes with full evaluation of the stomach.

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. Duodenum wall measures 0.40 cm. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The descending colon is visualized. The colon wall appears slightly prominent, measuring at 0.24 cm with intact wall layering. Sections of colon are visualized with formed fecal material and gas shadowing distally.

Pancreas

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.



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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 thickened/irregular 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.
- Hyperechoic nodule in the cranial pole of the right adrenal gland – This currently has somewhat of a benign appearance, although an early neoplastic lesion cannot be ruled (adenoma, carcinoma, pheochromocytoma, other).
- Normal/mildly prominent descending colon wall with intact wall layering – Findings could be normal/consistent with mild colitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal small intestinal or colonic lesions are visualized on today's exam. This does not rule out the possibility of underlying small or large intestinal disease. The symptoms could be consistent with intermittent colitis, but the weight loss is somewhat concerning. Further evaluation could include the following:

- Dietary management could be considered, possibly with a hydrolyzed protein prescription diet. Additional fiber supplementation could be considered. Chronic probiotic therapy should be considered.
- If not already done, recommend parasite screening and empirical deworming.
- Consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to look for underlying small intestinal disease, exocrine pancreatic insufficiency, etc.
- If symptoms are persistent and gastrointestinal disease is thought likely, you could consider upper and lower GI endoscopy to further evaluate.

There is a hyperechoic nodule visualized in the crania pole of the right adrenal. At this time, this has somewhat of a benign appearance, but a benign or neoplastic lesion is possible, and this could be actively secreting hormone or be non-active. If there is significant concern for underlying Cushing's disease, you could consider adrenal function testing (provided the pet is not actively stressed with non-adrenal illness). Additionally, consider a blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels, looking for possible pheochromocytoma.

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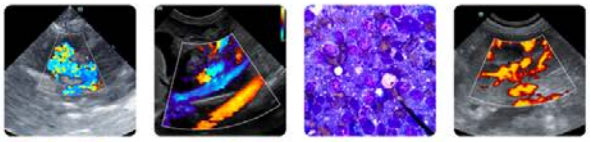

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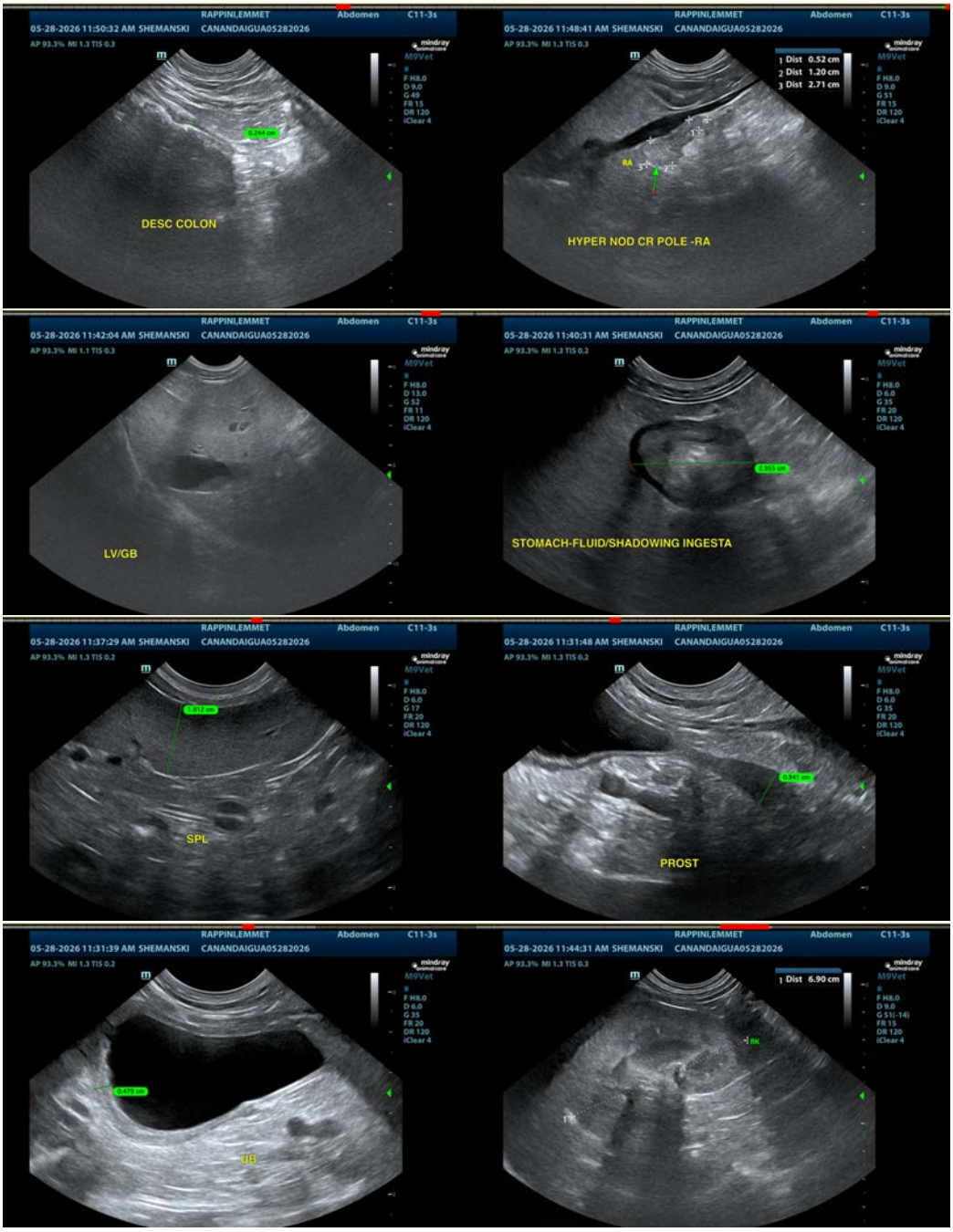

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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