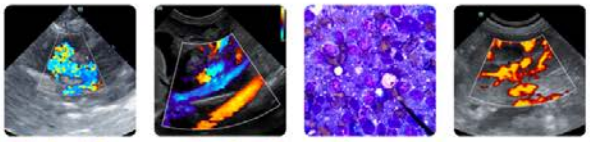


PATIENT

Luna Lamason

SPECIES

Canine

BREED

Min Pin

SEX

Spayed Female

AGE

5 Years

WEIGHT

5.24 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Shonts

INVOICE

75536

DATE

5/29/26

PRESENTING CLINICAL SIGNS

Patient was seen here 5/24 for a possible back issue. Was given a buprenorphine injection, carprofen and gabapentin sent home. Seen again 5/27 (1 AM)for watery diarrhea with blood and vomiting once. Given an Emeprev injection and Proviable capsules TGH. Told to discontinue carprofen and feed a bland diet. The diarrhea is now uncontrollable and is all red. Patient has not eaten since yesterday evening (before recheck), so owners have not gotten her to take the Proviable capsules. Owner tried to give a gabapentin dose today, but patient regurgitated right after. She is also lethargic. Previous Health Concerns Back issue, happy tail, rear leg injury. Current Medication Gabapentin, Proviable Caps, OTC allergy meds, hasn't had any meds since seen last.

Abnormal PE/Chem/CBC/UA Results: PLEASE SEE SPECIALIST NOTES - Hematocrit: 64% (normal range 28-55%, approaching dehydration threshold) - Pancreatic values: Normal - Kidney values: Normal - Resting cortisol: Normal - GGT: Previously mildly elevated, now back to normal - ALP: Mildly elevated (can occur with gastroenteritis) Radiographs - A non-specific gastroenteritis/enterocolitis is suspected; however, other potential differentials which do not necessarily cause significant radiographic changes such as toxic enteritis or pancreatitis should also be considered. There is no radiographic evidence of foreign material or mechanical obstruction.

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 (4.05 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.

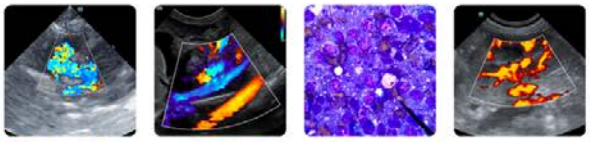
The right kidney has a normal shape and size (4.64 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.38 cm at the cranial pole and 0.47 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 0.38 cm at the cranial pole and 0.33 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



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The spleen is subjectively normal in size (1.08 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 mild 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 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 0.42 cm. Jejunum wall measures 0.25 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The colon is distended with gas and non-formed fecal material. The descending colon wall is visualized and appears normal with intact wall layering, measuring at 0.13 cm.

Pancreas

The pancreas is prominent and hypoechoic near the body. 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

- Mild gastroenteritis type pattern.
- Moderate fluid and gas distended descending colon – Findings are most consistent with colitis and reported diarrhea.
- Prominent, hypoechoic pancreas – findings are most consistent with chronic pancreatic remodeling +/- mild pancreatitis.

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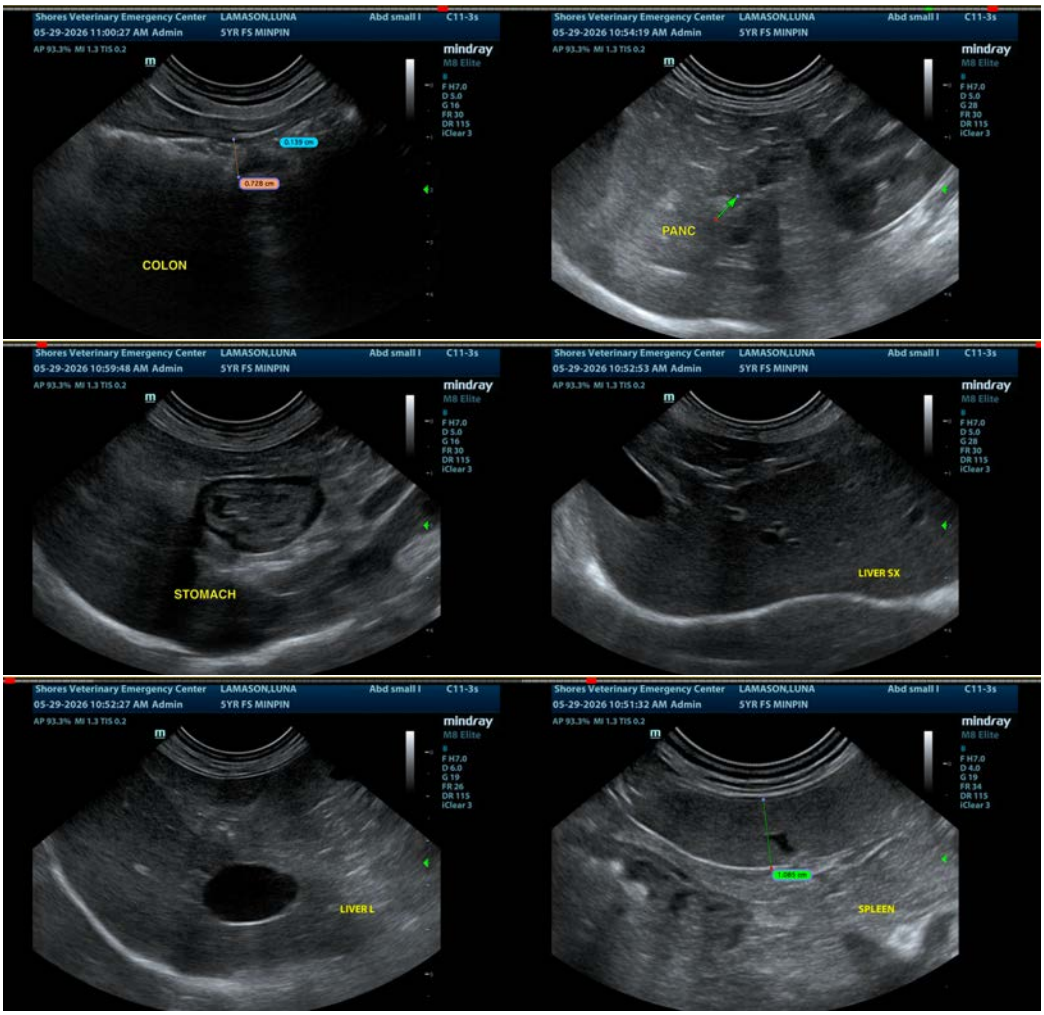
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions were visualized associated with the GI tract to explain the symptoms reported. Based on the acute nature, acute hemorrhagic diarrhea syndrome would be a primary differential. Recommend aggressive symptomatic therapy as well as probiotic therapy. Consider a screening panel for infectious causes of diarrhea.

There is a small area of pancreas that appears somewhat prominent and hypoechoic. Correlate with a quantitative PLI level, as concurrent mild pancreatitis may be a factor.

If symptoms are persistent despite aggressive therapy, repeat imaging could be considered, looking for the progression of today's lesions or the development of new lesions.



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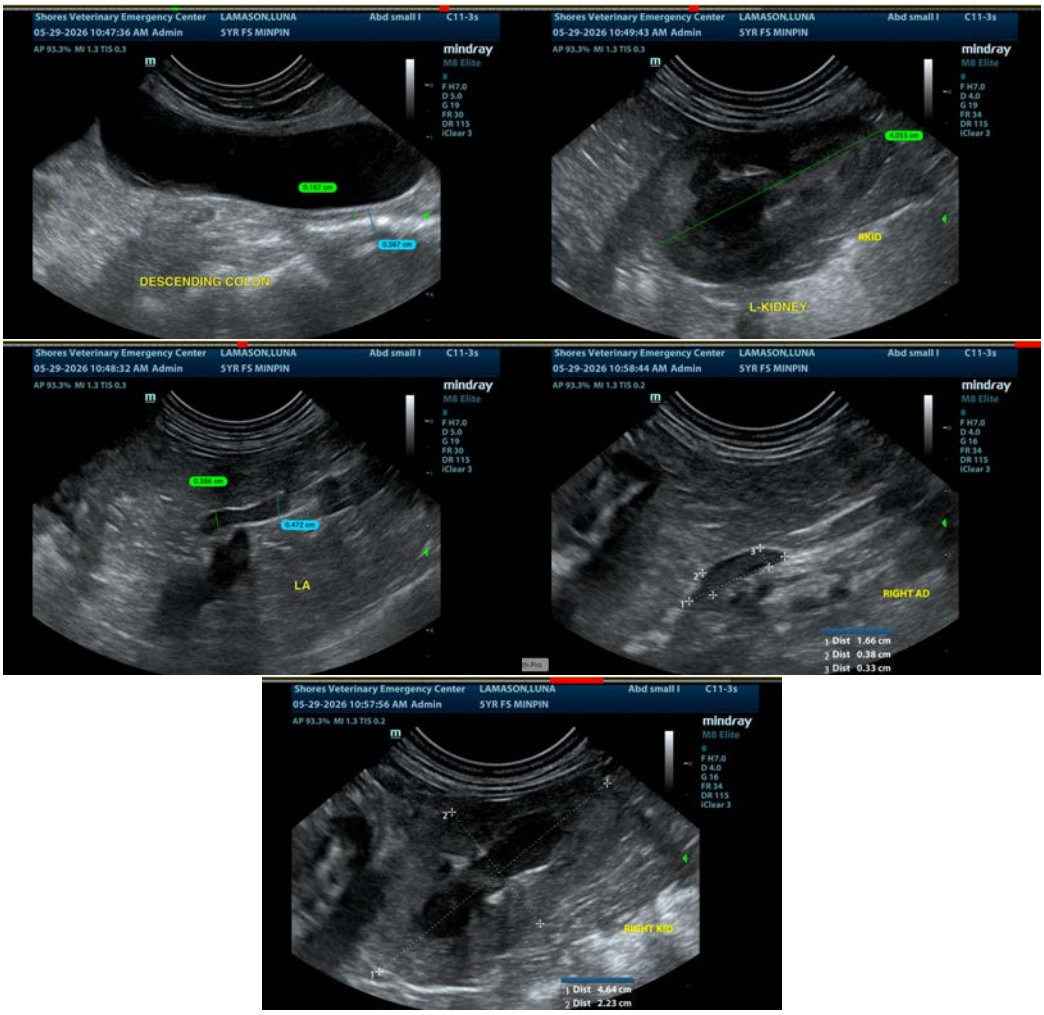

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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