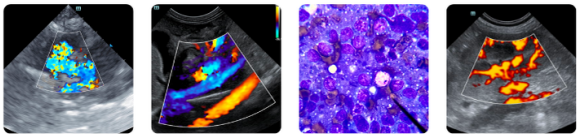




SonoPath www.thefocalzone.com
info@thefocalzone.com 289.808.2608

**PATIENT**

Mika Suresh

**SPECIES**

Canine

**BREED**

Havanese

**SEX**

FS

**AGE**

6 years

**WEIGHT**

5.6 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Bronte Village AH

**REFERRING VET**

Dr. Lowrey

**INVOICE**

12027

**DATE**

5/29/2026

## PRESENTING CLINICAL SIGNS

GI upset for few days. Mucousy and some blood in stool. Low energy. Cerenia injection at another clinic on Wednesday. Metronidazole prescribed by another veterinarian but has not been administered. Geri with T4 & spec cPL done May 28th.

Current Medications: fortiflora.

Abnormal PE/Chem/CBC/UA Results: WBC 20.0, Neutrophils 15.86, Monocytes 2.46, Eosinophils 0, Spec cPL pending. Primary Question to Be Answered in This Exam what is causing upset GI with bleeding.

## 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 (3.68 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 (4.16 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 0.24 cm at the cranial pole and 0.4 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.

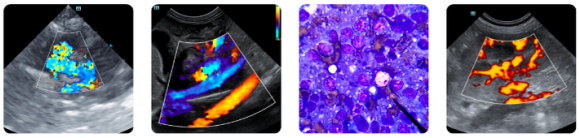
The right adrenal gland is normal in size measuring 0.78 cm at the cranial pole and 0.39 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

### *Spleen*

The spleen is subjectively normal in size (0.81 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible 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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. Shadowing ingesta interferes with full evaluation of some areas of the stomach.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid and gas 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 (0.41 cm in wall thickness) and the jejunum measured as normal (0.25 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. The descending colon wall is prominent/mildly thickened measuring at 0.23 cm with intact wall layering and non-formed intraluminal fecal material.

### *Pancreas*

The area of 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.

### *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

- Fluid/ingesta distended stomach and some fluid and gas distension of the small intestine. Correlate with the feeding history. If the patient was adequately fasted, this could represent a degree of ileus/enteritis.
- Mildly fluid distended colon with a prominent colon wall. Findings are suggestive of colitis and diarrhea.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the small intestine to explain the symptoms reported. There is segmental fluid and gas distension of the bowel and stomach, possibly consistent with gastroenteritis/ileus. Additionally, the colon is somewhat distended with a prominent wall, most consistent with colitis.

Recommend empirical treatment for a non-specific gastroenterocolitis/acute hemorrhagic diarrhea syndrome. Consider a screening panel for infectious causes of diarrhea and a baseline cortisol. If the patient is not responding to therapy as would be expected, consider repeat evaluation looking for the

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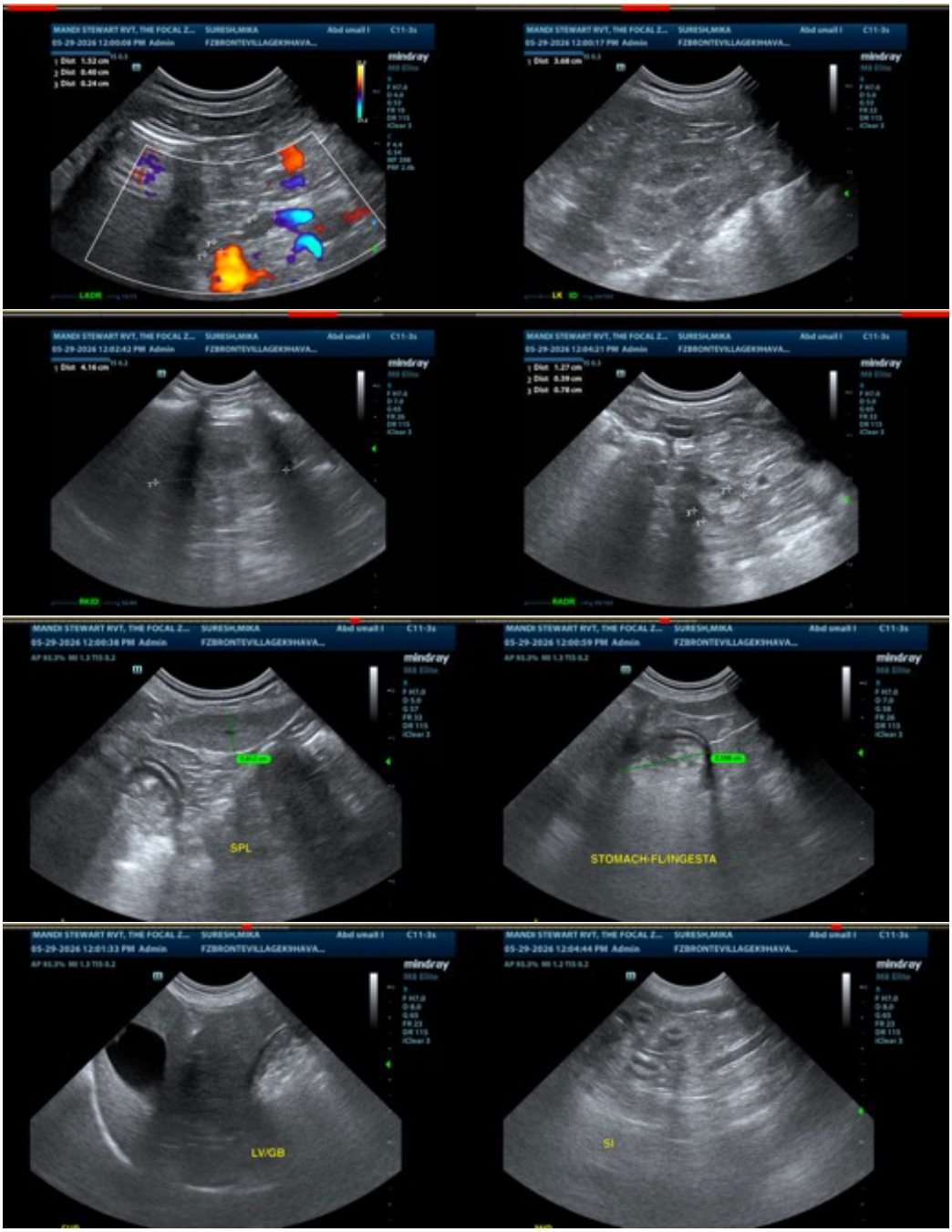
progression of today's lesions or the development of new lesions. A small focal GI lesion cannot be ruled out but the presentation is most consistent with diffuse gastrointestinal disease.



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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