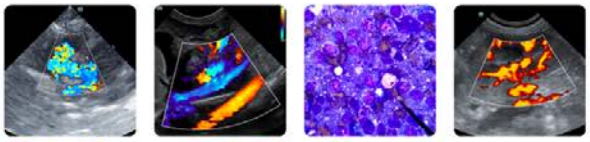


PATIENT

Bella Ley

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

8 Years 11 Months

WEIGHT

4.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Megan Cassels-Conway, DVM

HOSPITAL NAME

Central Broward Animal Hospital

REFERRING VET

Janeen Lezcano, DVM

INVOICE

74970

DATE

5/6/26

PRESENTING CLINICAL SIGNS

P has had a hx of hyporexia, weight loss and anxiety. P has been on and off on Fluoxetine. Few food trial have been performed but response have been mixed (eats well for a while then looses interest and o starts to add non-hypoallergenic toppers). Recently on JFFD fish and sweet potato. Vomits on occasion, bm's are soft (psyllium husk added few months ago and has helped w consistency of bm). O recently restarted fluoxetine which worsened hyporexia in last week. P has also had intermittent slight hypocalcemia.

Abnormal PE/Chem/CBC/UA Results: 5/2026: CBC: hemoconcentration (Hct61H), miniChem: alb: 3.4, Ca: 9.4, Na: 156H UA: SG: 1.039, 1+ prot, quiet sediment, Chest rads: NSF Maldigestion profile: PENDING 2/2026: CBC: WNL, miniChem: alb: 3.3, Ca: 8.8 (8.8-11.4), UA: SG: 1.041, trace prot 5/2025: Chem: alb: 3.8, Ca: 9.2, alb: 3.9 9/2024: CBC: WNL, Chem: a;b: 3.7, Ca: 8.4L, choles: 171, T4: 0.7L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly 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. *Full evaluation of the urinary bladder is limited by lack of urine distention.

The left kidney has a normal shape and size (3.22 cm) with occasional mild cortical mineralizations. Overall echogenicity is slightly hyperechoic with decreased 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.02 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.

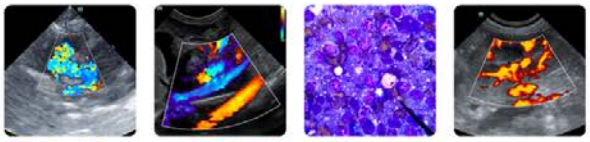
Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 cm at the cranial pole and 0.39 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 0.29 cm at the cranial pole and 0.34 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 (0.70 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.



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Liver

The liver is normal/borderline large in size. 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.

Gastrointestinal

The stomach contains mild fluid. It measures at a normal thickness of 0.28 cm 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 0.24 cm. Jejunum wall measures 0.22 cm. Visualized peristalsis appears appropriate. There is mucosal speckling visualized associated with some areas of the small intestine.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is visible/mildly mottled in the left 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

- Age related changes visualized associated with both kidneys.
- Mottled left limb of the pancreas – Findings are most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- 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.
- Prominent small intestine with mucosal speckling in some areas – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

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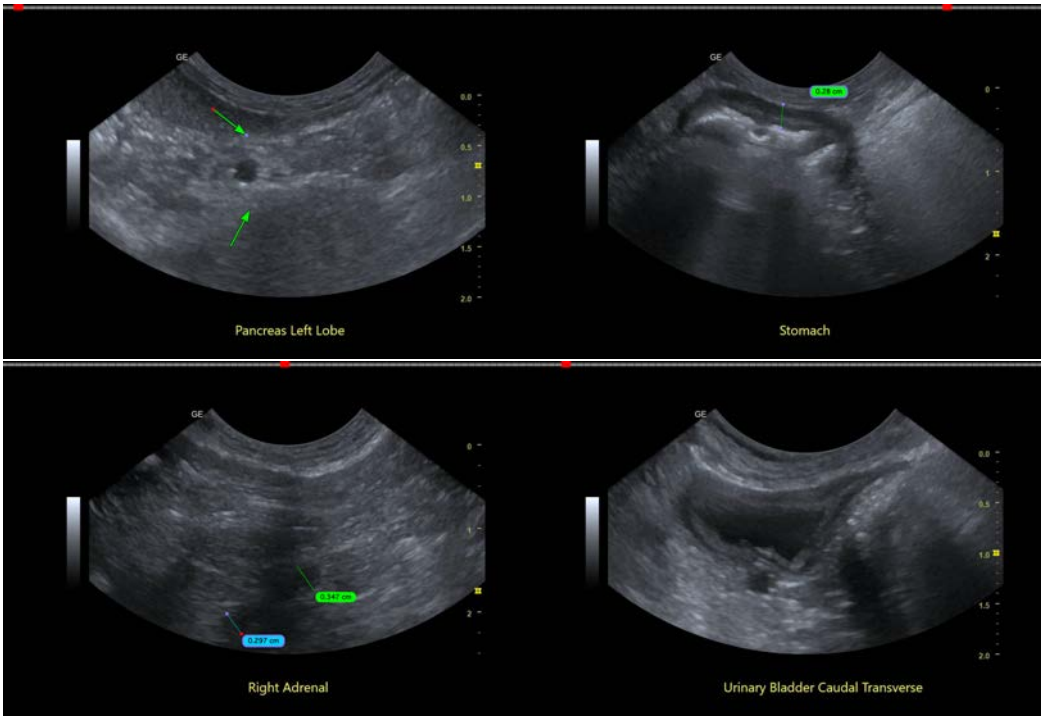
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is significant mucosal speckling visualized associated with some sections of small intestine. Findings are concerning for possible lymphangiectasia. Possible differentials could include lymphangiectasia +/- IBD or less likely intestinal neoplasia. Ideally biopsies of the GI tract should be pursued to further evaluate. In the meantime, you could consider the following:

- Recommend an ultra low-fat/hydrolyzed protein prescription diet (Royal Canin has this diet). If this patient is too picky to eat commercial food, consider consultation with a veterinary nutritionist (University of Tennessee and other universities have this service for a fee) to help formulate a homemade novel protein/ultra low-fat diet, which may be more palatable for this individual.
- 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.
- Recommend chronic probiotic therapy.

The left limb of the pancreas is somewhat prominent and mottled. Correlate with a PLI level, looking for any evidence of active inflammation.

If symptoms are persistent and/or progressive despite taking these measures, you could consider repeat imaging, looking for the progression of today's lesions. A small unseen focal gastrointestinal lesion cannot be definitively ruled out.



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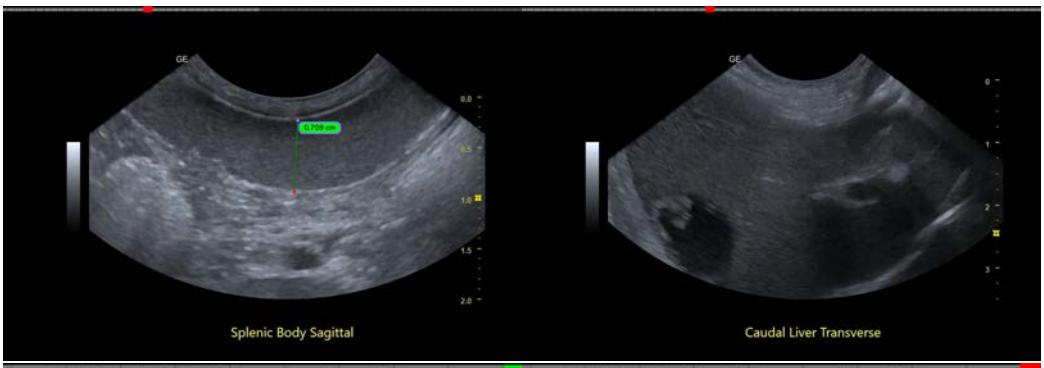

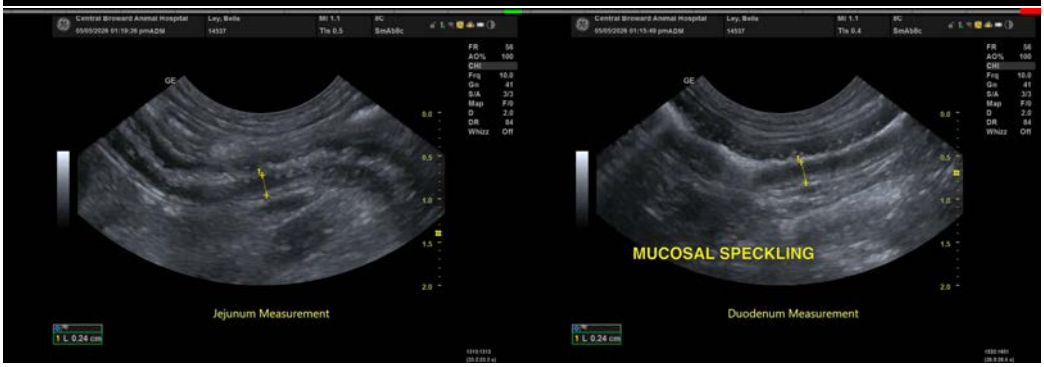

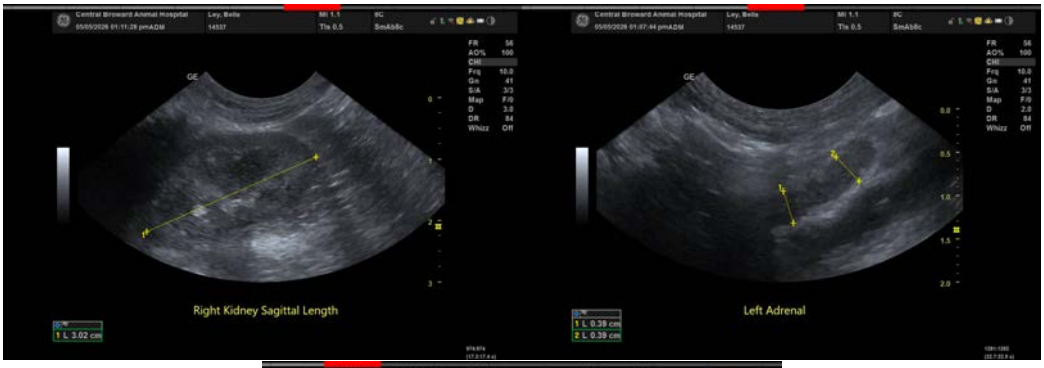

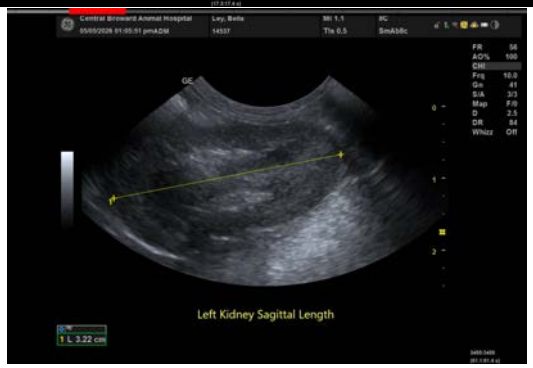

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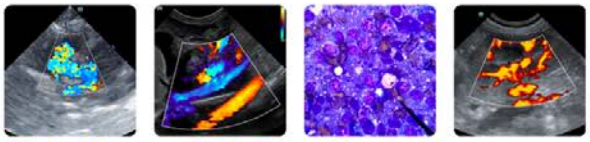

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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