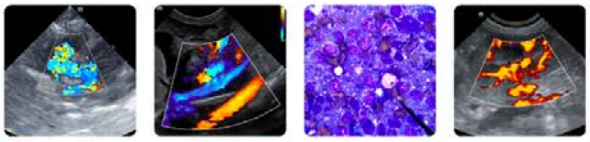


PATIENT

Adrian Durand

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Neutered Male

AGE

11 Years

WEIGHT

15.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Juan Font

INVOICE

75031

DATE

5/7/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to Hx of vomiting and diarrhea. Owner reports that Px presented with bloody diarrhea, vomiting, but is not inappetent. Owner reports that they recently changed Px's diet from a veterinary urinary diet to a a home-made diet once they noticed Px's malaise. This home-made diet mostly consists of vegetables such as pumpkin and carrots. Px is currently taking the following Mx: Metronidazole, Famotidine.

Abnormal PE/Chem/CBC/UA Results: Last abdominal ultrasound report attached below for your reference.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears slightly prominent and irregular with hyperechoic mucosa measuring at 0.30 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 (0.73 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 (4.26 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (4.87 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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.

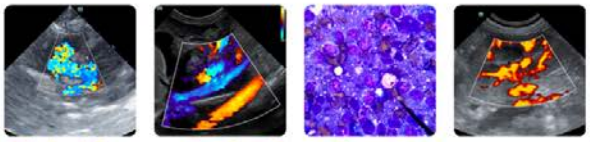
Adrenal Glands

The left adrenal gland is normal in size measuring 0.45 cm at the cranial pole and 0.57 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 0.45 cm at the cranial pole and 0.47 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. No focal parenchymal abnormalities are visualized.



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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. There is a poorly defined hypoechoic nodule visualized in the parenchyma measuring 0.33 cm.

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 minimal luminal contents. The gastric wall measures at 0.43 cm with a slightly prominent muscularis layer. 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 0.45 cm. Jejunum wall measures 0.32 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. Sections of colon are visualized with non-formed/liquid fecal material and gas shadowing distally. The transverse colon wall appears slightly prominent, measuring at 0.20 cm. The descending colon wall is thickened and distended with liquid stool, measuring 0.22 cm.

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is evidence of a mild mesenteric lymphadenopathy. Examples of lymph nodes measure 0.42, 0.63, and 0.31 cm. The left iliac lymph node is prominent at 0.65 cm. The omentum is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Mildly irregular/thickened urinary bladder wall – 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.
- Mild age related changes visualized associated with both kidneys.
- Small hypoechoic nodule in the liver – The appearance favors a benign process (regenerative nodule, etc.). An early neoplastic lesion cannot be ruled out.
- Mild gastrointestinal changes consistent with gastroenteritis.

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- Thickened descending colon – Findings are most consistent with significant colitis. An early neoplastic lesion is less likely.
- Lymph node changes most consistent with reactive lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach wall appears slightly thickened as does the colon wall, and some areas of small bowel have mild fluid and gas. Findings are suggestive of gastroenterocolitis. Recommend symptomatic care (fluids, nausea meds, etc.), as well as the following:

- If this is an acute episode, recommend a canned bland diet such as Hills ID or similar. A low-fat content may be helpful. If symptoms are more chronic in nature, a hydrolyzed protein prescription diet could be considered.
- If not already done, recommend parasite screening and empirical deworming.
- Recommend an infectious diarrhea panel.
- If symptoms are more chronic in nature, consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate, looking for exocrine pancreatic insufficiency, etc.
- Recommend probiotic therapy +/- fiber supplementation. Fiber supplementation can help some individuals or make the stool softer in others.

If symptoms are persistent despite taking these measures, ultimately upper and lower GI endoscopy may be warranted to obtain biospies and further evaluate.

The bladder wall appears mildly thickened with a hyperechoic mucosa. The significance of this is uncertain. The appearance could be exacerbated due to lack of urine distention. This patient should have a urine culture to rule out cystitis.

There is a small hypoechoic nodule in the liver. I suspect this would be challenging to sample. Recommend continued monitoring.

If symptoms are persistent, additionally you could consider repeat imaging to reassess the lymph nodes for progressive rnlargement, look for progressive thickening of the descending colon, etc.

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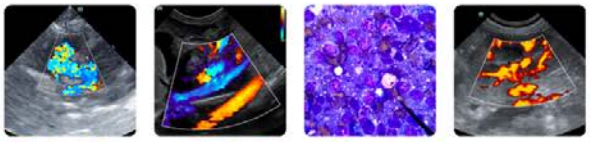

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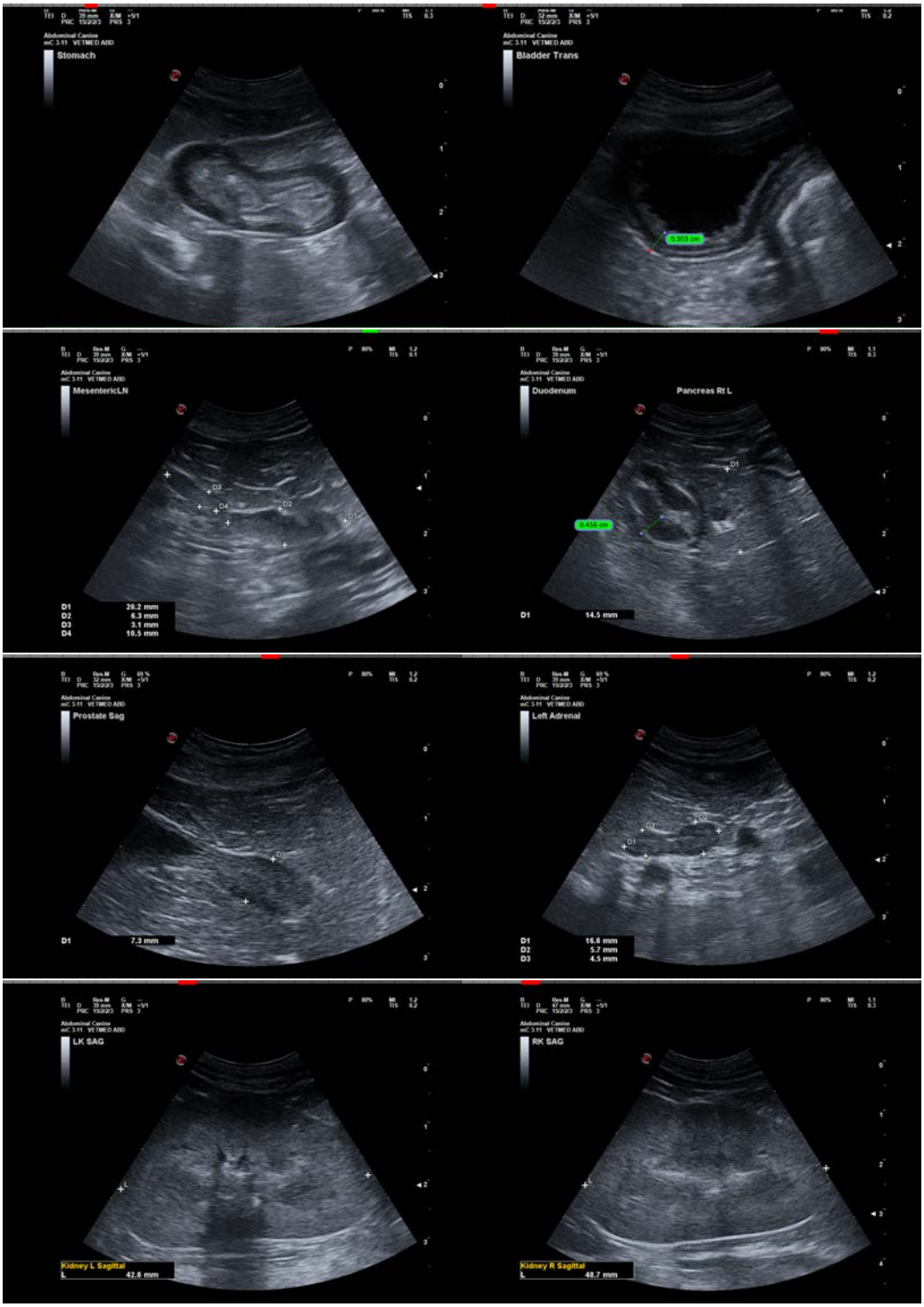

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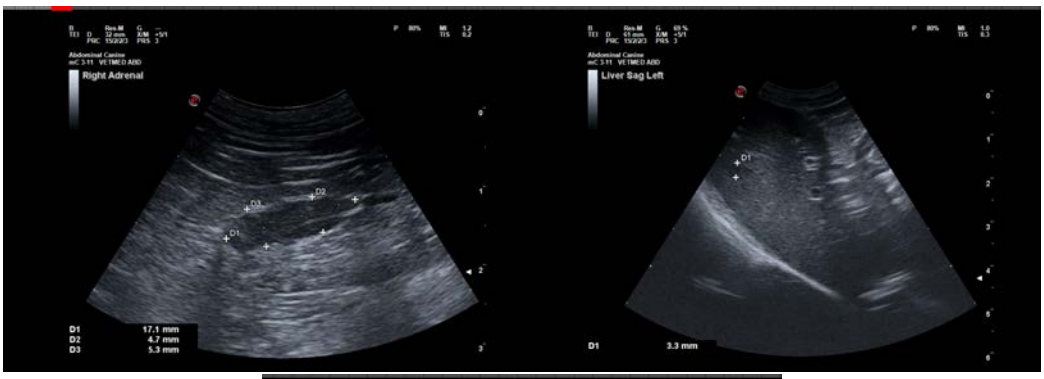

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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