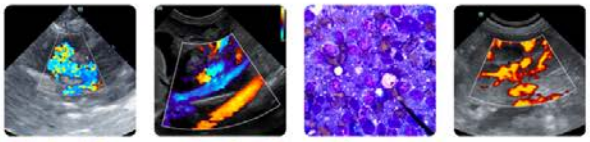


PATIENT

Rudy Oliver Wixo

SPECIES

Canine

BREED

Pit Bull x

SEX

Neutered Male

AGE

3 Years

WEIGHT

72 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chrissy Krell, DVM

HOSPITAL NAME

CareVet of All Pets

REFERRING VET

Stephanie Iverson, DVM

INVOICE

75974

DATE

6/17/26

PRESENTING CLINICAL SIGNS

Presented with history of GI symptoms, vomiting with some blood specks recently - has had intermitted vomiting and diarrhea episodes documented since 09/2025. In March had a 10lb weight loss from the year prior. Seems to eat and drink well, no other symptoms other than the GI upset and occasional period of lethargy and hypo-/anorexia. Initially seen as a 1 year old for an period of vomiting, apparently had some foreign material in the vomit but did not require intervention at that time. History of otitis externa, anal gland impactions and a hypersensitivity episode. Currently on GI Biome, Cerenia, and Sucralfate. BIPS revealed no obstruction. Doing well, but elected to proceed with US to screen for other causes of intermittent GI symptoms.

Abnormal PE/Chem/CBC/UA Results: 6/11/26: PE: stable, no obvious changes noted. AXR: distension of SI and LI, stomach empty, suspicious patterns in SI. BIPS - negative for signs of obstruction on 6/12/26. 3/11/26: PE: TT4 normal, Eos elevated, 4dx: negative, Chem unremarkable. FEcal parasite screen - negative. UA: unremarkable. cPL 30

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 prostate is normal in size (1.17 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 (6.81 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.

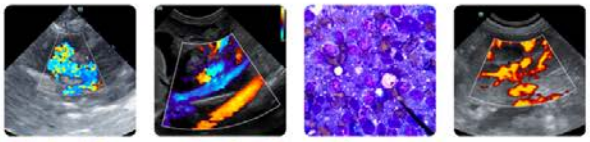
The right kidney has a normal shape and size (6.6 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.61 cm at the cranial pole and 0.72 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 1.23 c mat the cranial pole and 0.73 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 (1.59 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 large in size, normal in 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 a large amount of fluid and shadowing ingesta. It measures at a normal thickness of 0.56 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. Shadowing ingesta interferes somewhat with full evaluation of the stomach.

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

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 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 and ingesta distended stomach – Correlate with feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying. The outflow tract is not clearly visualized, but an obstruction is not suspected.
- Thickened small intestine with some areas exhibiting mild fluid and gas distention – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.

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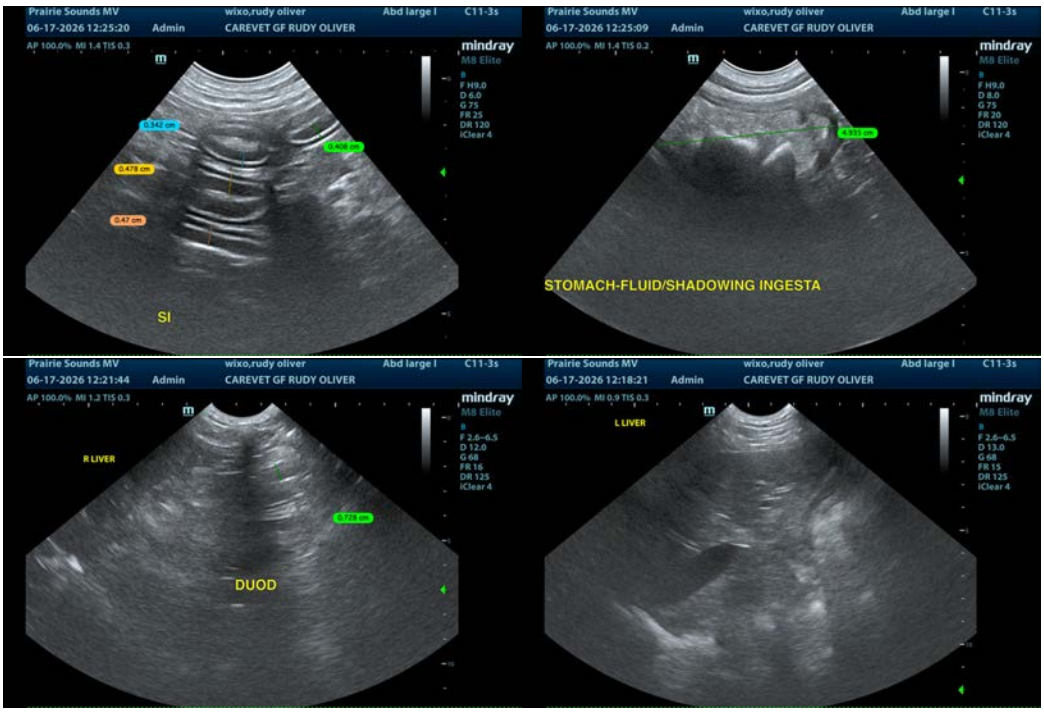
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach has a significant amount of fluid and shadowing ingesta within it. The shadowing ingesta has the appearance most consistent with kibble. Correlate with clinical findings and feeding history. If the patient was fasted, delayed gastric emptying is suspected, possibly with some ileus affecting the small intestine as well. This can be an indicator of underlying small intestinal disease. Consider the following for further evaluation:

- Recommend a hydrolyzed protein prescription diet.
- 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.
- Recommend a baseline cortisol.

If dietary therapy does not manage these issues, then ultimately biopsies of the tract would likely be warranted to further evaluate.



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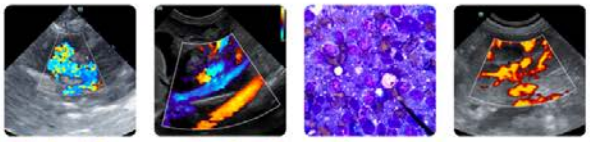

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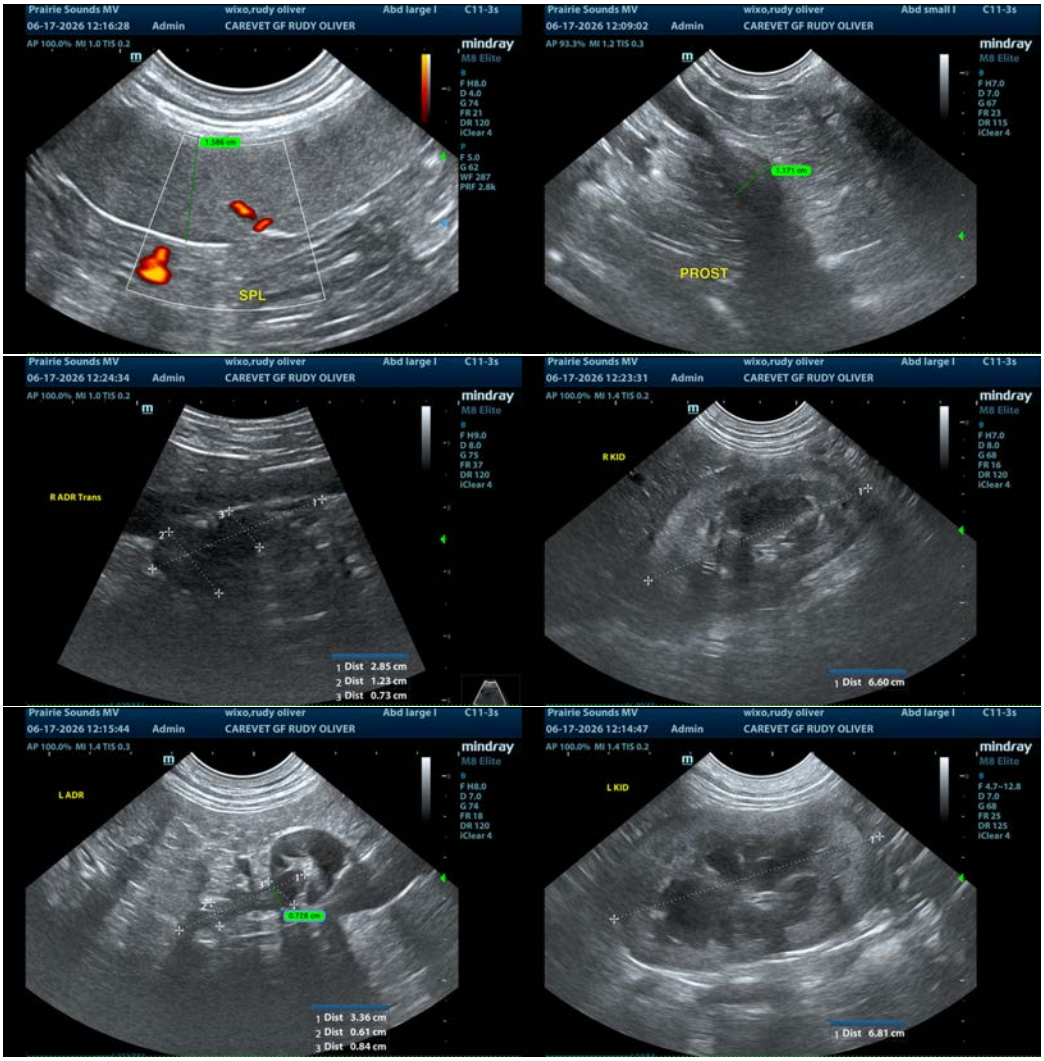

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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