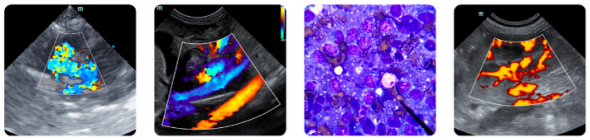


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Ellie Crabb

SPECIES

Canine

BREED

Pitbull Mix

SEX

FS

AGE

10 years

WEIGHT

50 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Graceful Paws Pet Clinic

REFERRING VET

Dr. Sanchez

INVOICE

12060

DATE

6/2/2026

PRESENTING CLINICAL SIGNS

ADR, symptoms restarting per O. P vomited yesterday while on Cerenia tabs, hasn't vomited today. P has not gotten into anything per O. Not having diarrhea anymore. P not having an appetite, ate like 1/4 can wet food last night. O has been giving her all the meds. P is lethargic per O. –SC

Abnormal PE/Chem/CBC/UA Results: CBC: low reticulocytes (7.1 K/uL), lymphopenia (0.41 K/uL), monocytopenia (0.08 K/uL), eosinopenia (0.04 K/uL) - Chem 18: NSF - Lytes: NSF - PL: 165 U/L - - Baseline Cortisol: 17.16 ug/dL.

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 (6.69 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 (7.98 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The right adrenal gland is not clearly visualized.

Spleen

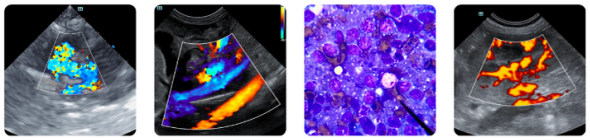
The spleen is subjectively normal in size (2.29 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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.

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



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The stomach contains minimal luminal contents. 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (0.3 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 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 revealed scant free fluid visualized near the left kidney. There is no significant lymphadenopathy. The omentum is mildly diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Mildly prominent/thickened small intestine. Findings could be consistent with anatomic variation or mild inflammation.
- Scant free abdominal fluid and mildly hyperechoic mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes on today's scan are relatively mild. No focal lesions are visualized associated with the GI tract. Subjectively, the small intestine appears mildly thickened, and the mesentery appears slightly hyperechoic, but a source of inflammation is not clearly identified. A small focal unseen lesion cannot be ruled out. The pancreas is not clearly visualized so mild pancreatic inflammation cannot be ruled out either.

Recommend A GI Panel to Texas A&M for qualitative PLI/TLI, cobalamin, and folate looking for evidence of pancreatitis, small intestinal disease, etc. and consider empirical treatment for pancreatitis/gastroenteritis.

Unfortunately, there are many causes for GI signs which cannot be definitively diagnosed by ultrasound alone. Further treatment could involve a hypoallergenic diet, probiotic, therapy, etc. If symptoms are persistent and underlying gastrointestinal disease is strongly suspected, ultimately, biopsies of the GI tract may be warranted. Prior to this, consider repeat imaging looking for the development of new lesions or progression of the lesions identified on today's scan. Correlate today's findings with current lab work and radiographs.

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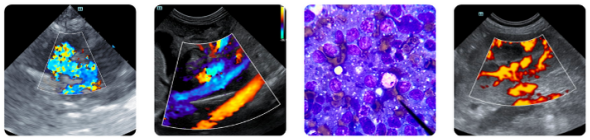

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Educational Teleconsultation Services™

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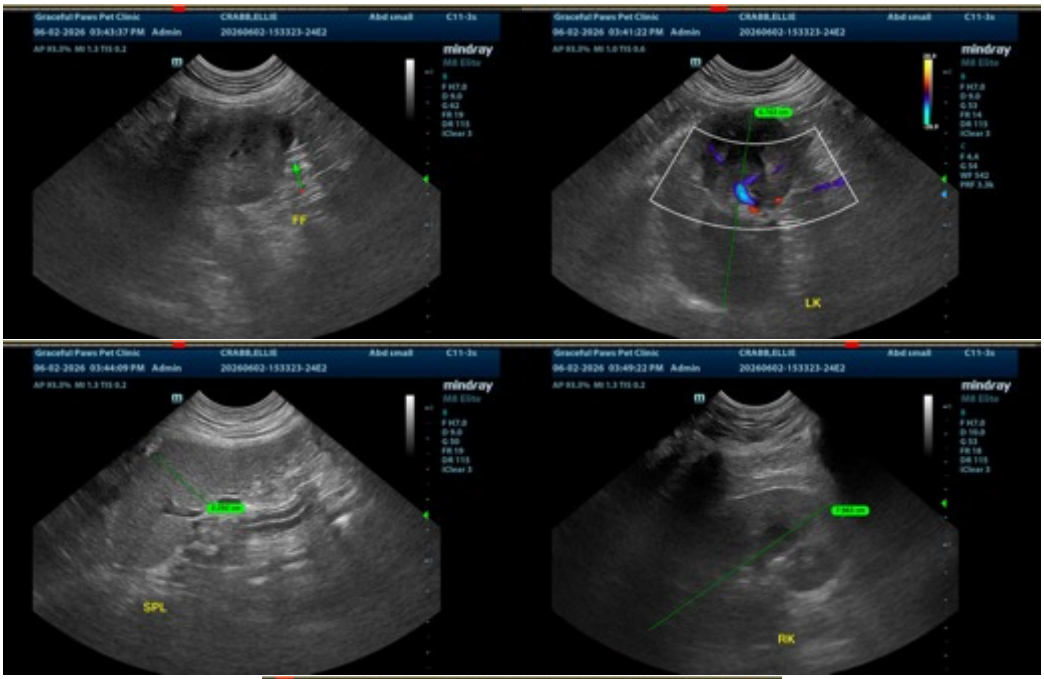

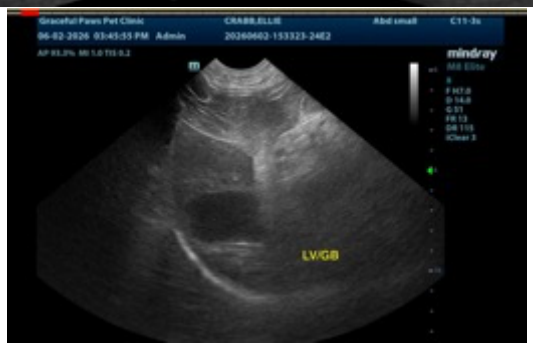

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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