



PATIENT

Stella Tiberio

SPECIES

Canine

BREED

Cattle Dog Mix

SEX

FS

AGE

10 years

WEIGHT

34 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Judy Schroeder

HOSPITAL NAME

Animal Health
Associates

REFERRING VET

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INVOICE

12052

DATE

6/2/2026

PRESENTING CLINICAL SIGNS

Hx of "sensitive stomach". Recent decrease in appetite without weight loss. Halitosis noted. Heart murmur has increased. Preanesthetic labs showed hypoglycemia, hypoalbuminemia, mild increase in ALT. Resting cortisol 1.8 ug/dl.

Abnormal PE/Chem/CBC/UA Results: Grade 4-5/6 systolic murmur. Total Protein 5.0 g/dl Albumin 2.4 g/dl Globulin 2.6 g/dl ALT 133 U/l Glucose 57 mg/dl Cortisol resting 1.8 ug/dl Normal UA with USG 1.041 Normal T4 Normal proBNP 711 pmol/l. (has increased.)

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 (5.0 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 (5.45 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 0.53 cm at the cranial pole and 0.62 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 0.8 cm at the cranial pole and 0.74 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 (2.04 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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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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. No masses or focal lesions were observed.

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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased (duodenum measures 0.51 cm, jejunum measures 0.49 cm). Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering (+/- enter with mucosal speckling). Visualized peristalsis appears appropriate. There are several focal segments of small intestine which exhibit significant mucosal speckling and fogging with a prominent, sometimes irregular, muscularis layer and surrounding inflammation.

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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.

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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.

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Free Abdomen

Evaluation of the peritoneal cavity revealed scant free fluid. There is no significant lymphadenopathy. The omentum is hyperechoic around the thickened abnormal bowel loops.

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PRIMARY FINDINGS

- Diffusely thickened small intestine with some focal segments exhibiting more severe wall thickening, significant mucosal speckling and fogging and surrounding inflammation. The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

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SECONDARY FINDINGS

- 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.
- Moderate fluid/shadowing ingesta visualized within the gastric lumen. Correlate with the feeding history. If the patient was adequately fasted then consider the possibility of delayed gastric emptying or an unseen partial outflow tract obstruction (less likely.)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears mildly diffusely thickened, although there are some focal segments which appear more severely thickened with abnormal significant mucosal speckling and fogging, and thickening and irregularity in the muscularis layer. These changes are suggestive of significant



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inflammatory disease and possible lymphangiectasia. An early/evolving neoplastic process cannot be definitively ruled out.

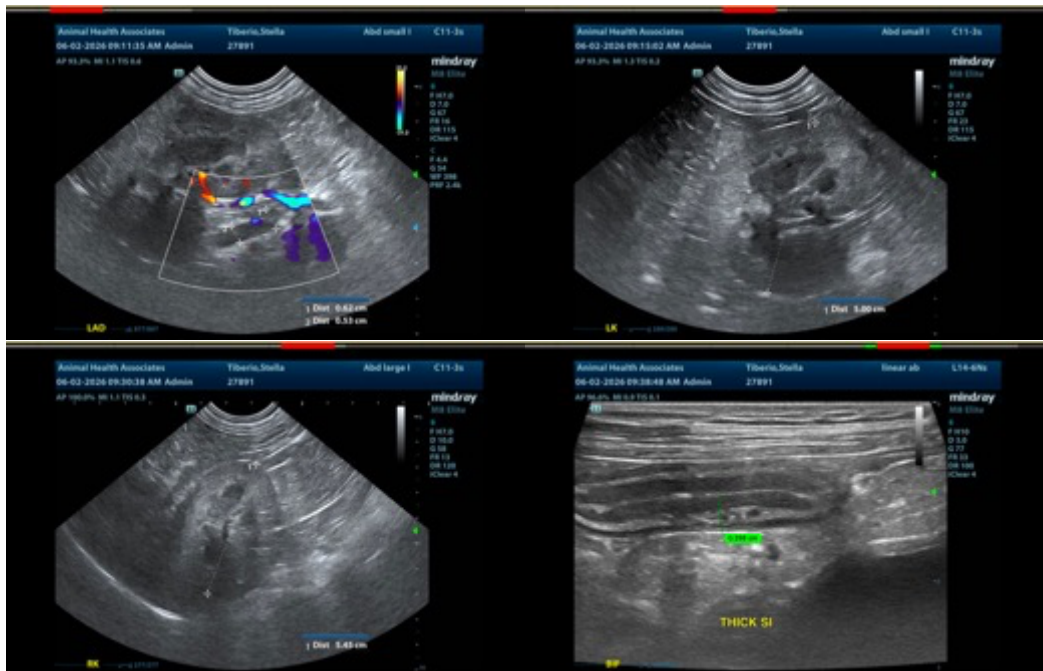
Ideally, this individual should have full thickness GI biopsies to further evaluate. If the patient is not stable enough, endoscopic biopsies could be considered. In the meantime, recommend the following:

- Recommend a combination prescription ultra-low fat diet/hydrolyzed protein diet (Royal Canin has this product.)
- 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.

If the patient is not stable, consider an anti-inflammatory dose of steroids. Prior to this consider a full ACTH stimulation test to look for any evidence of adrenal insufficiency or possibly developing Addison's.

Ideally, consider a urinalysis/urine protein: creatinine ratio as well as a liver function test to rule out the liver and kidneys as additional sources of the hypoalbuminemia reported.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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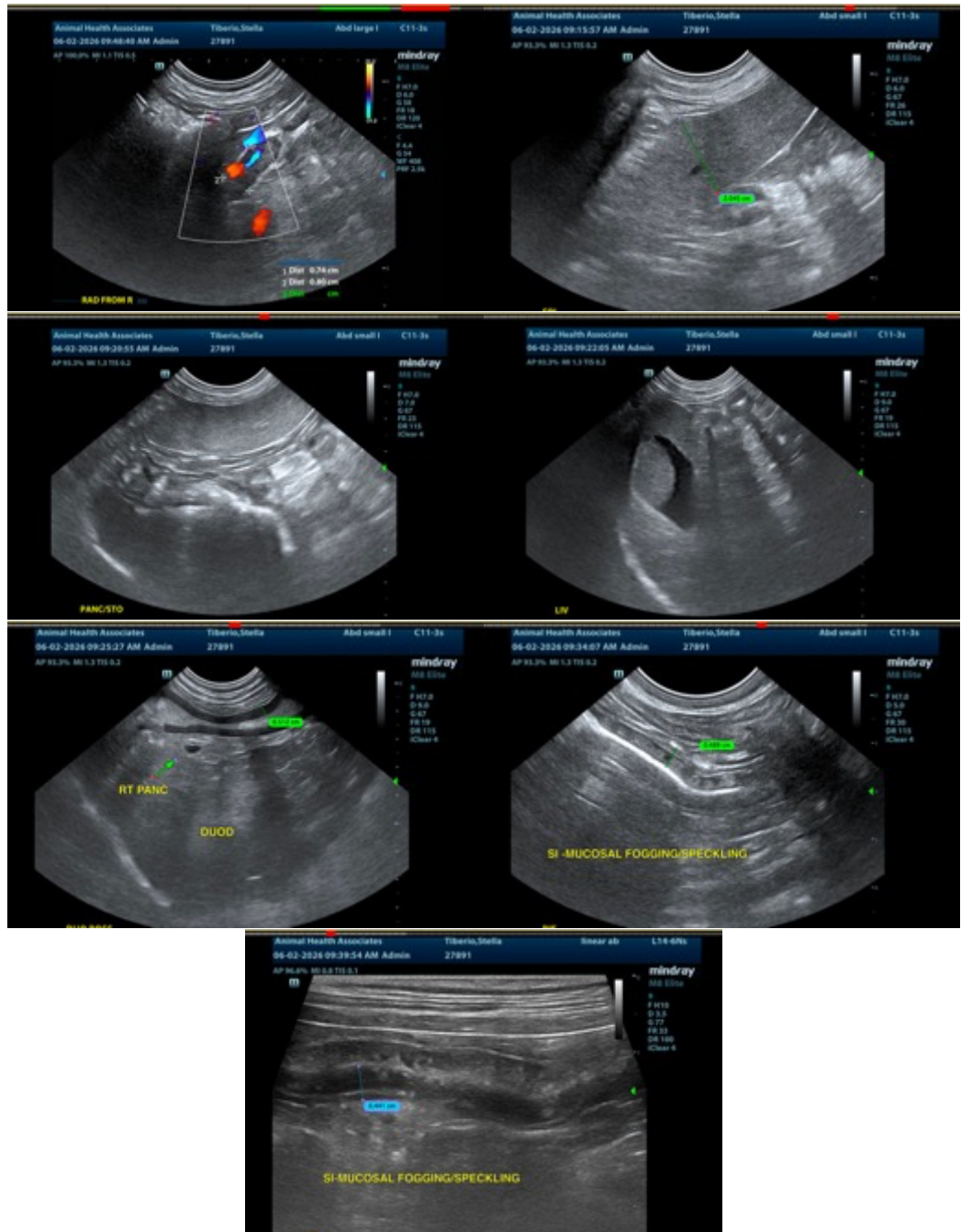
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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