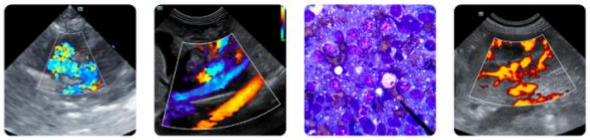


PATIENT

Ella Manning

SPECIES

Canine

BREED

Great Dane

SEX

Spayed Female

AGE

7 Years

WEIGHT

56 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Kerr

INVOICE

16352

DATE

06/05/26

PRESENTING CLINICAL SIGNS

Outpatient AUS. Intermittent inappetence, vomiting and dh for 2 years. Owner feeds chicken and rice at home due to pet not eating dog food, now not wanting rice anymore and doesn't eat much. Has tried a lot of different foods to entice her to eat, but pet is not interested. Meds: fluoxetine and Incurin, fortiflora prn, pet tabs plus (mineral), Cosequin 2 tabs a day, omega 369 2 chews a day, pet honesty for hip and joints. For this visit owner gave 300mg Trazadone at and 900mg Gabapentin at 8am

Abnormal PE/Chem/CBC/UA Results: rDVM bloodwork: 5/21/26 Retic 23; PLT 103; ALP 260; T4 1.8 4DX neg

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (8.39 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (8.6 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.59 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.

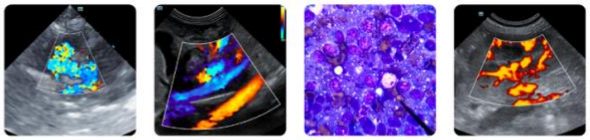
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, 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. The spleen measured 3.3 cm.

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 primarily anechoic. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 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 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 - 0.5 cm in wall thickness) and the jejunum measured as normal (0.32 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 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

- No significant ultrasonographic lesions are visualized.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No abnormalities were visualized on today's exam to explain the symptoms described. Unfortunately, there are many causes for vomiting which cannot be definitively diagnosed by ultrasound alone. Consider the following:

- Recommend a baseline cortisol to screen for atypical Addison's.
- If not already done, recommend parasite screening and empirical deworming.
- Consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate looking for evidence of dysbiosis, pancreatic insufficiency, etc.
- Consider a hydrolyzed protein or novel protein diet for the possibility of food allergy or dietary sensitivity (may be difficult with a very picky dog) You can consult with a veterinary nutritionist about a nutritionally balanced homemade diet fulfilling these criteria.
- Recommend three view thoracic radiographs to look for any evidence of cardiopulmonary disease.

No focal lesions were visually associated with the liver to explain the elevation in ALP reported. This could be secondary to a primary or secondary hepatopathy. You could consider pre- and post-prandial bile acids to further assess.

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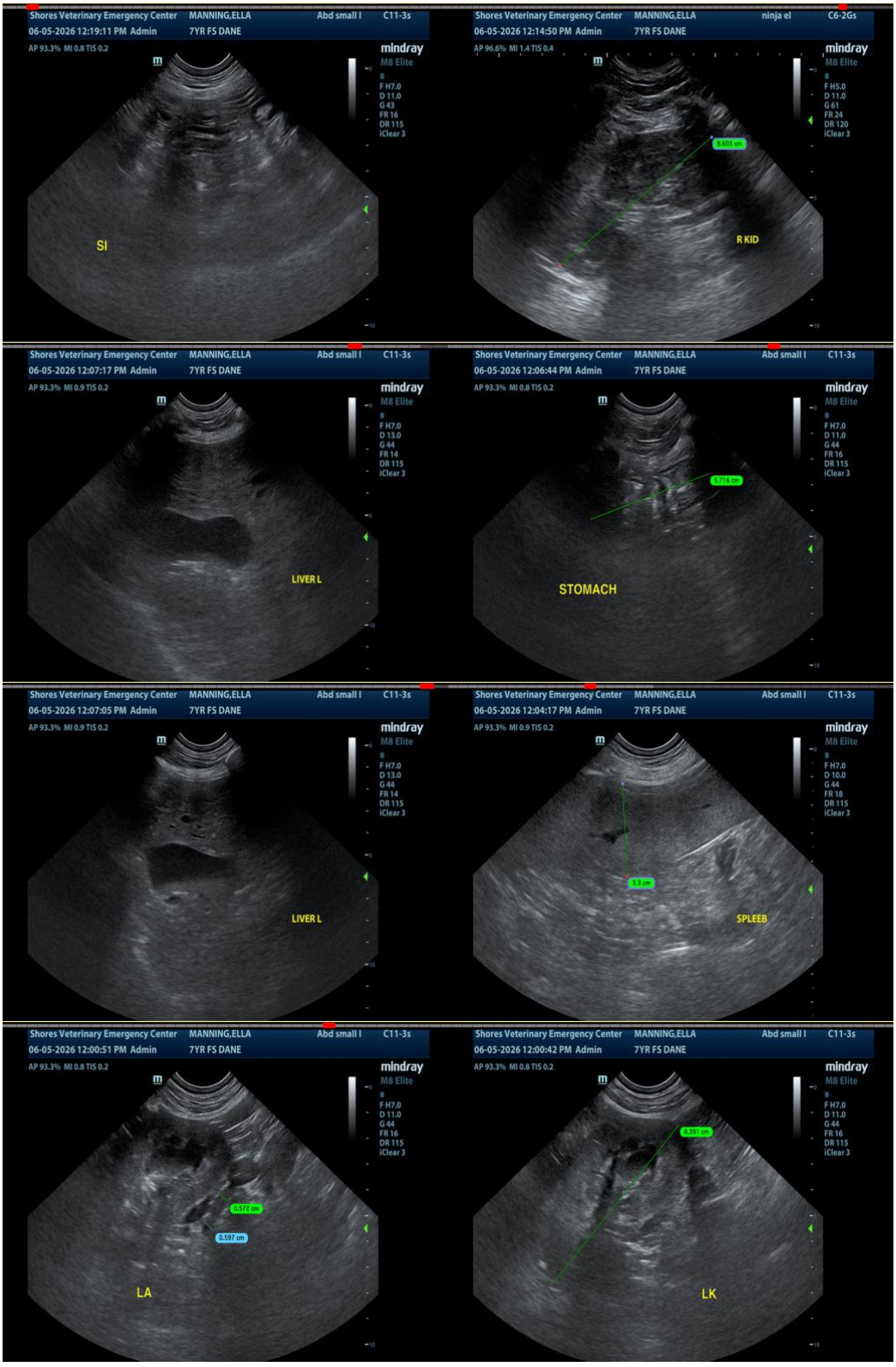

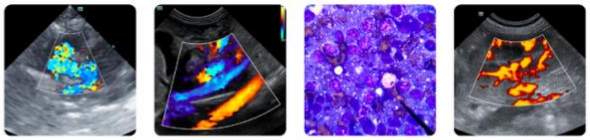

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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