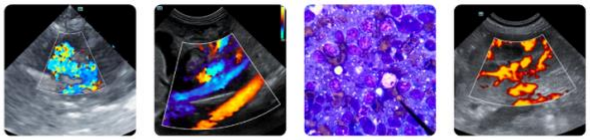


PATIENT

Zoey Levy

SPECIES

Canine

BREED

Old English Bulldog

SEX

Spayed Female

AGE

7 Years 1 Month

WEIGHT

61 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Melissa Rosen

HOSPITAL NAME

South Bellmore Veterinary Group

REFERRING VET

Dr. Melissa Rosen

INVOICE

16354

DATE

06/05/26

PRESENTING CLINICAL SIGNS

Presented yesterday as follows: Pet presents for continued lethargy after 2 days of V/D. Pet is no longer having V/D and is eating today. // was treated with SQF, Cerenia injection, Buprenex injection, and sent home Cerenia tabs, ondansetron tabs, rec bland diet. Came back today, still having diarrhea, now not eating, still no vomiting

Abnormal PE/Chem/CBC/UA Results: nsf bloodwork yesterday. repeated today cortisol pending starting IVF, supportive care in-hospital in the meantime had abd rads yesterday, nsf radiology consult

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 (5.51 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 (5.86 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 0.72 cm at the cranial pole and 0.60 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.

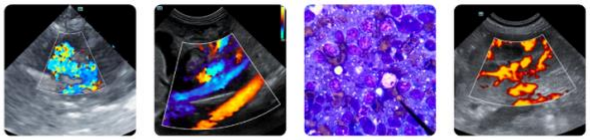
Spleen

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 1.7 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.

Gastrointestinal



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The stomach contains large fluid, gas and shadowing ingesta. 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. The shadowing ingesta interferes with full evaluation of the stomach. The outflow tract is not clearly visualized.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid and gas. 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 (0.48 cm in wall thickness) and the jejunum measured as normal (0.38 cm) Visualized peristalsis appears appropriate. Some areas of small intestine have an enteritis type pattern with some fluid and gas.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with distention containing nonformed 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

- Distended stomach with a large amount of fluid, gas and shadowing ingesta- findings could be consistent with significant gastric ileus or an outflow tract obstruction (none clearly seen, but the outflow tract is difficult to visualized).
- Mild enteritis type pattern.
- Moderately fluid distended colon- findings are most consistent with the diarrhea reported.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is significantly distended with fluid, gas and shadowing ingesta. The patient is reported as fasted. This is concerning for significant gastric ileus. An outflow tract obstruction cannot be definitively ruled out. The small intestine has some sections which are mildly fluid and gas distended, most consistent with an enteritis type pattern. No focal lesions are observed but a small focal lesion cannot be ruled out. Recommend aggressive in-hospital treatment for gastroenteritis +/- pancreatitis (pancreas not clearly visualized) with potential serial imaging (radiographs +/- ultrasound) looking for the persistence or progression to a more definitive obstructive pattern versus clinical resolution. If the patient is clinically deteriorating and there is strong suspicion for obstructive material, surgical consultation should be considered with the intention to further evaluate and obtain biopsies at the time of surgery. At this time there is no evidence of a definitive obstruction.

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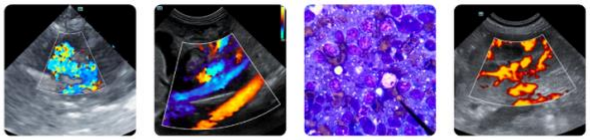

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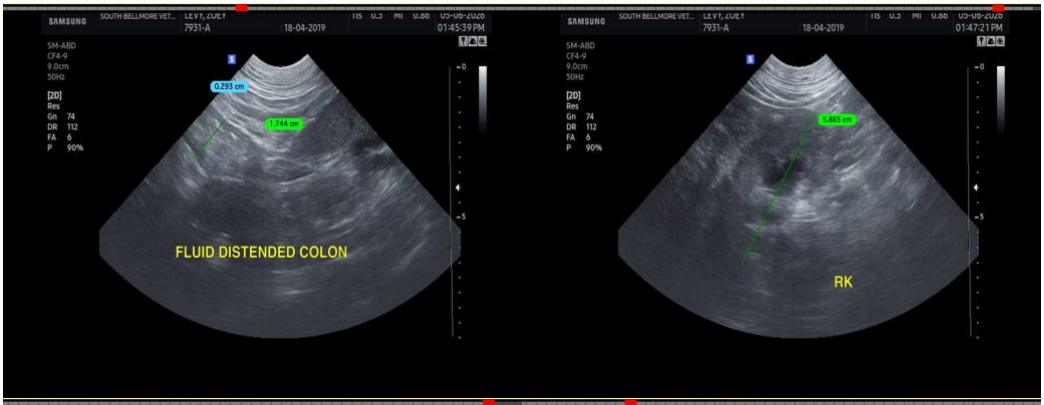

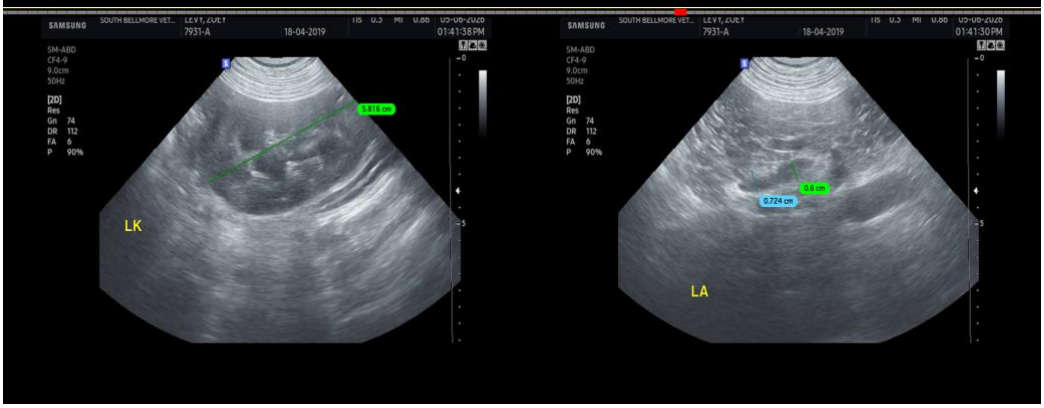

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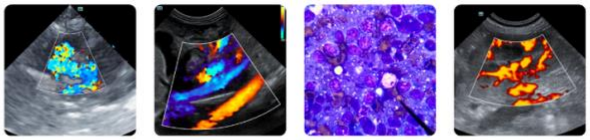

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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