Report Requested By
Timeless Veterinary Community Test Clinic
Timeless Test
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Report Provided By
Timeless Veterinary Community
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TVC-CASE-1153170
Simba (Robertson)
Dog | Schnauzer | 6 years | Male (Neutered)

Submitted : 2026-10-29

Ultrasound Consult - 40 to 80 clips & images

Clinical Findings - Ultrasound

Clinic Provided History:

Simba has been experiencing anorexia and diarrhea for past month and vomiting yellow bile every few days. He has lost 2 1/2 pounds.

Dental was performed and abx given. BW done recently showed increased Kidney values and recheck BW today confirmed. UA shows proteinuria/bacteriuria. C/S Pending. USG 1.012. pH of 6. Has been visiting family vet to receive anti-emetics via injection and ultimately in oral form. Last dose of oral anti-emetic given yesterday. Family has been giving water via syringe in attempt to keep hydrated as well as SQ fluids.

Simba has tense abdomen upon palpation. Mildly dehydrated. Spot is hypertensive.

Current Medications (Please indicate dosage and frequency)

Currently in hospital receiving supportive treatment with IV antacids, antibiotics, pain medications and fluids.

How are Images Submitted?: DICOM

Number of Images Submitted: 60

Date Of Most Recent Images 2026-01-01

Report

Findings

An abdominal ultrasound (60 images and cineloops) dated January 1, 2026 is available for review.

HEPATOBILIARY: The liver is normal echogenicity with adequate portal vascular conspicuity. No nodules or masses are identified. The gallbladder is mildly distended with fluid and echogenic debris. Gallbladder wall thickness is normal.

SPLEEN: The spleen is normal in size, shape and echogenicity without evidence of nodules or masses.

KIDNEYS: The left kidney is normal in size (3.2 cm) with mildly irregular margins. The right kidney is normal in size with smooth margins (4.2 cm). There is mild hyperechoic speckling within the bilateral renal cortices and there is mild mineralization within the of the bilateral renal collecting systems. There is adequate corticomedullary distinction. There is mild bilateral renal pelvic dilation (up to 3.5 mm). No abnormalities of the ureters are identified.

ADRENAL GLANDS: The left adrenal gland is mildly enlarged (6.1 mm). The right adrenal gland is mildly enlarged (9.1 mm).

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URINARY BLADDER: Urinary bladder is mildly distended with fluid. Bladder wall thickness and layering are normal.

REPRODUCTIVE: The prostate is not visualized.

GASTROINTESTINAL TRACT: Gastric wall thickness and layering are normal (4 mm). The stomach contains a mild volume of gas. No abnormalities of the pyloroduodenal junction are identified. The small intestine is diffusely normal in size and predominately soft tissue opaque. There is mild multifocal small intestine muscularis thickening with retention of wall layering. The colon is normal wall thickness and layering (1.6 mm). The colon contains echogenic fluid.

PANCREAS: The pancreas is normal in size, shape, and echogenicity.

LYMPH NODES: The jejunal lymph nodes are normal in size, shape and echogenicity.

OTHER: There is a scant volume of anechoic peritoneal effusion

Conclusions

1. Mild multifocal small intestine muscularis thickening. Inflammatory bowel disease is the most common cause of this finding. Intestinal biopsies may be considered for further evaluation. In the meantime, supportive medical management is recommended.

2. Impending diarrhea. This study is negative for evidence of foreign material and mechanical obstruction.

3. Mild bilateral chronic degenerative nephropathy and renal peridiverticular mineralization. The mild bilateral pyelectasia is likely representative of polyuria secondary to chronic renal disease. Pyelonephritis cannot be excluded given the reported bacteria and medical management may be considered, as indicated.

4. Mild bilateral adrenomegaly. Adenomatous hyperplasia is prioritized. Testing for hyperadrenocorticism may be considered, clinical indicated.

5. Scant anechoic peritoneal effusion. An inflammatory transudate is prioritized. Sampling with fluid analysis and cytology may be considered for further characterization.

Signature

Timeless Veterinary Community Veterinary Radiologist, DACVR / DipECVDI

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