



PATIENT

Tito Stryker

SPECIES

Canine

BREED

Pit Bull x Boxer

SEX

Neutered Male

AGE

2 Years 8 Months

WEIGHT

35.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

William Penn
Veterinary Hospital

REFERRING VET

Dr. Abouemara

INVOICE

72167

DATE

1/13/26

PRESENTING CLINICAL SIGNS

Vomited 3x today , bloody diarrhea, possible enlarged spleen. No current meds.
Abnormal PE/Chem/CBC/UA Results: Lipase slightly high, CPL: Gray zone

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 prostate is normal in size (1.39 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.23 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 (5.96 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 0.59 cm at the cranial pole and 0.45 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 0.66 cm at the cranial pole and 0.57 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 (2.75 cm), 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.

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.



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Gastrointestinal

The stomach contains moderate fluid 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 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 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. Jejunum wall measures 0.26 cm. Visualized peristalsis appears appropriate. Some areas exhibit an enteritis type pattern with mild fluid, gas, and occasional areas of non-obstructive shadowing ingesta.

The descending colon is moderately fluid distended with thickened wall, measuring at 0.53 cm. 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. There are occasional prominent mesenteric lymph nodes. An example measures 0.64 cm x 2.89 cm. The omentum is normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Moderately fluid distended stomach – No definitive focal lesions are visualized. Findings are likely consistent with gastritis. A partial outflow tract obstruction cannot be definitively ruled out.
- Mild diffuse enteritis type pattern.
- Thickened colon with non-formed/liquid fecal material – Findings are most consistent with colitis. Early neoplastic change is less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The colon appears fluid distended with a thickened wall, most consistent with colitis. Some sections of small intestine are mildly fluid and gas distended, and the stomach is moderately distended. Findings are suggestive of diffuse gastroenterocolitis with segmental ileus. Ingested foreign material or a partial obstruction cannot be definitively ruled out. Recommend treatment for non-specific hemorrhagic gastroenteritis. Recommend screening and empirical deworming for large bowel parasites, as well as baseline cortisol to rule out Addison's (in addition to full routine lab work).

If symptoms are persistent despite appropriate empirical therapy, consider repeat imaging (radiographs and ultrasound), looking for the development of new lesions or the progression of today's lesions.



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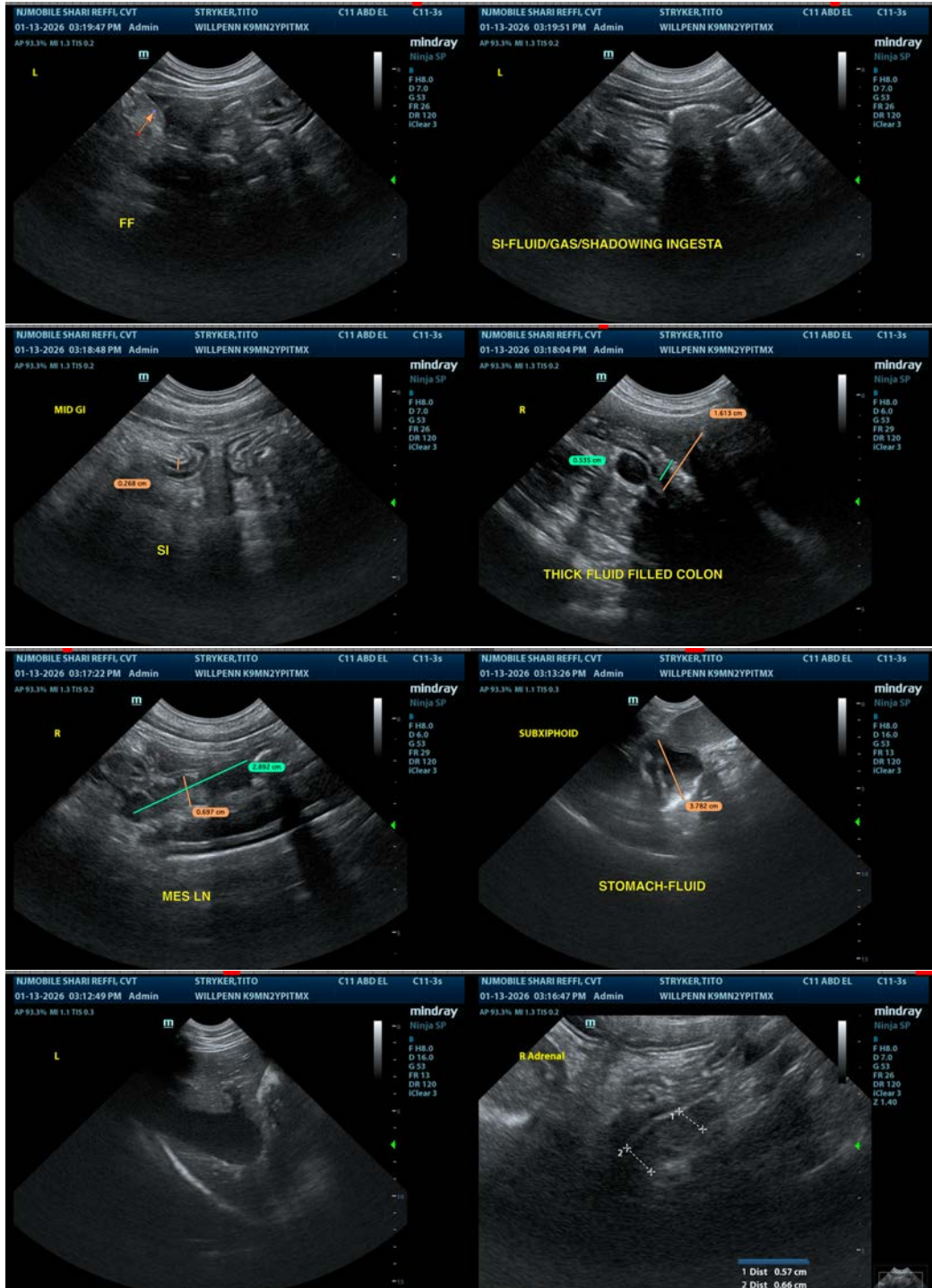
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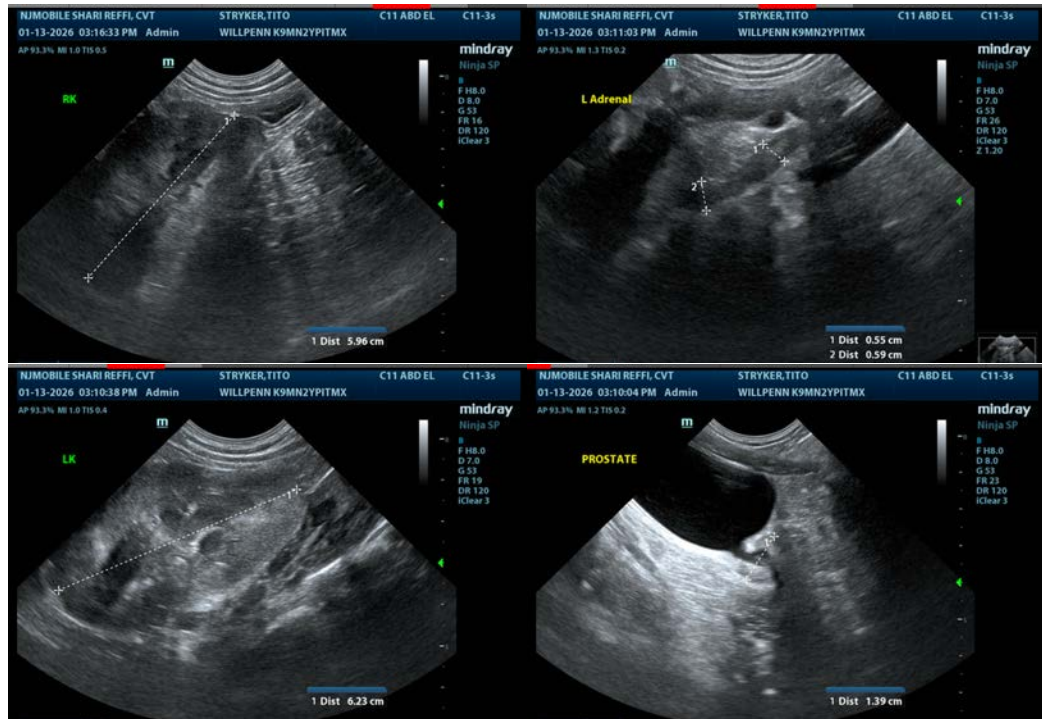
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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