



## PATIENT

Raven Lovstad

## SPECIES

Canine

## BREED

Min Aussie Shep

## SEX

Spayed Female

## AGE

7 years

## WEIGHT

12.9 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sarah Barthelemy

## HOSPITAL NAME

Glamorgan Animal  
Clinic

## REFERRING VET

Dr. Falk

## INVOICE

11106

## DATE

1/14/2026

## PRESENTING CLINICAL SIGNS

Chronic intermittent inappetence and vomiting. AUS to screen for disease prior dental. Had mild previous ALT elevation which is now normal.

## 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 (4.51 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 (4.65 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/borderline flat in size measuring 0.39 cm at the cranial pole and 0.42 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/borderline flat in size measuring 0.43 cm at the cranial pole and 0.42 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 (1.28 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.

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.

### Gastrointestinal



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The stomach contains minimal luminal contents. 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 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 (0.57 cm in wall thickness) and the jejunum measured as normal (0.44 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. The descending colon measures 0.15 cm.

### **Pancreas**

The pancreas is prominent and mottled in the right limb. 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 is no significant lymphadenopathy. An iliac lymph node is slightly prominent measuring at 0.59 cm. The omentum is of normal uniform echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

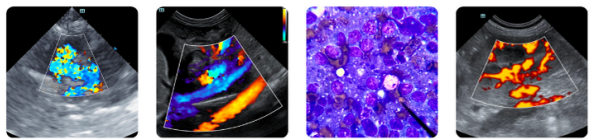
- Normal/borderline flat adrenals. Consider a baseline cortisol to screen for Addison's.
- Prominent/mildly mottled pancreas. Findings are most consistent with chronic pancreatic remodeling. Mild chronic pancreatitis could be present.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes observed on today's scan are relatively mild. The right limb of the pancreas is somewhat prominent without significant surrounding inflammation. Consider a quantitative PLI level to further evaluate looking for evidence of inflammation which could indicate possible chronic pancreatitis.

The adrenals are normal in size, but borderline flat. A baseline cortisol could be considered.

If symptoms are persistent, despite normal lab work, you could consider further investigation of a possible underlying gastrointestinal issue (which can sometimes have minimal ultrasonographic changes.) This could include a GI Panel to Texas A&M for a qualitative PLI/TLI, cobalamin, and folate. Additionally, a trial with a hydrolyzed protein or novel protein diet could be considered. If abnormalities are present consistent with small intestinal disease, further evaluation may be warranted. Additionally, you could consider a liver function test. If there's ongoing concern for a chronic hepatopathy despite normal ALT levels.



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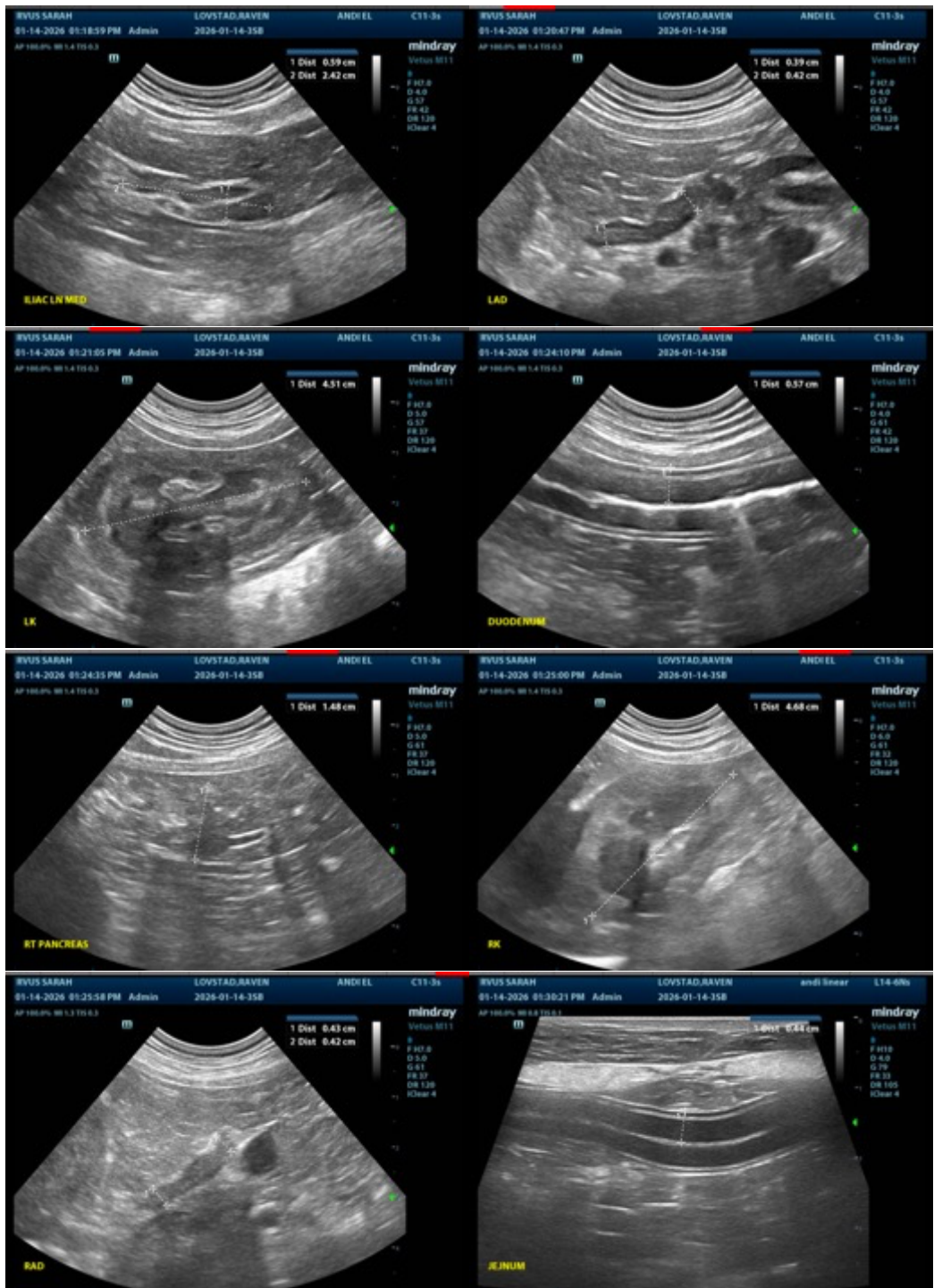
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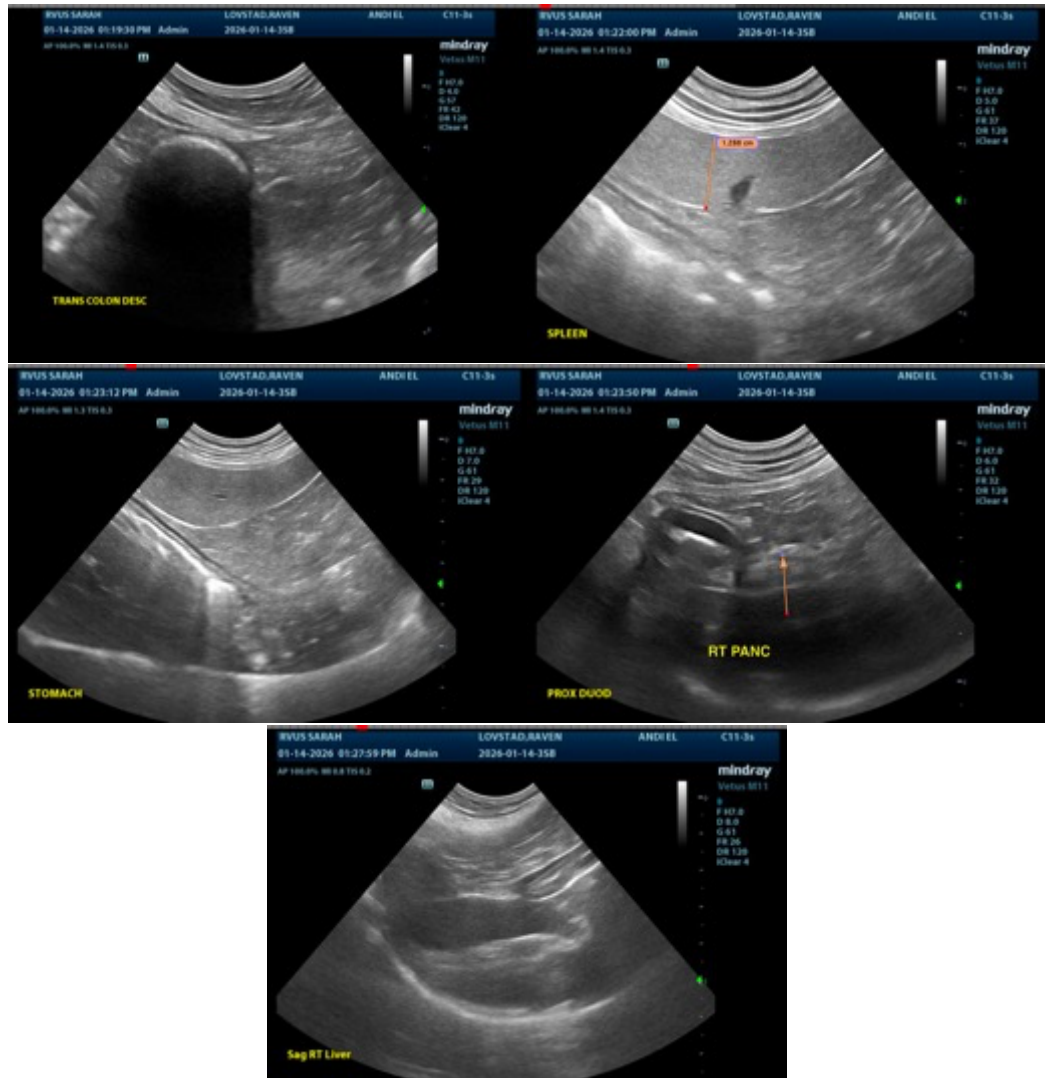
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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