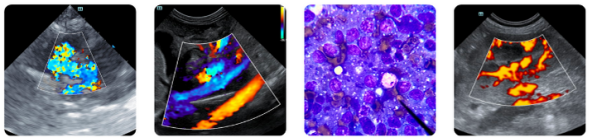


PATIENT

Yoko Marzilli

SPECIES

Canine

BREED

Standard Poodle

SEX

Spayed Female

AGE

6 years

WEIGHT

60

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Megan Cassels-Conway

HOSPITAL NAME

Central Broward Animal Hospital

REFERRING VET

Dr. Megan Cassels-Conway

INVOICE

11129

DATE

1/15/2026

PRESENTING CLINICAL SIGNS

History of chronic intermittent vomiting and diarrhea since puppy. Presented on 1/6 for vomiting, lethargy over 1 week. Was on over the counter salmon and potato diet and visbiome. Cortisol run elsewhere 1/5 wnl. Responded to zofran, cerenia. Started on hypoallergenic pork and sweet potato diet. Bloodwork showed low T4, diagnosed with early hypothyroid and started on soloxine 1/10. O friend gave mozarella cheese Tues night. This morning woke O up at 5am and wanted to eat grass, would not eat breakfast. Cerenia injection prior to AUS, ate well after ultrasound. Previous ultrasound 6/2025 showed splenomegaly.

Abnormal PE/Chem/CBC/UA Results: 1/6/25 CBC: WNL CHEM: WNL T4: 0.6 L U/A: 1.047, pH 8, 2+ protein, coarse gran 0-1 TSH 0.59 High normal fT4 9 Low 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 (6.56 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 (6.4 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

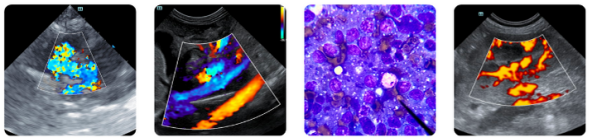
The left adrenal gland is normal in size measuring 0.4 cm at the cranial pole and 0.49 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.47 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/borderline large in size (3.35 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



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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

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 (0.44 cm in wall thickness) and the jejunum measured as normal (0.35 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 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 is no evidence of a significant lymphadenopathy. There are occasional clusters of prominent mesenteric lymph nodes. An example measures 0.72 cm in diameter. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Borderline large spleen. I suspect this is normal for this individual.
- Occasional clusters of mildly prominent mesenteric lymph nodes. Findings are most consistent with mild reactive lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the intermittent vomiting and diarrhea reported. Unfortunately, there are many causes for vomiting, and diarrhea which cannot be definitively diagnosed by ultrasound alone. Consider the following:

- If currently doing well on her hypoallergenic diet, this can be continued or consider a prescription hydrolyzed protein diet.
- Recommend a baseline cortisol to screen for Addison's.

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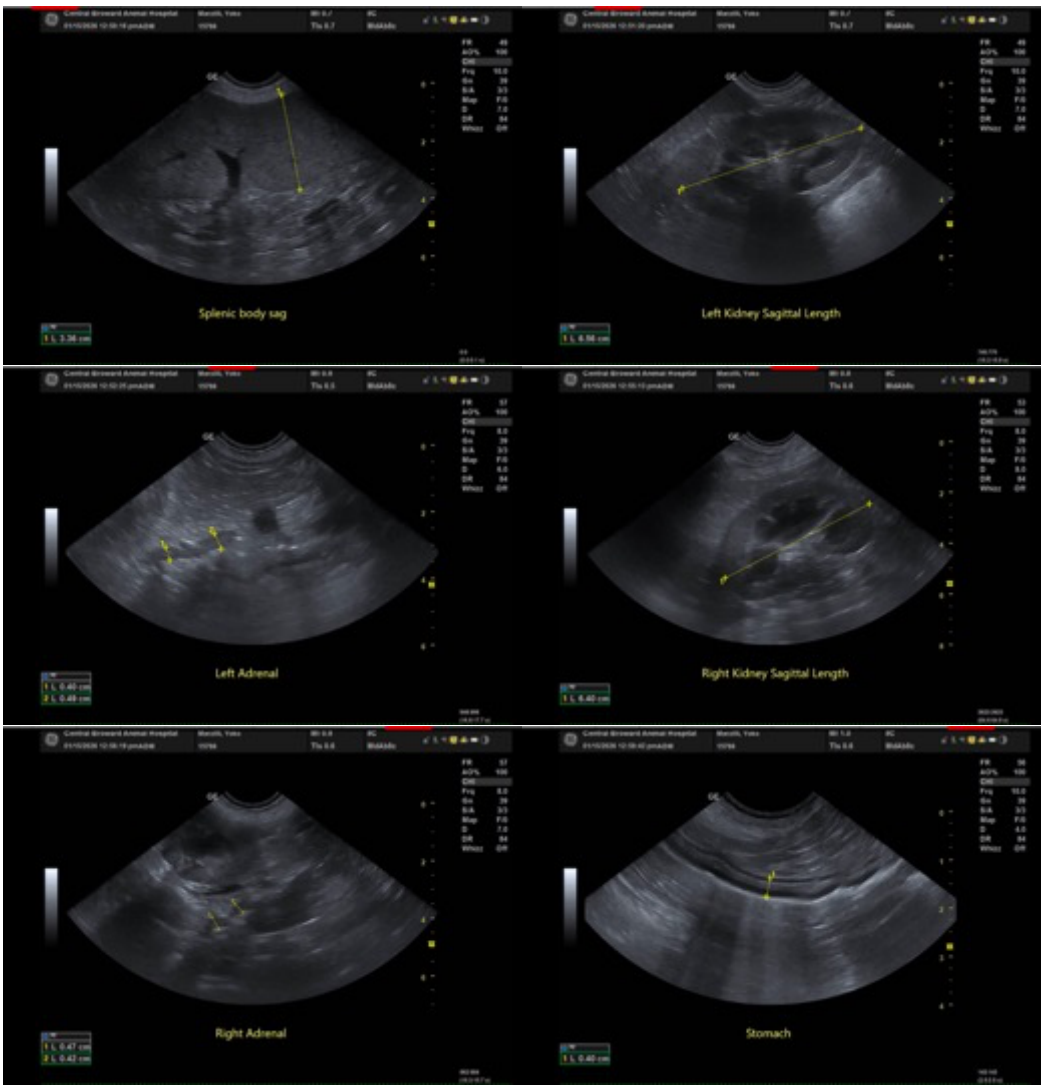
- If not already done, recommend parasite screening and empirical deworming.
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Consider chronic probiotic therapy.

If symptoms are persistent consider biopsies of the GI tract to further evaluate.



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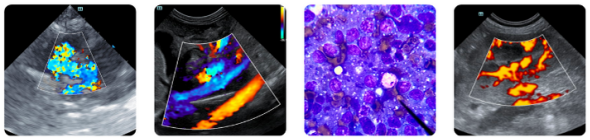

Clinical Sonography & Telecytology
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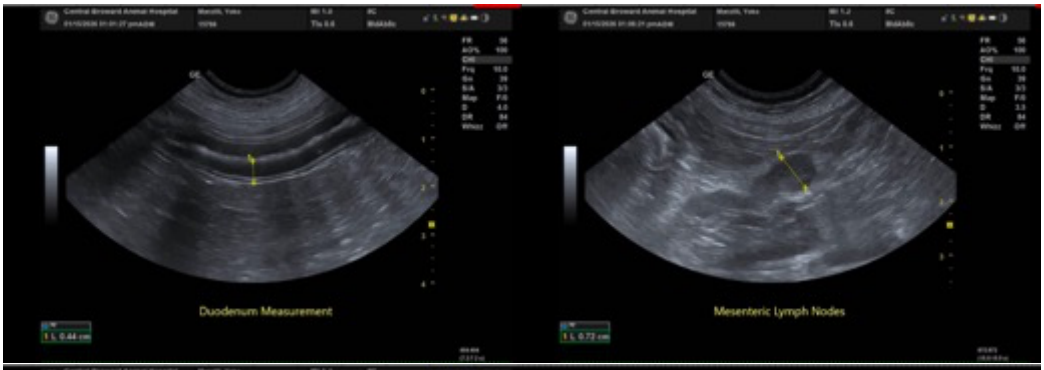

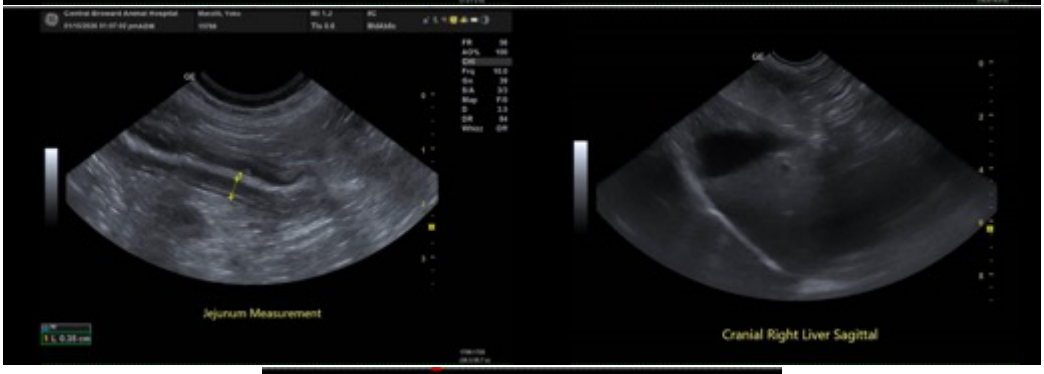

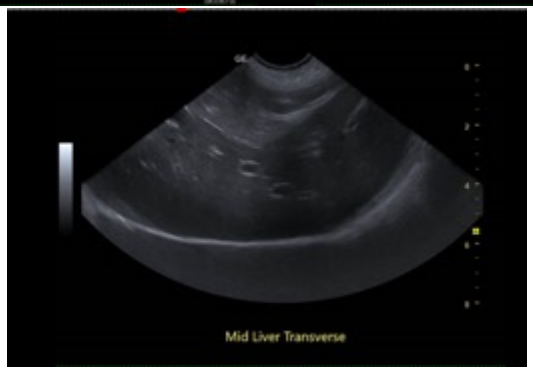

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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