



**PATIENT**

Sophie Fahrnkrug

**SPECIES**

Canine

**BREED**

Weimaraner

**SEX**

Spayed Female

**AGE**

13 Years 3 Month

**WEIGHT**

74.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Animal Hospital of  
 Lake Brandt

**REFERRING VET**

Dr. Smith

**INVOICE**

72963

**DATE**

1/6/26

**PRESENTING CLINICAL SIGNS**

P presented for US due to posturing to defecate and nothing coming out. Rectal exam- normal formed stool, no masses felt Hasn't had a bowel movement in a few days. rDVM concerned with osteoarthritis pain vs obstruction vs motility issue

**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 (5.87 cm) with mild pyelectasia at 0.30 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.03 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 0.56 cm at the cranial pole and 0.64 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 1.5 cm at the cranial pole and 0.67 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 (2.67 cm in width at the level of the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a poorly defined hypoechoic nodule at the periphery of the spleen measuring 1.22 cm in diameter.

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous ill-defined variably sized hyperechoic nodules in the parenchyma, examples measure 0.65 cm and 0.73 cm.

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 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.57 cm. Jejunum wall measures 0.39 cm. Visualized peristalsis appears appropriate. The mucosal layer of the duodenum appears somewhat prominent.

The descending colon appears moderately distended with shadowing gas and stool. There is no observed focal or generalized colon wall thickening or loss of layering. Colon wall measures 0.21 cm.

***Pancreas***

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

***Free Abdomen***

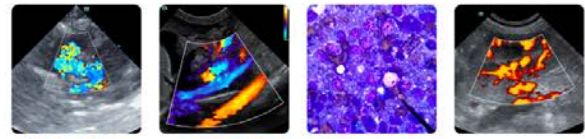
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

- Hypoechoic nodule in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Mildly heterogeneous liver with occasional hyperechoic nodules – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The hyperechoic nodules have the appearance most consistent with benign lesions (regenerative nodules, etc.). Early neoplastic lesions cannot be ruled out.
- Mildly thickened small intestine with a prominent duodenal mucosa – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Pancreatic changes most consistent with chronic pancreatic remodeling. Mild chronic pancreatitis cannot be ruled out.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No focal lesions are visualized associated with the GI tract to explain the straining to defecate reported. There appears to be solid stool visualized within the colon. Correlate with radiographs to better assess



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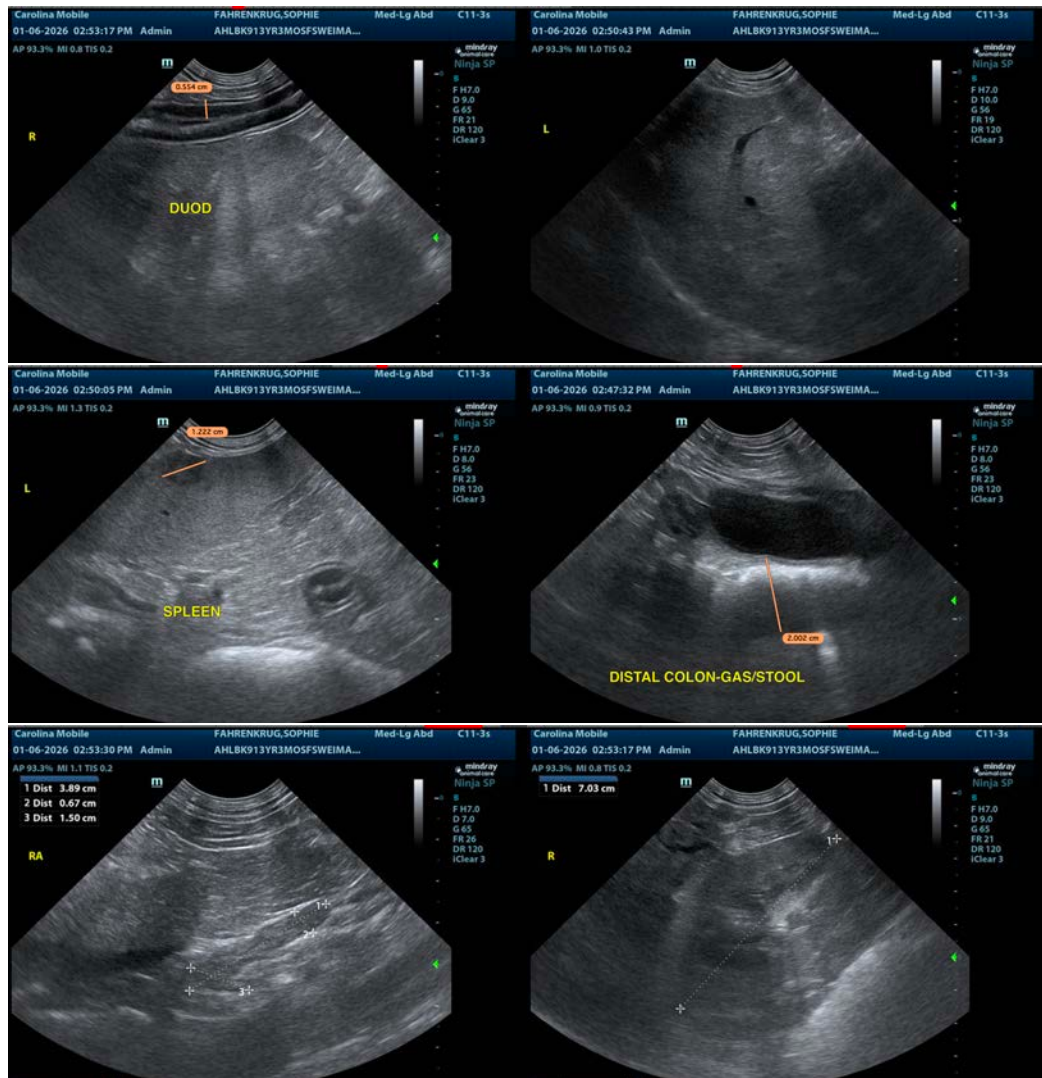
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the degree of distention, etc. and to assess for possible constipation. Additionally, there could be colitis present, but typically you will see straining with an empty colon in these scenarios. Consider the possibility of straining to urinate or other reasons for abnormal posturing. You could consider parasite screening for large bowel parasites, and if symptoms are persistent, potentially a colonoscopy to further evaluate.

There is a subtle hypoechoic nodule in the spleen. Options moving forward would include continued monitoring or a fine needle aspirate.

If constipation is suspected, consider therapy with Miralax +/- enema as needed.





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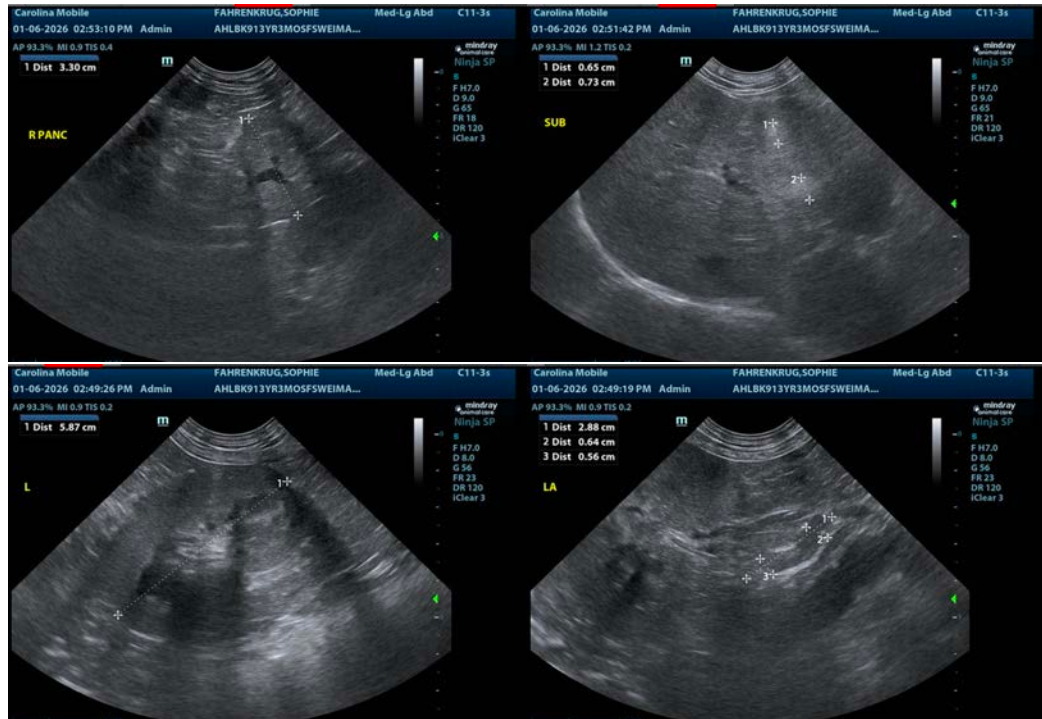
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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