



PATIENT

Max Duenas

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

17 Years

WEIGHT

7.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the
 High Country

REFERRING VET

Dr. Sturgill

INVOICE

72025

DATE

1/7/26

PRESENTING CLINICAL SIGNS

P presented for US due to chronic vomiting, Grade 4/6 heart murmur (declines echo today), Rads show possible T2 fracture- P painful during US- did some of it in standing position

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, and ureteral papillae appear within normal limits. The region at the proximal urethra appears slightly irregular and thickened. I suspect this is consistent with prostatic tissue but appears somewhat proximal. Continued monitoring is warranted.

The prostate is difficult to visualize but is suspected to be the prominent tissue just distal to the urinary bladder, measuring at 0.61 cm.

The left kidney has a normal shape and size (3.86 cm) with numerous shadowing non-obstructive nephroliths and mild pyelectasia at 0.20 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 infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.24 cm). There is a small amount of remaining cortex, and a severely dilated renal pelvis, consistent with hydronephrosis (renal pelvis 1.19 cm, cortex 0.35 cm). There is hydroureter visualized proximally, extending distally. Proximal ureter measures 0.52 cm. It is lost to visualization distally.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.36 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.

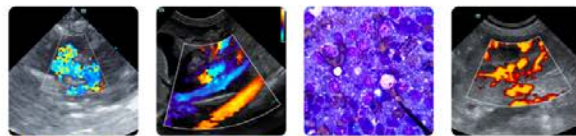
The right adrenal gland is normal in size measuring XXcm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.94 cm) and the echotexture is homogenous. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal. There is a mixed echogenicity hyperechoic mass effect visualized measuring 1.27 cm x 1.38 cm. This deviates the splenic margins.

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 occasional hyperechoic nodules visualized. Additionally there is a cystic lesion visualized measuring 0.97 cm x 1.37 cm.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach contains minimal luminal contents. The gastric wall is normal/somewhat prominent, measuring 0.62 cm 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. The pylorus appears prominent and mildly thickened with prominent muscularis layer.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate 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. Duodenum wall measures 0.37 cm. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. The small intestine appears diffusely fluid distended. Some sections of small intestine appear to have intraluminal shadowing material. A focal obstruction is not clearly visualized.

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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.

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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.

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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.

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Other

There is a hyperechoic, rounded structure most consistent with an intraabdominal lipoma caudal to the left kidney, measuring 1.81 cm x 1.18 cm.

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The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

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ULTRASONOGRAPHIC FINDINGS

- Thickened proximal urethra – I suspect this represents a proximally located prostate. Recommend continued monitoring.
- Non-obstructive nephroliths and mild pyelectasia of the left kidney with a hydronephrotic right kidney with significant hydroureter. No evidence of a ureteral obstruction is clearly visualized.
- Hyperechoic/mixed echogenicity splenic mass with numerous hyperechoic myelolipomas – A focal solid mixed echogenicity mass is visualized associate with the spleen. This mass distorts the splenic capsule. Differentials include : benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)

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- Heterogeneous liver with occasional hyperechoic nodules and a cystic lesion – 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 cystic lesion has the appearance most consistent with a benign hepatic cyst.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Prominent gastric wall with a prominent pylorus exhibiting a prominent muscularis layer – Findings could be consistent with chronic inflammation or mild pyloric hypertrophy.
- Diffusely fluid/ingesta distended small intestine with some areas exhibiting intraluminal shadowing material – Ileus is suspected, other differentials could include a post-prandial patient.
- Suspect intraabdominal lipoma caudal to the left kidney – Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric wall appears somewhat prominent and thickened, and the pylorus has a prominent muscularis layer. These changes could be consistent with a chronic pyloric gastropathy or chronic gastritis. It is likely that a biopsy of the stomach would be necessary for further evaluation. If not already done, consider a hydrolyzed protein prescription diet as well as a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate. This would further evaluate for the possibility of a concurrent enteropathy. Treatment for helicobacter or other causes of gastritis could be considered.

The right kidney is hydronephrotic with significant right-sided hydroureter. It is uncertain if this is a chronic condition or if this is a new finding related to the vomiting reported. Correlate with current lab work, urinalysis and culture results. A point of obstruction is not clearly visualized. Consider a contrast CT scan or excretory urogram to look for a possible urethral lesion (stone, stricture, etc.).

There is a mixed echogenicity hyperechoic nodule in the spleen. This could represent a benign or neoplastic lesion. Options moving forward could include continued monitoring with ultrasound +/- a fine needle aspirate or possibly even splenectomy, although I suspect this is an incidental finding at this time.

If vomiting is continuing despite symptomatic therapy, consider an upper GI endoscopy to further evaluate the gastric changes described and to obtain biopsies of the stomach and proximal small intestine. Additionally, you could consider abdominal radiographs, looking for a persistent obstructive pattern or similar, although this seems less likely.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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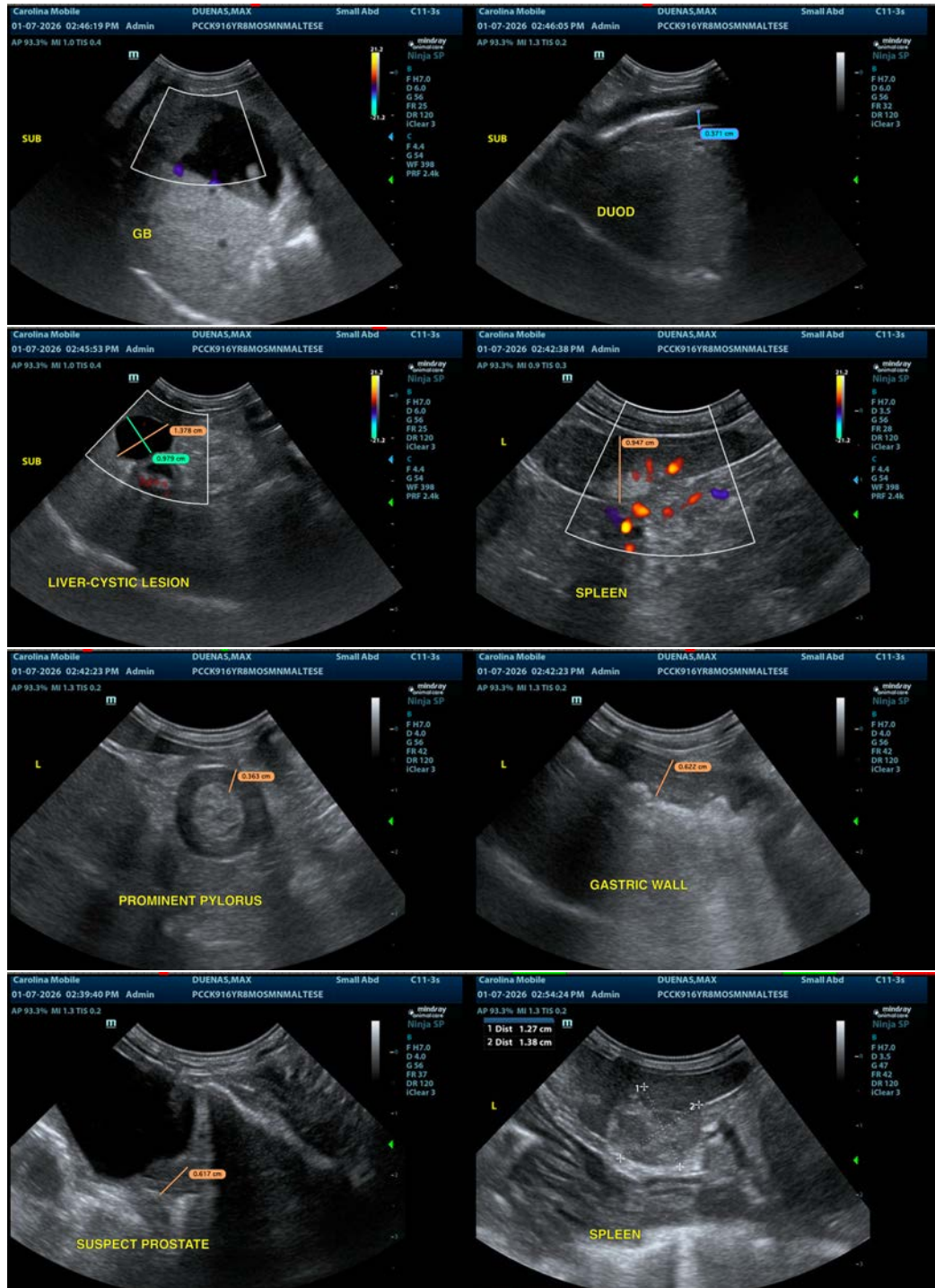
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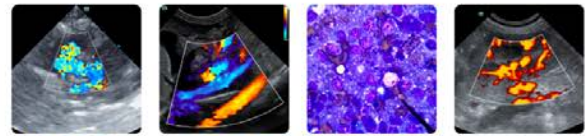
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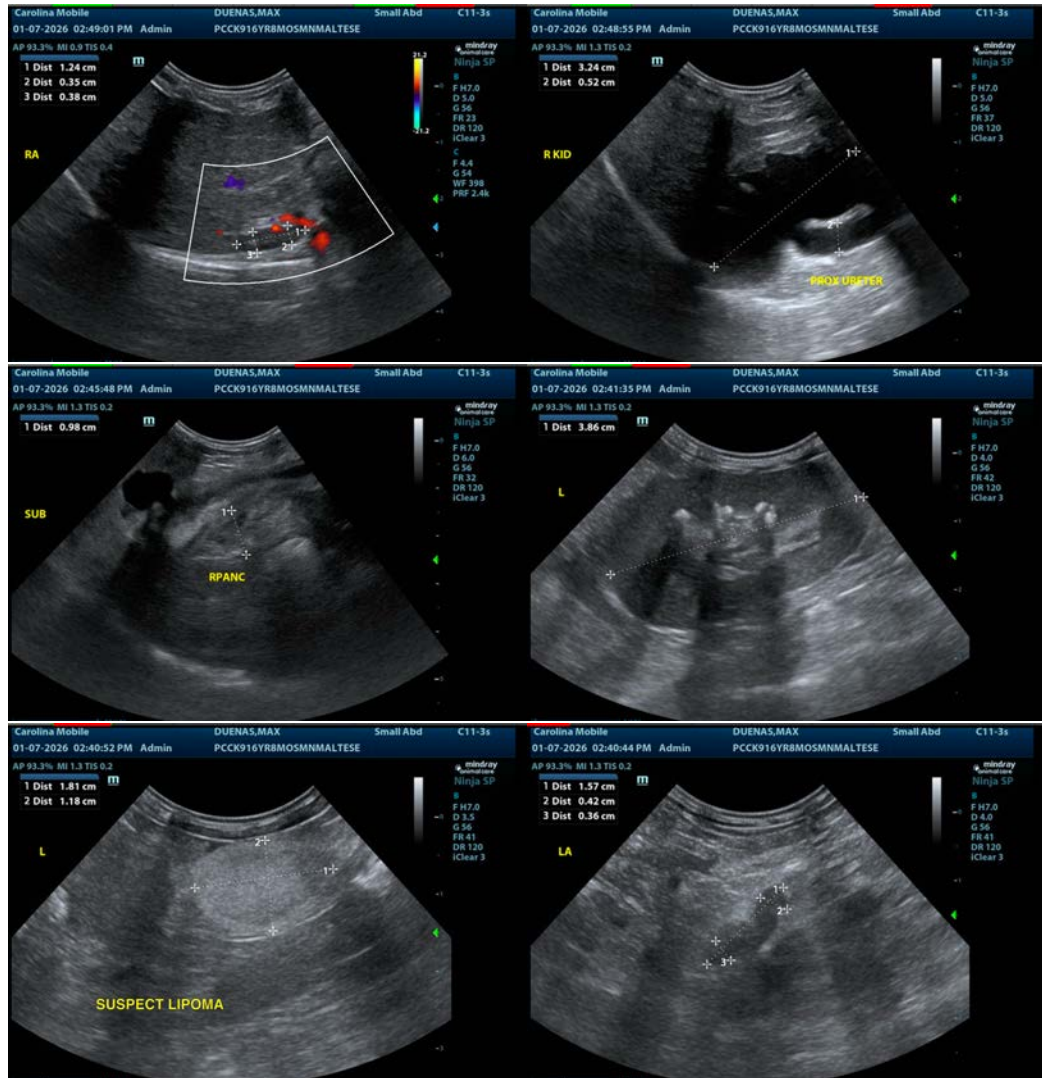
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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