



PATIENT

Zeus Pugsley Glenn

SPECIES

Canine

BREED

Pug

SEX

Neutered Male

AGE

6 Years

WEIGHT

22.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Yvonna Aranda

HOSPITAL NAME

Cascade Animal Clinic

REFERRING VET

Dr. Bruce

INVOICE

71676

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Patient was seen 10/16/25 for decreased appetite, vomiting, and diarrhea. Has improved since then but still showing elevated

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labwork Values elevated WBC (neutrophils and monocytes). pLts elevated but could be due to stress. Current Medications Clavamox tabs 1.25mg - 1 tab PO BID - just finished, credelio quattro monthly

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 (0.67 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 (4.0 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 (4.35 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" measuring 0.25 cm at the cranial pole and 0.30 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" measuring 0.27 cm at the cranial pole and 0.32 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 (1.04 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.



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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

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.44 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. In some areas the gastric wall appears slightly more thickened, measuring up to 0.91 cm. No 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 0.40 cm. Jejunum wall measures 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 visible/mildly 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. Two small jejunal lymph nodes are visualized measuring 0.32 cm and 0.36 cm. The omentum is mildly diffusely hyperechoic in the mid abdomen.

ULTRASONOGRAPHIC FINDINGS

- Prominent, mottled right limb of the pancreas – Findings could be consistent with pancreatic remodeling, resolving pancreatitis, etc.
- Mildly thickened small intestine – 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).
- Normal/borderline “flat” adrenal glands – Recommend screening for Addison’s.
- Subjectively mildly thickened gastric wall with intact wall layering – Findings could be consistent with gastritis, imaging artifact, wall edema, etc. A neoplastic process is thought less likely.



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- Mild mid abdominal mesenteric inflammation and visible lymph nodes – A focal source for the inflammation is not visualized. This could be secondary to enteritis/pancreatitis.

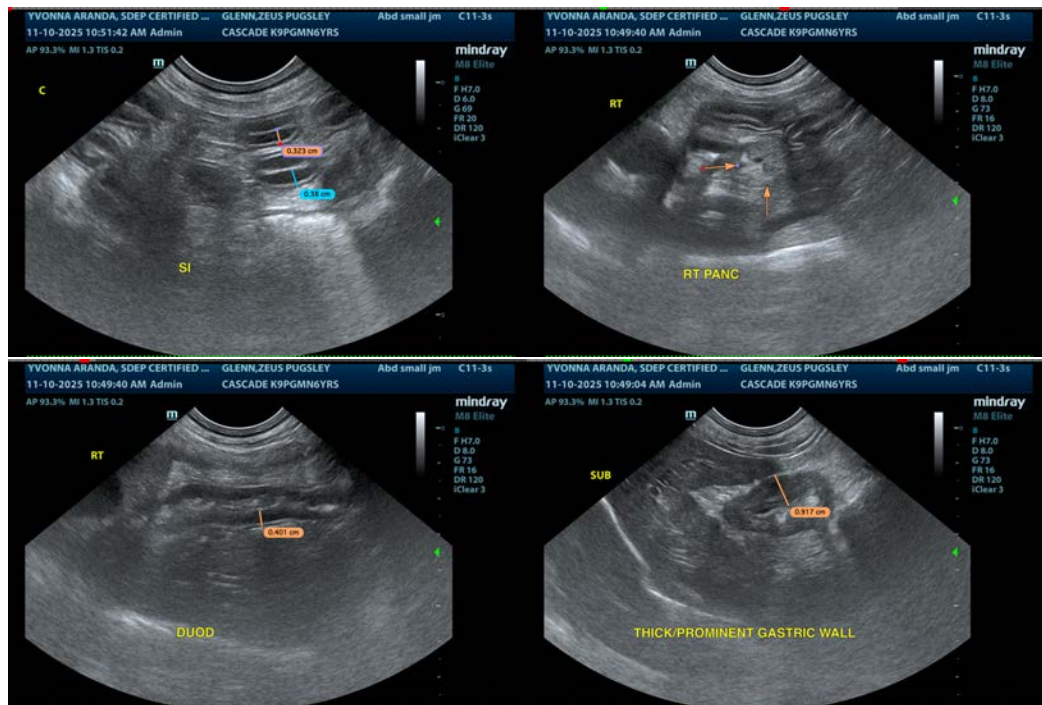
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the recent symptoms reported. Subjectively, the small intestine appears mildly thickened, and the right limb of the pancreas is slightly prominent, but no overt inflammation is noted, and no focal lesions are observed. There is some inflammation in the mid abdomen, potentially consistent with resolving pathology.

The majority of the stomach appears normal. On some views there is some mild thickening noted. The significance of this is uncertain. Correlate with current symptoms and albumin levels (have they normalized since the patient has improved?). If persist hypoalbuminemia is present, further workup for protein losing enteropathy, focal gastric lesion, etc. may be warranted (upper GI endoscopy?).

Both adrenals appear borderline “flat”. Recommend a baseline cortisol to screen for Addison’s.

If GI symptoms are persistent, consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate. If pancreatic values are still elevated, consider continued treatment for chronic pancreatitis and possible further evaluation for an ongoing enteropathy or resolving enteropathy.





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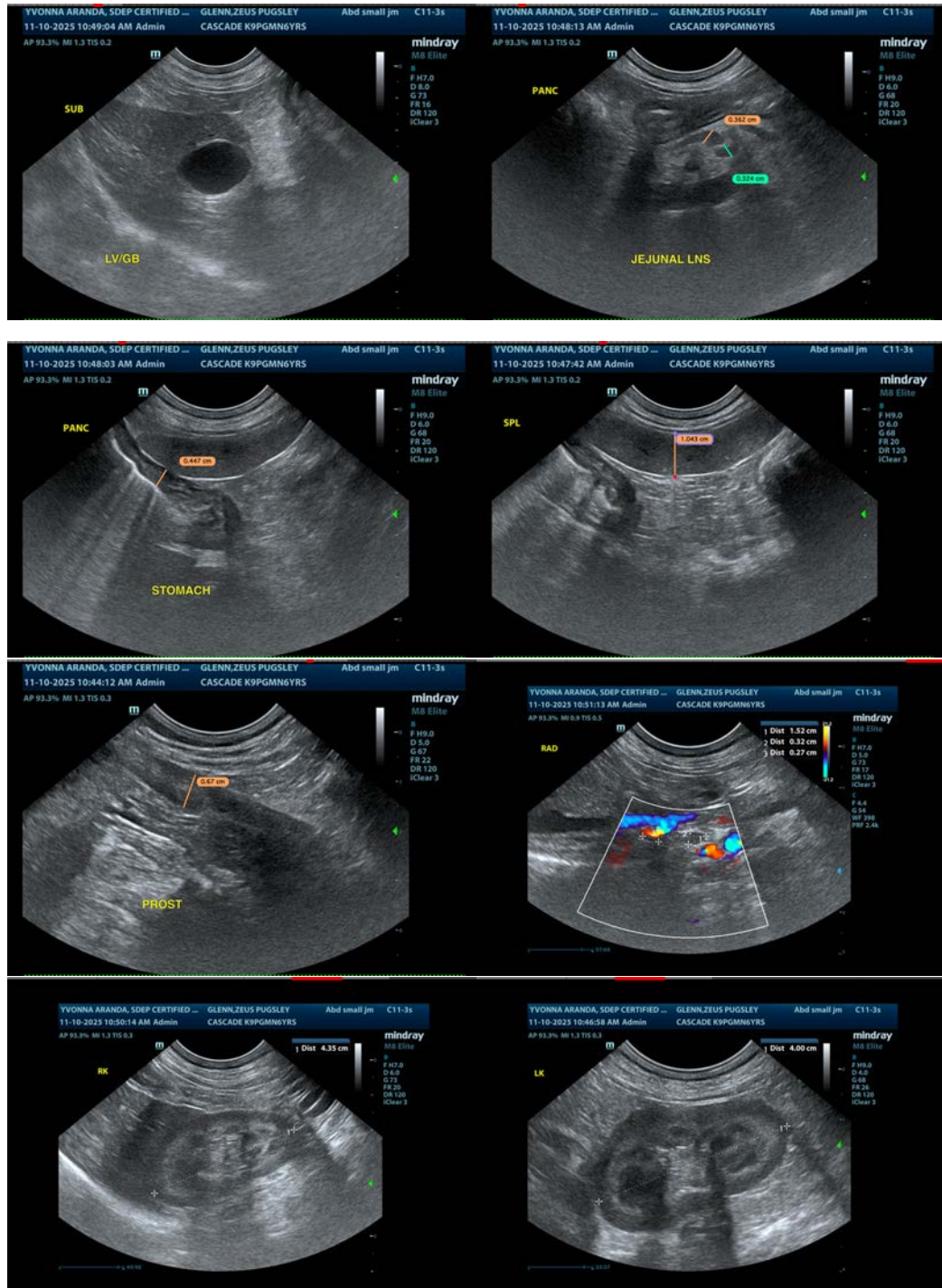
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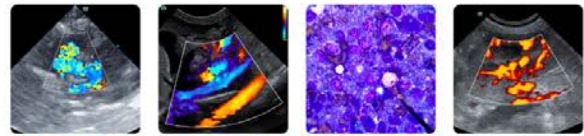
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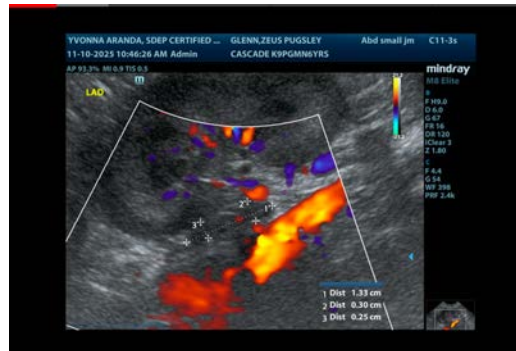
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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