



## PATIENT

Dilly Wehrli

## SPECIES

Canine

## BREED

Pit Bull

## SEX

Spayed Female

## AGE

4 Years 7 Months

## WEIGHT

56.7

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jonathan Moss

## HOSPITAL NAME

Harvest Hills  
Veterinary Hospital

## REFERRING VET

Dr. Jonathan Moss

## INVOICE

71715

## DATE

11/12/25

## PRESENTING CLINICAL SIGNS

pt presented for acute collapse and pale gums. O found video of her at home collapsing . O got home and found her hiding, having thrown up and gums were pale

Abnormal PE/Chem/CBC/UA Results: EKG was normal, Rads were unremarkable, BW attached. HR-145, RR-pant, color-pale-improved to pale pink. BP-120/70 map-85 temp-100.8

## 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 (5.83 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 (5.4 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 0.53 cm at the cranial pole and 0.59 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

### Spleen

The spleen is subjectively normal in size (2.11 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.

### Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is mildly distended. The gallbladder wall is thickened, measuring at 0.59 cm. 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 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 0.40 cm. Jejunum wall measures 0.25 cm. Visualized peristalsis appears appropriate. There are some sections of small intestine that appear moderately fluid distended. No focal lesions are visualized.

The distal colon appears significantly fluid distended. There is no observed focal or generalized colon wall thickening or loss of layering.

## *Pancreas*

The area of 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*

There is a moderate to large amount of anechoic free fluid. No lymphadenopathy. The omentum is mildly diffusely hyperechoic.

## ULTRASONOGRAPHIC FINDINGS

- Large, rounded, heterogeneous liver – 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.
- Thickened gallbladder wall – Findings are most consistent with gallbladder wall edema secondary to the fluid present.
- Segmental fluid distention of the small intestine – Findings are suggestive of ileus. No focal lesions are observed. A focal intestinal lesion cannot be ruled out.
- Moderate/large volume free abdominal fluid. Recommend fluid analysis and cytology.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A focal responsible for the free abdominal fluid is not clearly visualized. Recommend fluid analysis and cytology to further evaluate and to guide further diagnostics. Recommend 3-view thoracic radiographs and a cardiac ultrasound to look for evidence of underlying cardiac or pericardial disease. If the effusion is septic, then exploratory or a contrast CT scan may need to be considered to try to identify the source.

If a more chronic condition is suspected, you could consider a liver function test, therapeutic drainage if the patient is uncomfortable, and further workup/repeat imaging in the future.



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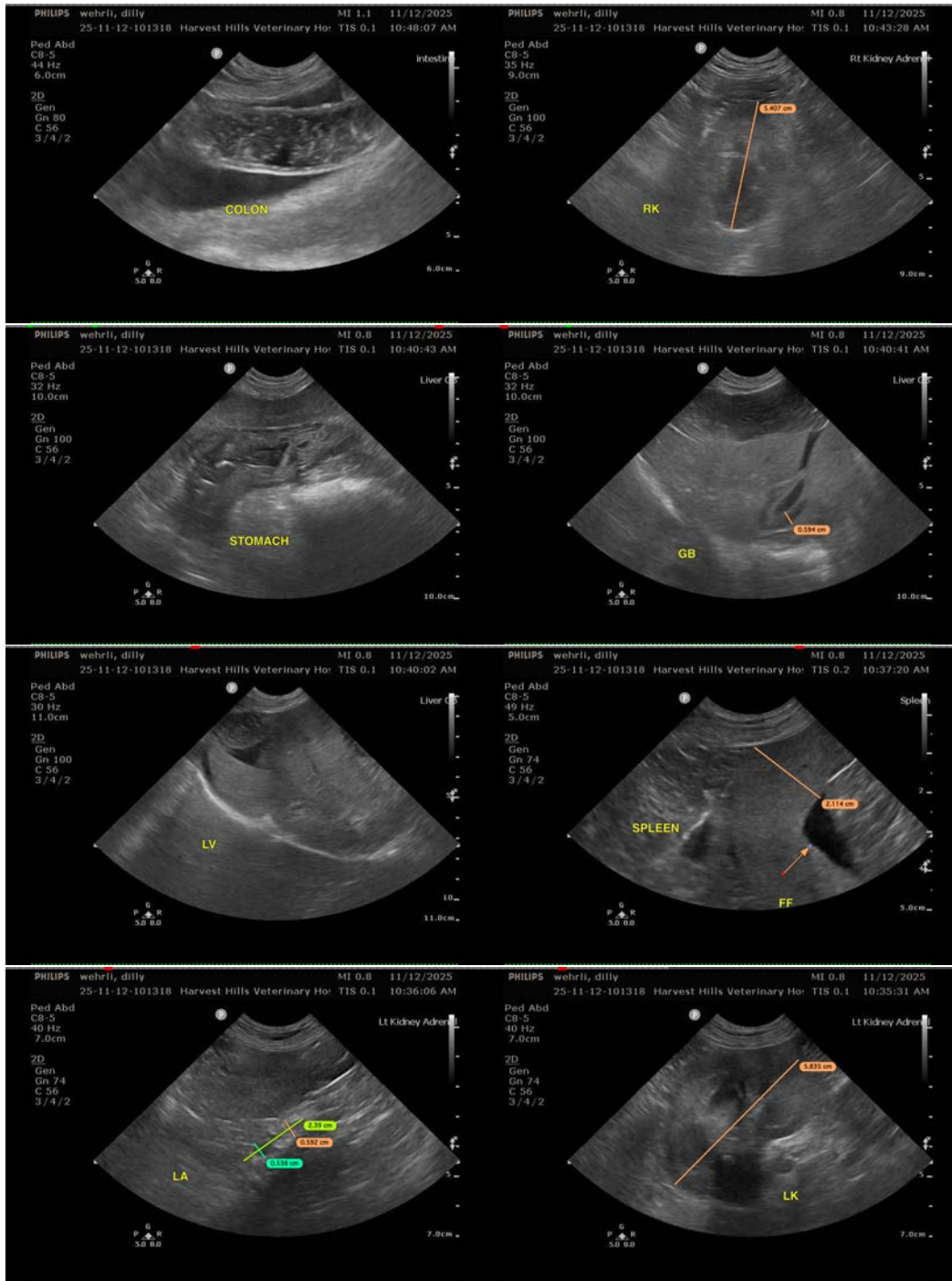
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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