



PATIENT

Jamie Scrimenti

SPECIES

Canine

BREED

Cockapoo

SEX

Neutered Male

AGE

3 years 6 months

WEIGHT

17.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Seaglione

INVOICE

10731

DATE

11/12/2025

PRESENTING CLINICAL SIGNS

Vomiting bile yesterday, lethargic, anorexia, abd soft, mild neut, rad report mild peritoneal effusion.

Abnormal PE/Chem/CBC/UA Results: Mild neut CPL wnl WBC-19. neut-16.34 eos 0.3.

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (4.17 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 (4.27 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 0.45 cm at the cranial pole and 0.39 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 1.07 cm, at the cranial pole 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 (1.47 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.

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.



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Gastrointestinal

The stomach is moderately dilated with fluid and a small amount of shadowing ingesta. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with mild 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 (0.39 cm in wall thickness) and the jejunum measured as normal (0.27 cm.) Visualized peristalsis appears appropriate. There is significant inflammation in the left cranial abdomen, in the region of the left limb of the pancreas. Additionally, there's a section of bowel which is visualized in this region which appears somewhat thickened measuring at 0.41 cm with some shadowing intraluminal material. A definitive obstruction is not visualized.

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 prominent and hypoechoic in the cranial left limb. There is no evidence of nodules or cystic lesions. There is significant mesenteric inflammation in this region.

Free Abdomen

Evaluation of the peritoneal cavity revealed scant free fluid. There is no significant lymphadenopathy. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. There is focal inflammation visualized in the left cranial abdomen, in the region of the left limb of the pancreas and an area of thickened bowel. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Findings most consistent with mild pancreatitis in the left cranial limb.
- Moderate fluid/ingesta distension of the stomach. Correlate with the feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying, or a partial outflow obstruction (none clearly visualized.)
- Segmental thickening of the small intestine with mild gas/fluid distension, and some intraluminal shadowing material. Findings most consistent with an enteritis/ileus type pattern, although, ingested foreign material cannot be ruled out.
- Scant free abdominal fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's a significant amount of fluid in the left cranial abdomen, medial to the spleen. In this region, the pancreas appears prominent and hypoechoic most consistent with mild pancreatitis. Additionally, there's a section of bowel which passes through this area, which appears focally thickened with some intraluminal fluid and some shadowing material. Most consistent with enteritis, although, passing foreign material cannot be ruled out. Recommend empirical treatment for pancreatitis, with close continued monitoring, and possibly serial radiographs. If patient is not improving consider repeat



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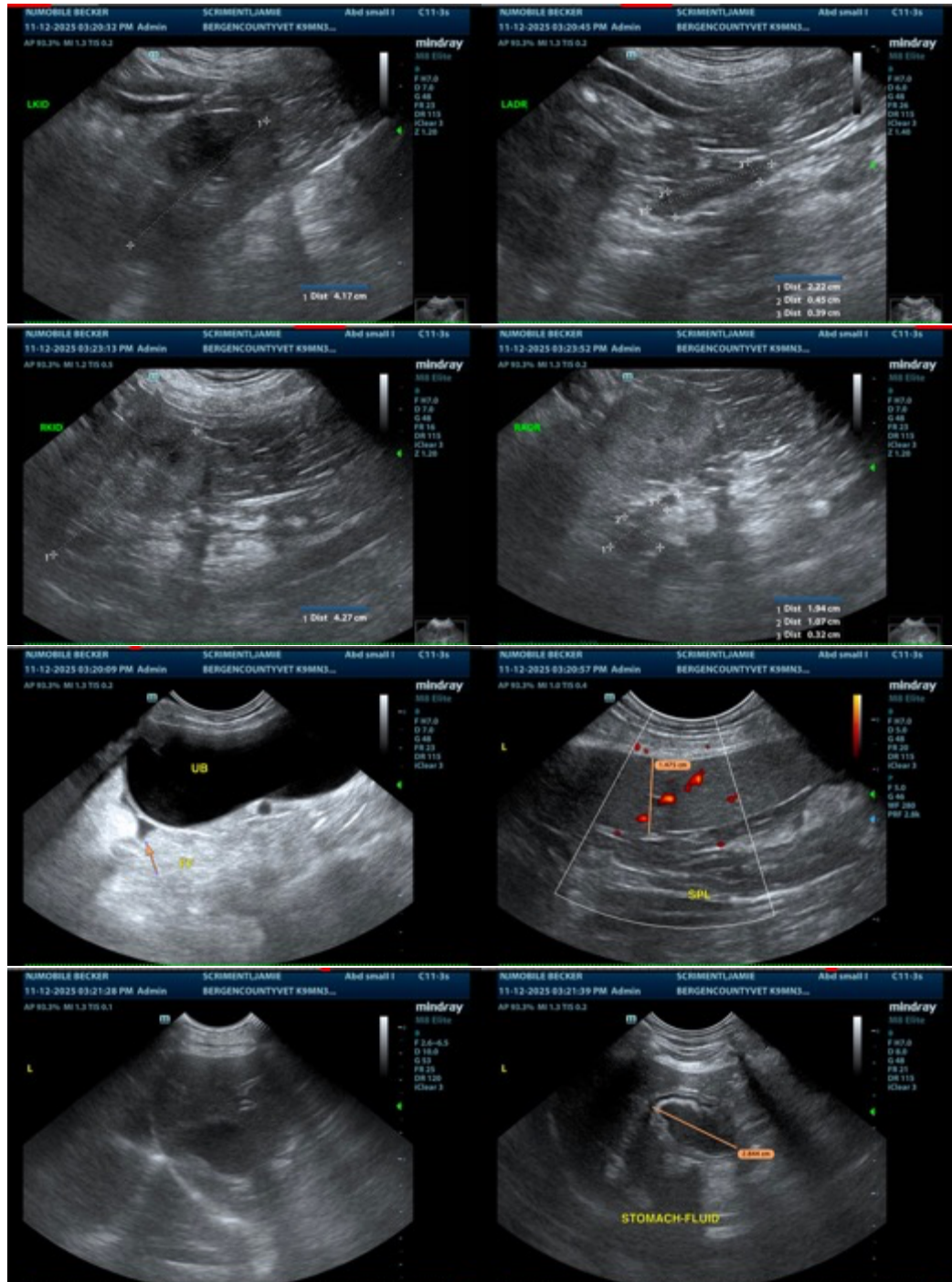
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imaging looking for a possible bowel lesion/obstruction. If free fluid increases in volume, consider sampling for fluid analysis and cytology.





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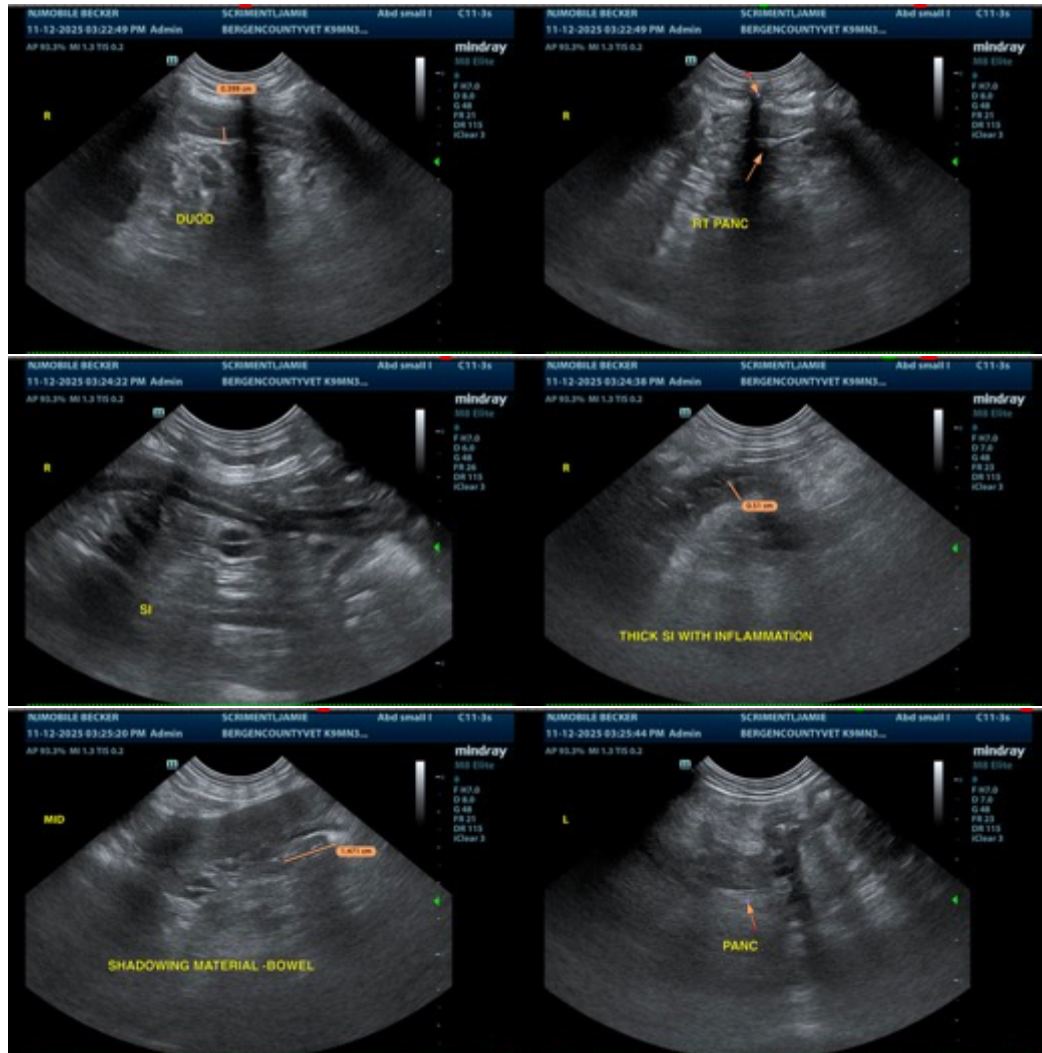
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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