



PATIENT

Rudy Vinton

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

3 Years

WEIGHT

5.38 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Law

INVOICE

71930

DATE

11/19/25

PRESENTING CLINICAL SIGNS

Tech history: Sunday evening p was lethargic but not terrible. Eating but not drinking or defecating. Monday p was acting himself again, eating but no drinking. Last night 11:45 to this am p was drooling, restless and stomach seemed bigger. Came in at 1 am, vomited in hosp and on way home. Had dh before leaving, eating and drinking today. 1:30p today p started crying, had diarrhea in bed with blood in it and seemed cold. In addition to the above, Rudy was lethargic on Sunday, but still eating. Monday, he was acting himself and eating, but defecated a yellow string. Current Medications ; Cerenia; Sucralfate; Provable; Ondansetron.

Abnormal PE/Chem/CBC/UA Results: Reactive to abdominal palpation BG 40 mg/dL. Post-dextrose bolus BG: 150 mg/dL. EPOC (after fluid bolus): Decreased K+ 2.5 mmol/L, ionized calcium 0.88 mmol/L. Azotemia (BUN 66 mg/dL and creatinine 3.4 mg/dL). BG dropped to 79 mg/dL. HCT 60%. CBC: Leukocytosis (WBC 34.55k), characterized by a mature neutrophilia, 30.09k. Elevated RBC count, RBC 9.81, HCT 66.9%. Chem: Azotemia (BUN 101.6 mg/dL and creatinine 2.8 mg/dL). Increased Ph 14.7 mg/dL and amylase 1797 U/L. Decreased albumin 2.4 g/dL, TP 5.0 g/dL, and calcium 7.7 mg/dL. Cortisol >30 ug/dL. Rads: The stomach is dilated and contains moderate amt of fluid and gas. The pylorus is empty on the left lateral; Diffuse dilation of the gastrointestinal tract – Mildly decreased abdominal serosal detail

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 (1.11 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 (4.38 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 0.50 cm at the cranial pole and 0.44 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 0.57 cm at the cranial pole and 0.56 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal



PATIENT

Rudy Vinton

vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

SPECIES

Canine

The spleen is subjectively normal in size (1.27 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.

BREED

Dachshund

Liver

SEX

Neutered Male

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.

AGE

3 Years

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

WEIGHT

5.38 kg

The stomach contains a large amount of fluid. 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. There is severe fluid distention with some mild shadowing ingesta. No evidence of an obstruction or foreign body is clearly visualized.

INTERPRETED BY

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

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal 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 0.28 cm. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

IMAGING PERFORMED BY

Erin Wicks

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

HOSPITAL NAME

Shores Veterinary
Emergency Center

The pancreas is prominent and mottled 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

REFERRING VET

Dr. Law

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.

INVOICE

71930

ULTRASONOGRAPHIC FINDINGS

DATE

11/19/25

- Visible/mildly mottled pancreas – Findings could be consistent with mild remodeling/mild inflammation.
- Large fluid distended stomach – Findings are suggestive of gastric ileus. An outflow tract obstruction is not visualized but cannot be definitively ruled out.



PATIENT

Rudy Vinton

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

3 Years

WEIGHT

5.38 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Law

INVOICE

71930

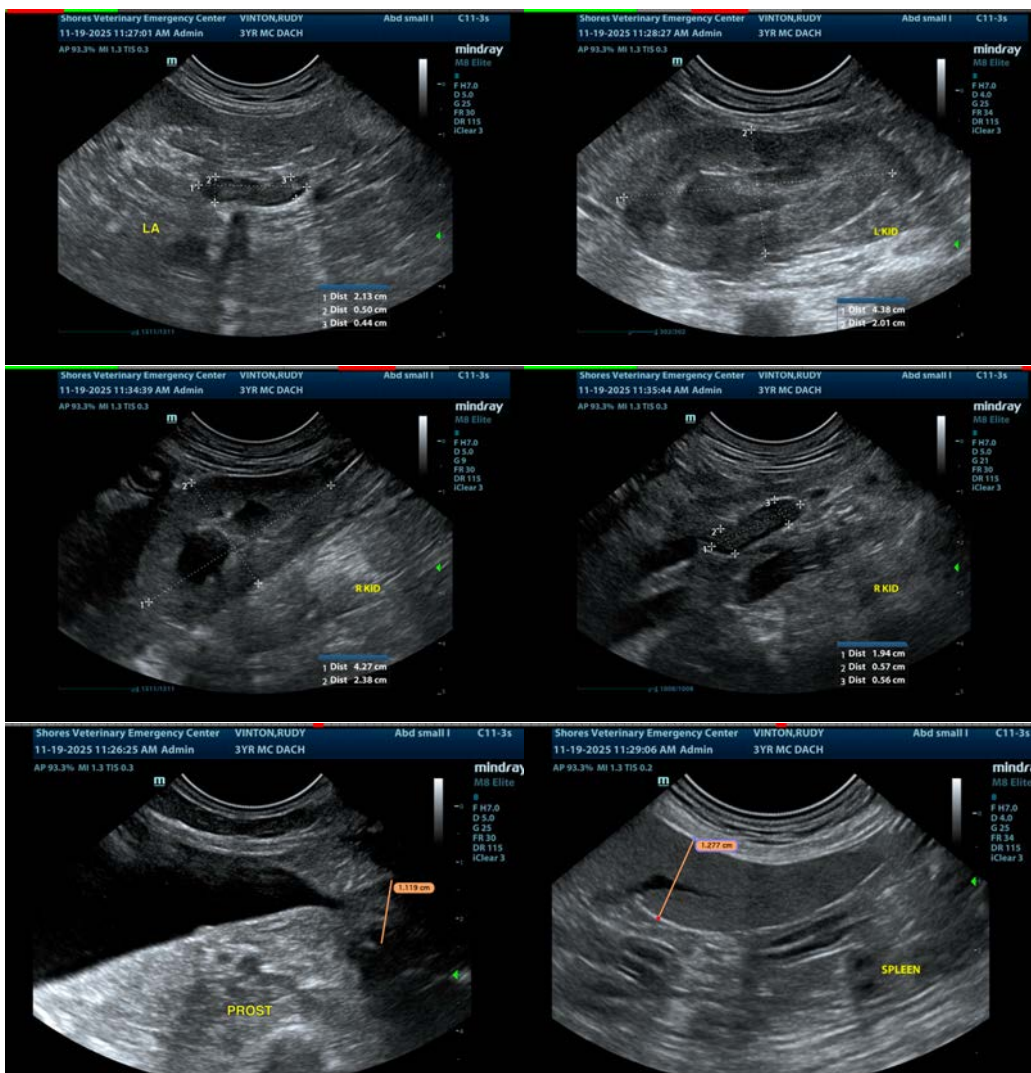
DATE

11/19/25

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is severely fluid distended. No evidence of obstructive material is visualized, and no focal lesions are visualized. The small intestine appears relatively normal. While obstructive material cannot be definitively ruled out, gastric ileus is suspected. There is no evidence of severe pancreatitis. The pancreas is visible and possibly mildly inflamed, but this is not thought to be significant at this time. Consider passing a nasogastric tube to decompress the stomach, and aggressive medical therapy for hemorrhagic gastroenteritis/pancreatitis with close monitoring. The low blood sugar and albumin levels are concerning for sepsis. Recommend 3-view thoracic radiographs to look for any evidence of aspiration pneumonia or similar. Additionally, prokinetic therapy could be considered. If the patient is not improving, consider repeat evaluation, looking for the development of a more prominent lesion.

Correlate renal values with urine concentrating ability. Recommend aggressive diuresis/rehydration. If true acute renal failure is suspected, recommend a blood pressure, urinalysis, culture, and screening for Leptospirosis.





PATIENT

Rudy Vinton

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

3 Years

WEIGHT

5.38 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

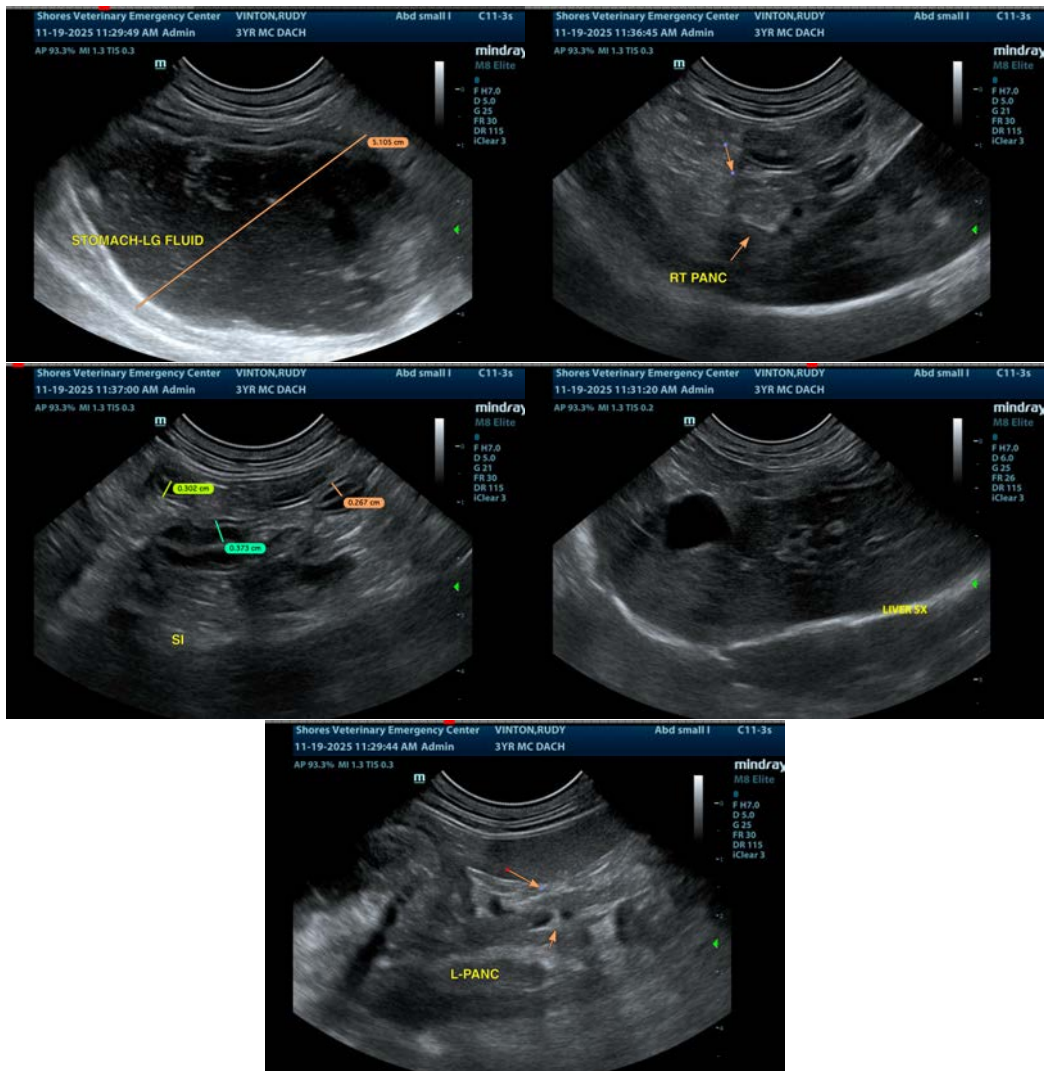
Dr. Law

INVOICE

71930

DATE

11/19/25



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