



PATIENT

Shotgun Cilento

SPECIES

Canine

BREED

Chihuahua x

SEX

Neutered Male

AGE

8 Years

WEIGHT

20 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

The Gentle Vet

REFERRING VET

Dr. Gwiazdowski

INVOICE

71943

DATE

11/19/25

PRESENTING CLINICAL SIGNS

Chronic diarrhea since 10/25 - slight improvement w/ Panacur, Metronidazole, Diphenoxylate, Fortiflora. TLI Normal, B12 decreased, Albumin Low. Meds: Prednisone 10mg

Abnormal PE/Chem/CBC/UA Results: Mild elevation CPL, mild decrease in CA+ Phos, likely increased loss TP3.0, Alb 1.1, Glob 1.9 - consistent with PLE, Low Cobalamin >150 ng/L

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 (0.57 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 (4.76 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 (5.06 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 0.56 cm at the cranial pole and 0.55 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 0.46 cm at the cranial pole and 0.37 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 (1.08 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 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.



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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. 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 moderate fluid/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 layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

BREED

Chihuahua x

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Duodenum wall measures 0.45 cm. Jejunum wall measures 0.39 cm. Visualized peristalsis appears appropriate. Some sections of bowel appear more thickened, exhibiting mucosal fogging. There is a focal section of bowel exhibiting moderate corrugation, most consistent with focal enteritis.

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The colon is uniformly distended with non-formed/liquid fecal material. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

WEIGHT

20 lbs

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

There is a small amount of free fluid noted. No significant lymphadenopathy. The omentum is diffusely mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

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- Hypoechoic, mildly mottled pancreas – Findings are most consistent with mild pancreatic remodeling/mild pancreatitis.
- Large, 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. This could be consistent with a steroid hepatopathy.
- Moderate fluid/ingesta distention of the stomach – Correlate with feeding history. If the patient was adequately fasted, this could indicate delayed gastric emptying.
- Moderately thickened small intestine with some areas of mucosal fogging and corrugation – Findings are most consistent with a primary enteropathy/protein losing enteropathy. Findings could be consistent with inflammation.
- Small amount of free abdominal fluid and reactive mesentery.

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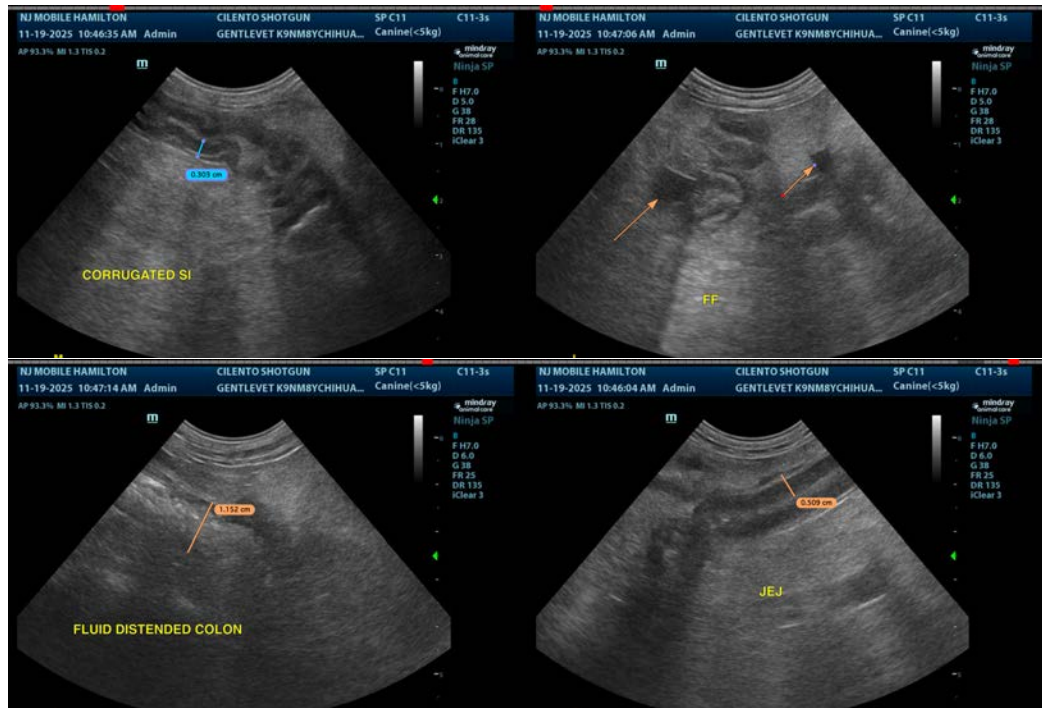
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears diffusely thickened, with some areas exhibiting mucosal fogging and corrugation. Findings are most consistent with a primary enteropathy/protein losing enteropathy based on the history provided. The most common differentials are severe IBD, lymphangiectasia, or less likely underlying neoplasia. Some bowel loops exhibited mucosal fogging. No speckling was noted consistent with dilated lacteals, but this is not always evident, particularly if the patient was fasted or on a low-fat diet.

If the patient is stable enough for endoscopy, consider obtaining biopsies of the GI tract to better determine what you are trying to treat. You have already treated information with the steroids and had minimal response, which increases my concern for underlying lymphangiectasia. Recommend an ultra low-fat prescription diet. If the patient is not eating well, consider rice and chicken breast or similar. Prognosis is guarded with this low of albumin and lack of response to steroid therapy (particularly if low-fat diet is not helpful).

Recommend evaluation of urinalysis, looking for any evidence of concurrent proteinuria, and a liver function test looking for any evidence of liver dysfunction that could be contributing to low albumin levels, calcium supplementation, possibly Plavix for risk of thromboembolism (particularly on Prednisone), etc.

The pancreas is prominent. I suspect some of this is contrast form the hyperechoic mesentery. Symptomatic treatment for pancreatitis with nausea medications, the aforementioned low-fat diet, etc. should be considered.





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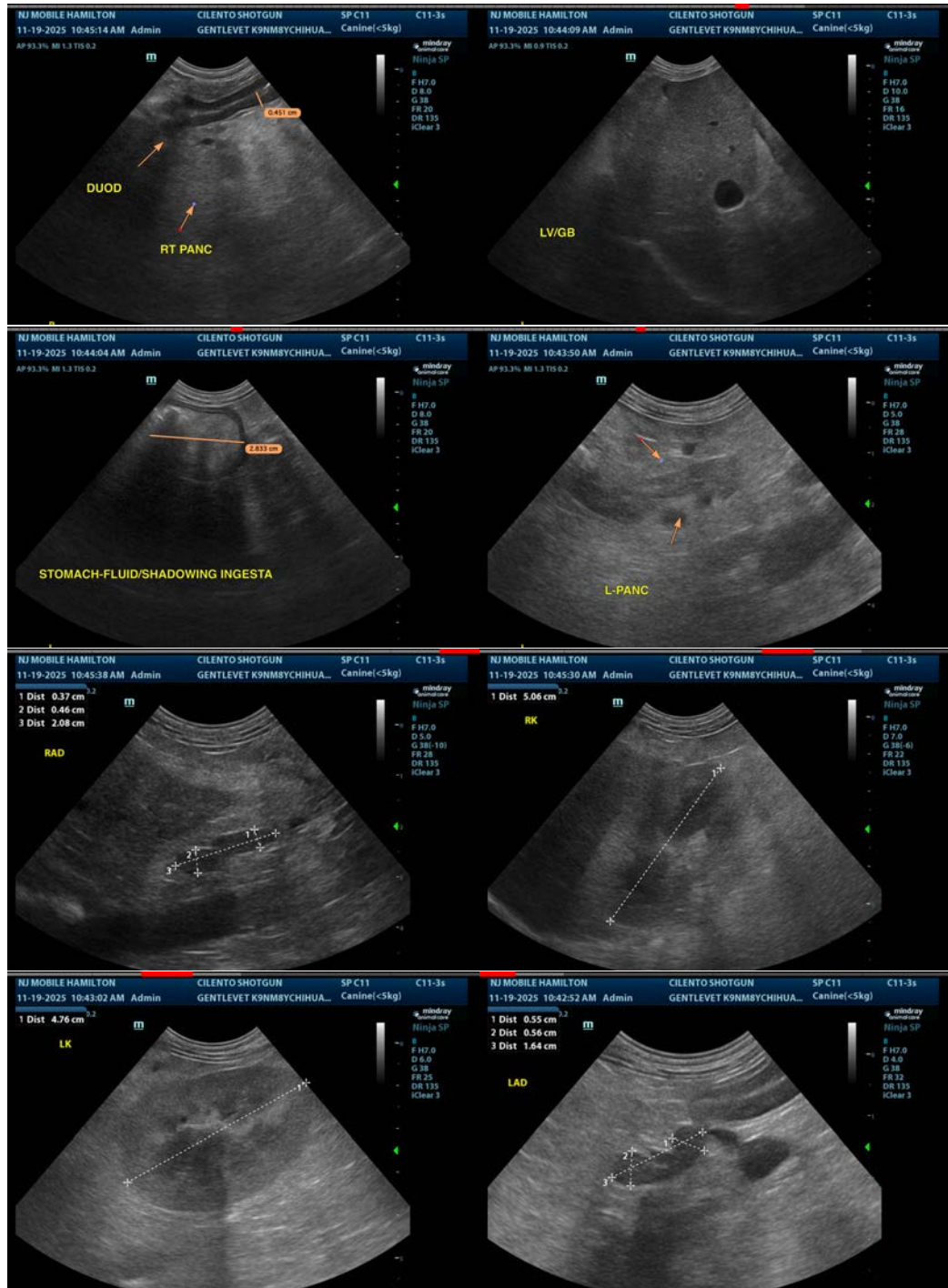
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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