



PATIENT

Gregory Moran

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

9 Years

WEIGHT

25 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Allendale Veterinary
Hospital

REFERRING VET

Dr. Tartini

INVOICE

72011

DATE

11/20/25

PRESENTING CLINICAL SIGNS

Recheck echo, Grade 5/6 HM, AUS due to lethargy, decreased appetite, PU/PD, chronic cough Current meds: Vetmedin 2.5mg BID, Guaifenesin cough tabs

Abnormal PE/Chem/CBC/UA Results: BUN 42, creat 1.4, SDMA 13.1, Mono 987 U/A: rbc 11-20, USG 1.022

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 (0.88 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 (4.64 cm) with numerous small cortical cysts. Overall echogenicity is slightly hyperechoic with poor 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 (4.18 cm) with pinpoint mineralizations and pyelectasia at 0.37 cm. Overall echogenicity is slightly hyperechoic with poor 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 infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline large and slightly irregular in appearance, measuring 0.46 cm at the cranial pole and 0.81 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is somewhat abnormal in that the caudal pole is isoechoic but rounded and enlarged, creating the effect of a "nodule" measuring 0.82 cm x 0.97 cm. No evidence of vascular invasion is visualized.

The right adrenal gland is normal in size measuring 0.50 cm at the cranial pole and 0.62 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 (1.35 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 borderline 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



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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 moderate fluid and gas. 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 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. Duodenum wall measures 0.36 cm. Jejunum wall measures 0.29 cm. Visualized peristalsis appears appropriate. Occasional areas of small intestine appear mildly fluid and gas distended, possibly consistent with mild enteritis.

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 left 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, 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.

ULTRASONOGRAPHIC FINDINGS

- Isoechoic nodule at the caudal pole of the left adrenal – This has the appearance most consistent with a benign lesion (adenoma, focal hyperplasia, etc.). Recommend continued monitoring with ultrasound.
- Bilateral renal changes most consistent with chronic renal disease and unilateral pyelectasia – Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Mildly heterogeneous, borderline large liver – The significance of this is uncertain in the absence of liver enzyme elevations.
- Moderate fluid/gas distention of the stomach, and some areas of small intestine are mildly fluid distended. Correlate with feeding history. If the patient was not adequately fasted, this could be normal ingesta. If the patient was adequately fasted, this could represent mild delayed gastric emptying, mild enteritis, etc.



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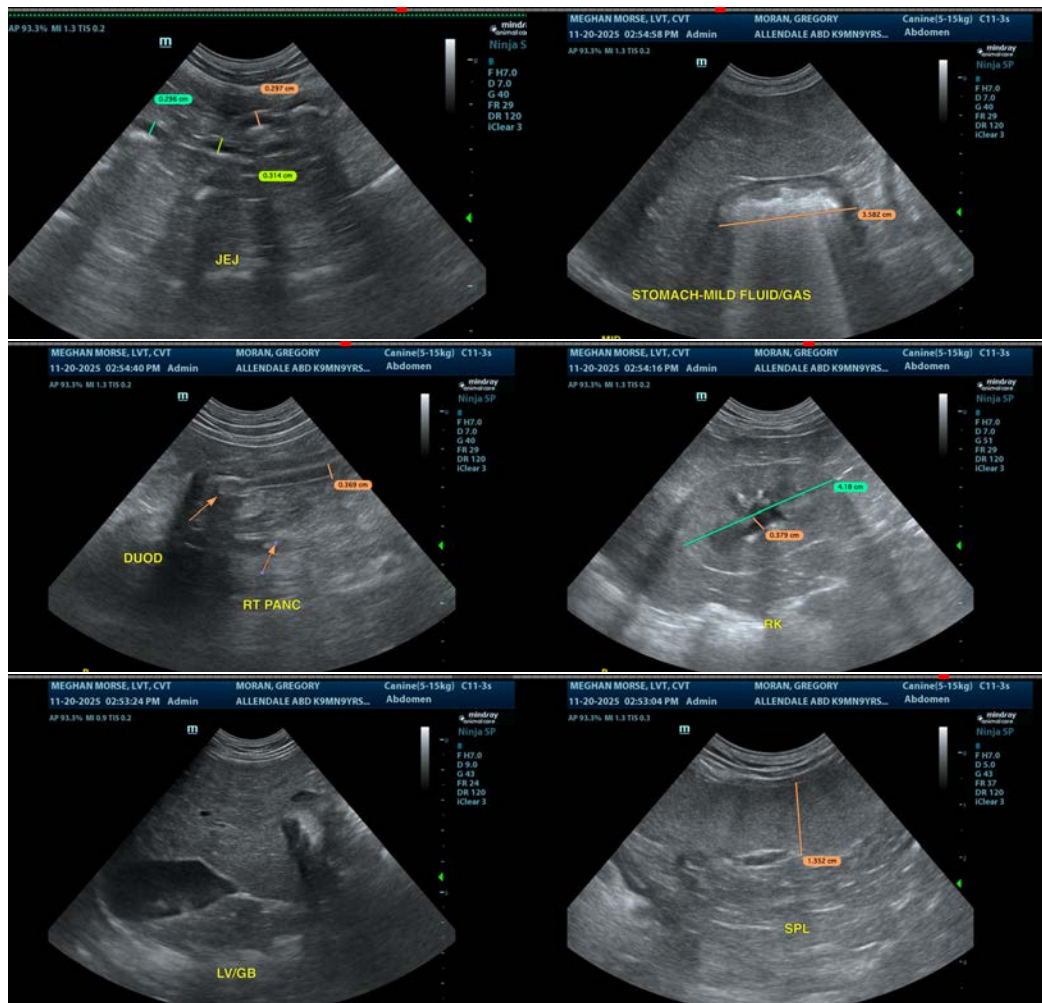
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are generally mild. Both kidneys have significant changes consistent with chronic renal disease. If not already done, recommend a blood pressure, urine culture, and urine protein to creatinine ratio as a baseline. This could be contributing to some of the symptoms described.

The caudal pole of the left adrenal is prominent, creating the appearance of an isoechoic "nodule". Recommend continued monitoring. A benign lesion is suspected.





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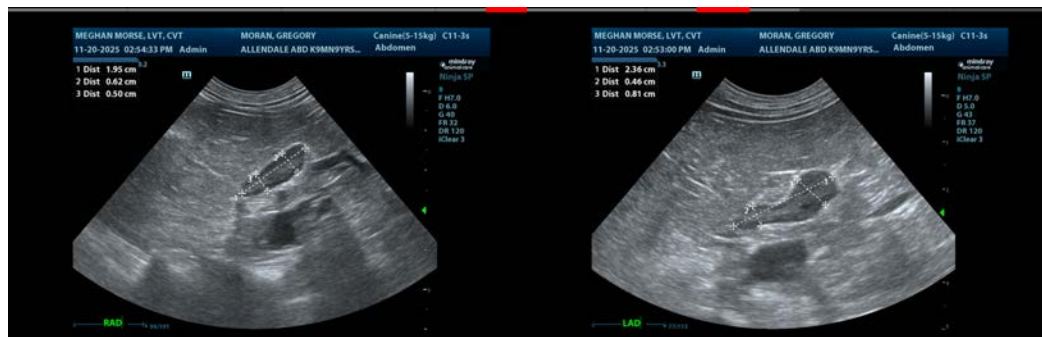
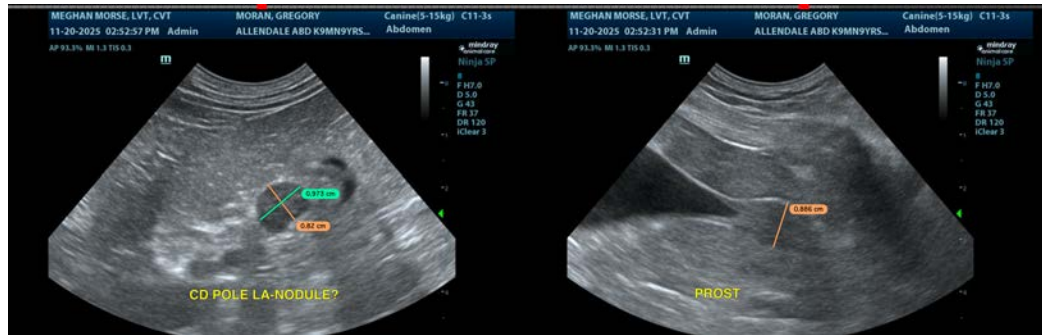
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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