



PATIENT

Cotton Jusino

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

5 Years

WEIGHT

13.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Hession

HOSPITAL NAME

4 Paws Animal Clinic

REFERRING VET

Dr. White

INVOICE

12488

DATE

11/26/25

PRESENTING CLINICAL SIGNS

Intermittent history of GI upset (vomiting, diarrhea, inappetence). Pancreatitis has been our working diagnosis, but he gets better and responds to supportive care and then it spikes again. Wanting to screen for any other underlying cause or any mass/abscess/cyst associated with the pancreas.

Abnormal PE/Chem/CBC/UA Results: GI panel which showed elevated cPLI and TLI. cortisol ruled out Addison's. PLI level was 1645 4 weeks ago. On recheck last week he was doing better and it was almost normal at 223. Then he flared up again and level is >2000.

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (0.59 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 (3.58 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (3.64 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.33 cm at the cranial pole and 0.34 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 0.34 cm at the cranial pole and 0.35 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, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic nodule visualized within the parenchyma measuring 0.52 cm x 0.39 cm.

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



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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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

SPECIES

Canine

Gastrointestinal

The stomach contains mild fluid. Gastric wall is prominent and measures at 0.46 cm 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

Maltese

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The duodenum wall measured 0.53 cm width. The jejunum wall measured 0.40 cm width.

SEX

Neutered Male

AGE

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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

WEIGHT

13.4 pounds

The pancreas is visible and mottled in both limbs 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

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.

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ULTRASONOGRAPHIC FINDINGS

- Hypoechoic nodule in the spleen- There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Subjectively prominent/thickened gastric wall- findings are most consistent with gastritis.
- Mild small intestinal thickening- The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the GI symptoms reported. Subjectively, the small intestine is diffusely thickened, and the gastric wall is prominent. This could indicate a concurrent enteropathy.

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Both limbs of the pancreas are visible but do not appear overtly inflamed. Given the history provided, I suspect chronic active pancreatitis and chronic pancreatic remodeling.



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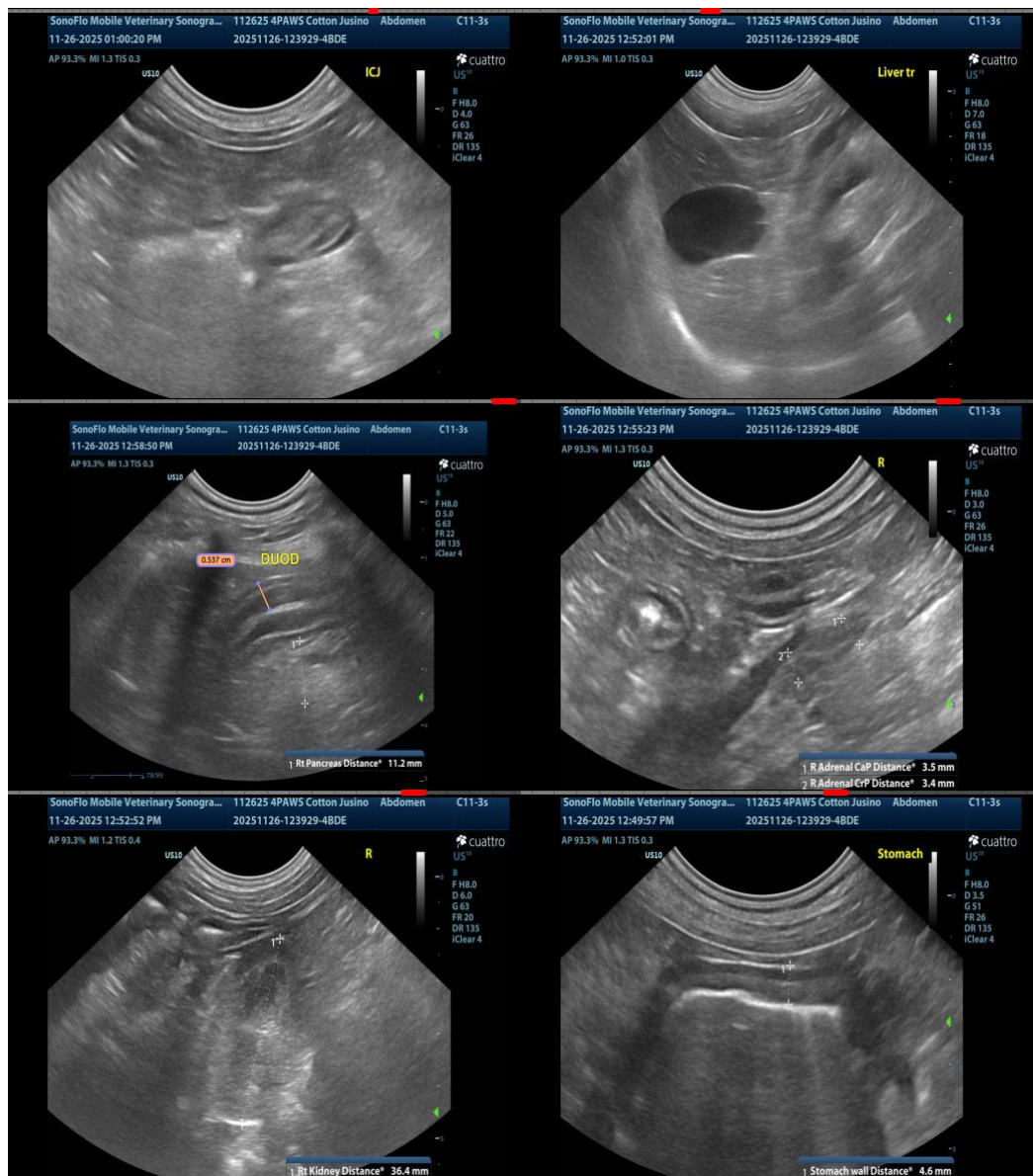
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- Consider a combination ultra low-fat/hydrolyzed protein prescription diet (I know Royal Canine has one).
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

If episodic GI signs are persistent, consider a GI endoscopy to further evaluate and to obtain biopsies looking for a primary concurrent enteropathy.

There is a small nodule in the spleen. Options moving forward would include fine needle aspirate and/or continued monitoring with ultrasound.





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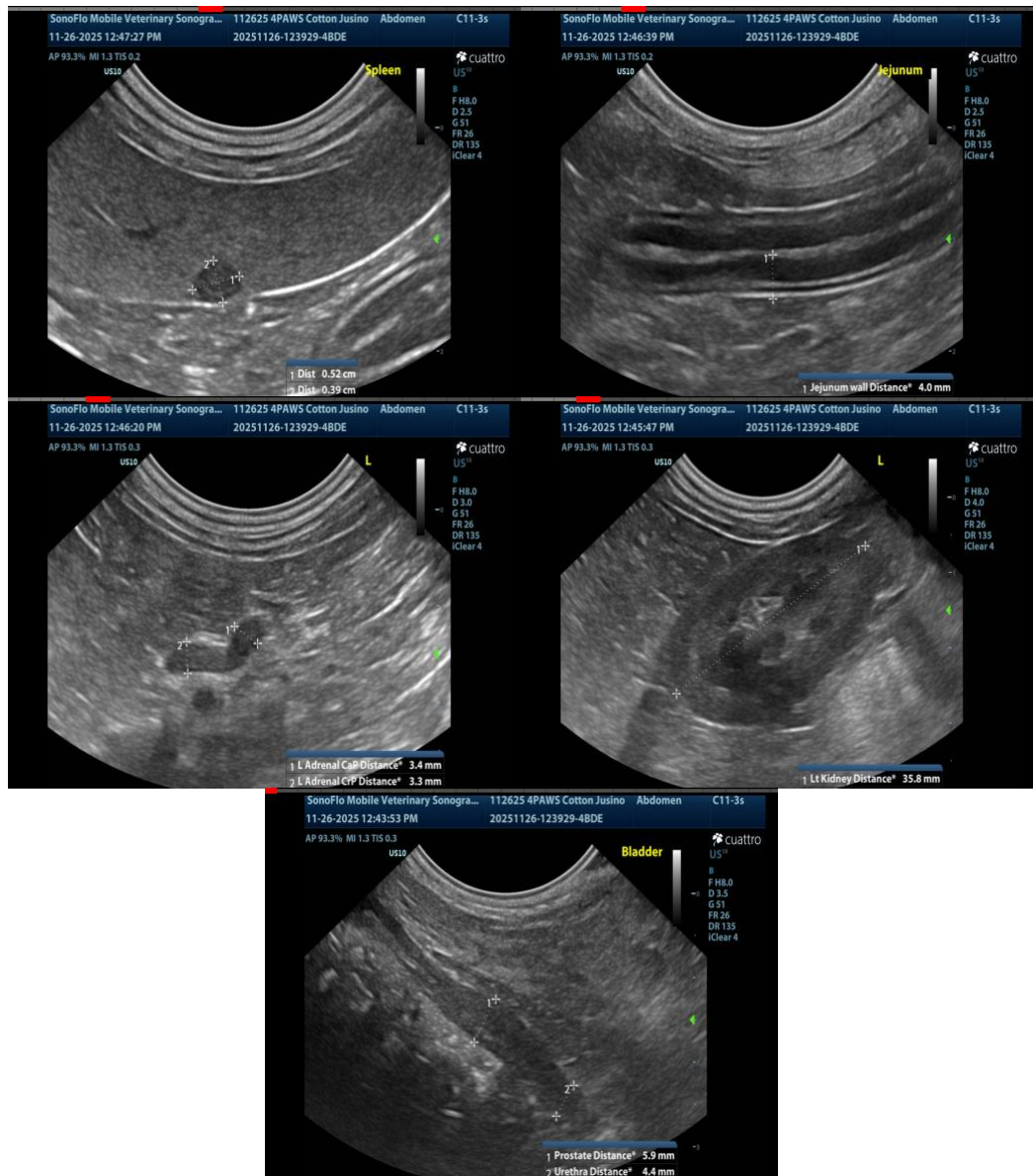
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com



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