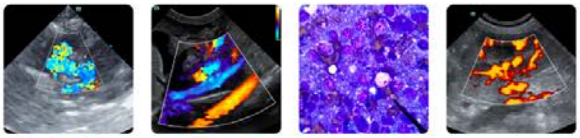


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Reggie Charlton

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

11 Years

WEIGHT

8.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Plains Animal Hospital

REFERRING VET

Dr. Hindle

INVOICE

72137

DATE

11/26/25

PRESENTING CLINICAL SIGNS

Presented for recurrent, chronic intermittent diarrhea with occasional hematochezia. Initially presented on November 10th for severe bloody, watery diarrhea, which was preceded by a month of intermittent soft stools starting in October. Signs resolved with a course of metronidazole but returned on stopping this medication (re-presented Nov 21st). Fecal and urinary accidents in the house the last month or so. On PE (Nov 21): A grade 3/6 left apical systolic heart murmur was auscultated (new finding). Mature cataracts and blindness OU. Comfortable on abdominal palpation, no overt masses or abnormalities noted. A rectal exam normal-appearing brown, soft stool in the distal rectum with no visible blood at that time. Current Medications Grey wolf- Fibre boost + GI supplement (pre and probiotic supplement) daily, Metronidazole 125mg PO BID, Gabapentin 100mg PO night before & 1-2 hrs prior to ultrasound appt. Deworming protocol with interceptor plus spaced 2 weeks apart (next/final dose Nov 27).

Abnormal PE/Chem/CBC/UA Results: Lymphopenia 0.83, mild thrombocytosis 558, elevated cystatin B 289, elevated ALP 311, borderline increased UPC 0.3, USG WNL 1.052. Fecal: roundworm + antigen.

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 (0.80 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.

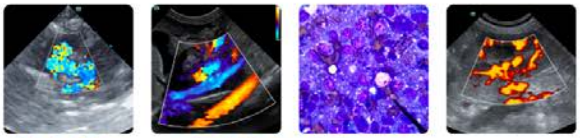
The left kidney has a normal shape and size (4.2 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.96 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 0.54 cm at the cranial pole and 0.59 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 caudal pole of the right adrenal gland is normal in size measuring 0.72 cm (cranial pole is not clearly visualized). 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.



SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Reggie Charlton

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

11 Years

WEIGHT

8.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Plains Animal Hospital

REFERRING VET

Dr. Hindle

INVOICE

72137

DATE

11/26/25

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 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.

Gastrointestinal

The stomach contains minimal luminal contents. 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.55 cm. Jejunum wall measures 0.48 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 area of the pancreas is normal and isoechoic to surrounding mesentery. 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

- Mildly thickened small intestine – 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).
- No significant ultrasonographic lesions visualized.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver to explain the elevation in liver enzymes reported. Further evaluation could include a fine needle aspirate and a liver function test.

PATIENT

Reggie Charlton

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

11 Years

WEIGHT

8.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Plains Animal Hospital

REFERRING VET

Dr. Hindle

INVOICE

72137

DATE

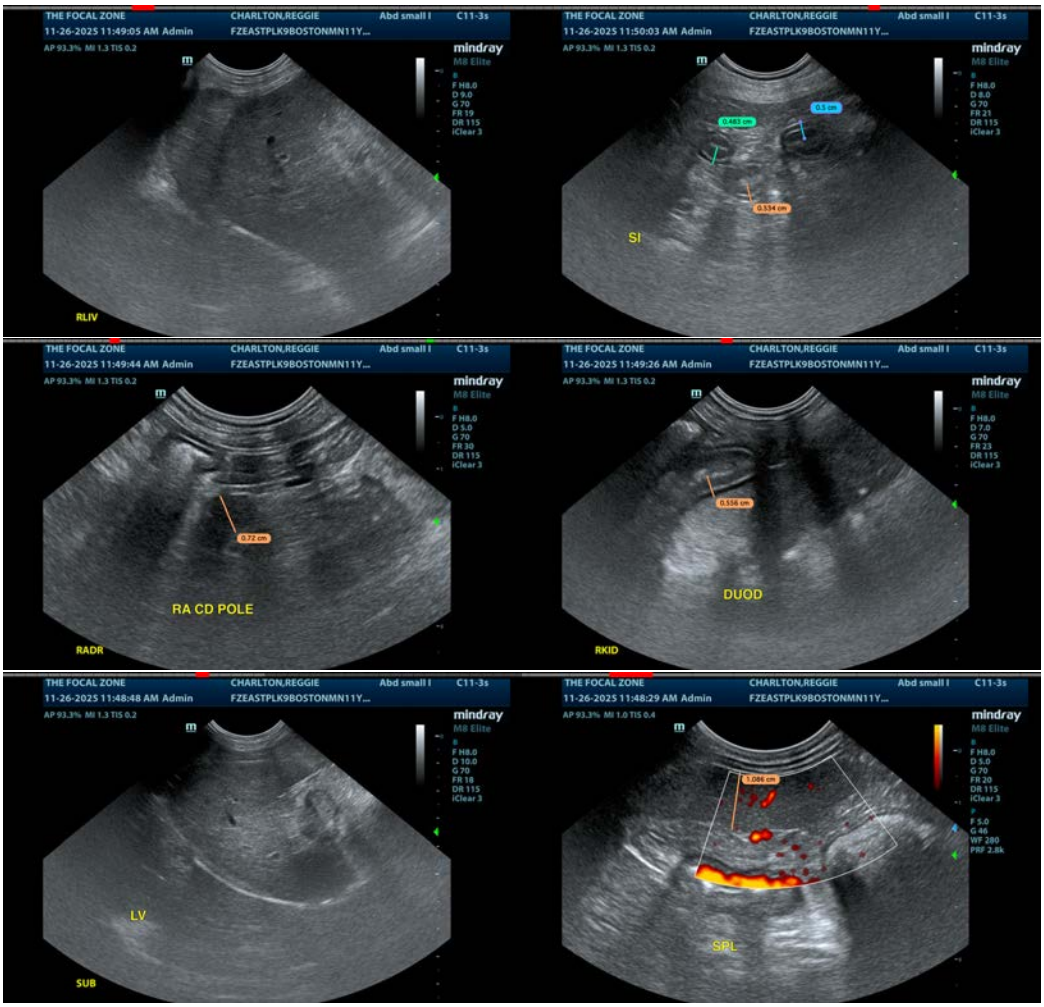
11/26/25

The caudal pole of the right adrenal is somewhat "plump". The cranial pole is not clearly visualized. Continued monitoring is recommended.

No focal lesions are visualized associated with the large or small intestine. Subjectively the small intestine appears mildly thickened. The significance of this is uncertain, and it is unclear based on the history if this is all large bowel signs or if there is a combination of large and small bowel symptoms. Consider the following:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- 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 symptoms are persistent, consider upper and lower GI endoscopy to obtain biopsies for further evaluation.



PATIENT

Reggie Charlton

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

11 Years

WEIGHT

8.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Plains Animal Hospital

REFERRING VET

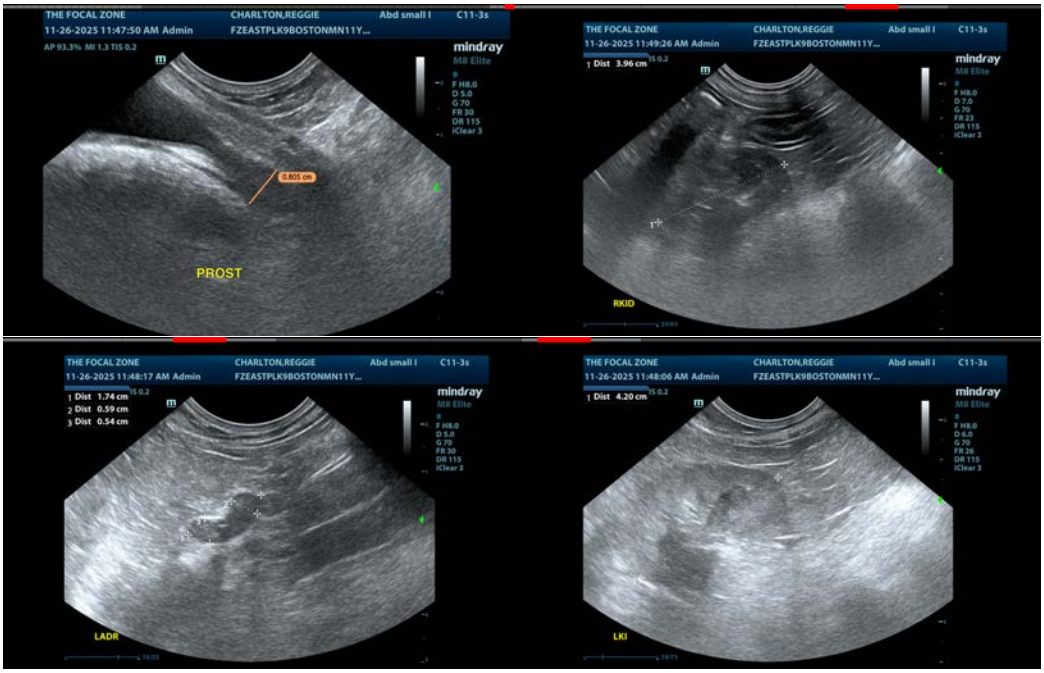
Dr. Hindle

INVOICE

72137

DATE

11/26/25



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