



PATIENT

Tito Vasquez/Farinas

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Male

AGE

8 Years

WEIGHT

23 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Casper

HOSPITAL NAME

Hometown Animal
Hospital (Florida)

REFERRING VET

Dr. Casper

INVOICE

72141

DATE

11/26/25

PRESENTING CLINICAL SIGNS

P presented for subacute hx of hematochezia. P is managed on GI Low fat + HP diet but O introduced salmon oil about 2 weeks ago. P also frequently eats items when outside.

Abnormal PE/Chem/CBC/UA Results: PE- tense on cr abd palpation, mildly dehydrated Abd rads - mod volume of gastric content, no obstruction; mild splenomegaly, moderate prostatomegaly chem- mild hypokalemia (3.2) cPLi - abnormal (581) cbc/UA/tt4- nsf

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 large, hyperechoic and mottled, measuring 3.5 cm x 3.15 cm.

The left kidney has a normal shape and size (5.74 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 (5.24 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 0.41 cm at the cranial pole and 0.46 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (1.98 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 mildly 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.



PATIENT	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.
Tito Vasquez/Farinas	
SPECIES	<i>Gastrointestinal</i>
Canine	The stomach contains a large amount of shadowing 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. The large amount of shadowing material within the stomach prevents full evaluation of the stomach and some areas of the cranial abdomen.
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SEX	The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid/ingesta. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.
Male	
AGE	
8 Years	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. Descending colon wall measures 0.20 cm.
WEIGHT	<i>Pancreas</i>
23 lbs	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.
INTERPRETED BY	<i>Free Abdomen</i>
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)	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.
IMAGING PERFORMED BY	<i>Other</i>
Dr. Casper	Both testicles are visualized. The right testicle appears normal. The left testicle has a very subtle hypoechoic nodule measuring 0.34 cm.
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Hometown Animal Hospital (Florida)	<ul style="list-style-type: none"> • Large, mottled, hyperechoic prostate – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis. • Mildly 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. The significance of these findings in the absence of liver enzyme elevations is questionable. • Large shadowing ingesta visualized within the gastric lumen and mild/moderate fluid/ingesta distention of the small intestine – Findings are most consistent with a non-fasted patient. If the patient was adequately fasted, consider the possibility of delayed gastric emptying, less likely a partial outflow tract obstruction, etc.
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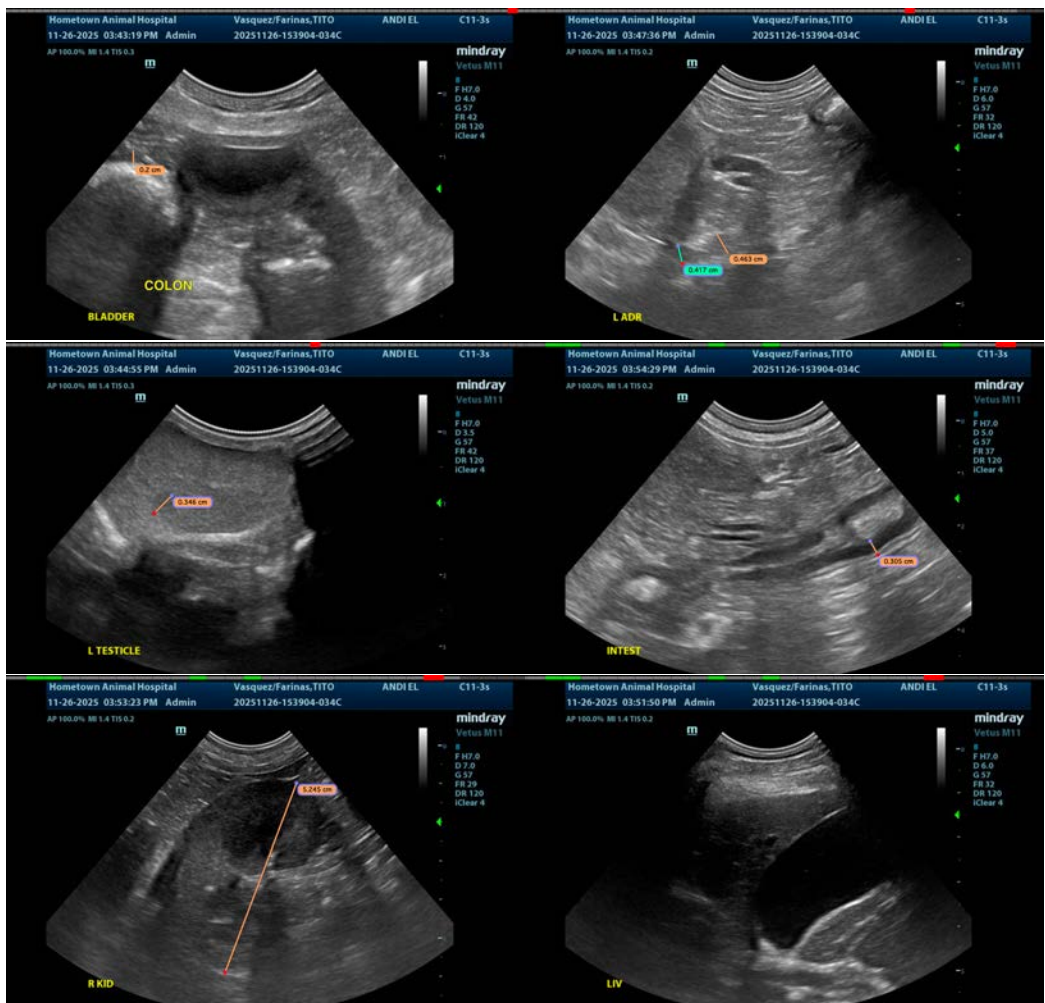
- Very subtle hypoechoic nodule in the left testicle – This is very subtle. A benign etiology is suspected. Continued monitoring or neutering is warranted.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions were visualized associated with the colon to explain the hematochezia reported. Unfortunately, gas within the colon prevents full evaluation.

No evidence of significant pancreatic inflammation was appreciated, although a significant portion of the right limb of the pancreas was not visible due to shadowing artifact from the gastric ingesta present.

Recommend treatment for non-specific gastroenterocolitis. If symptoms are persistent, consistent colonoscopy for biopsies and further evaluation. If not already done, recommend parasite screening and empirical deworming, an infectious diarrhea panel, and possibly a baseline cortisol to screen for Addison's.





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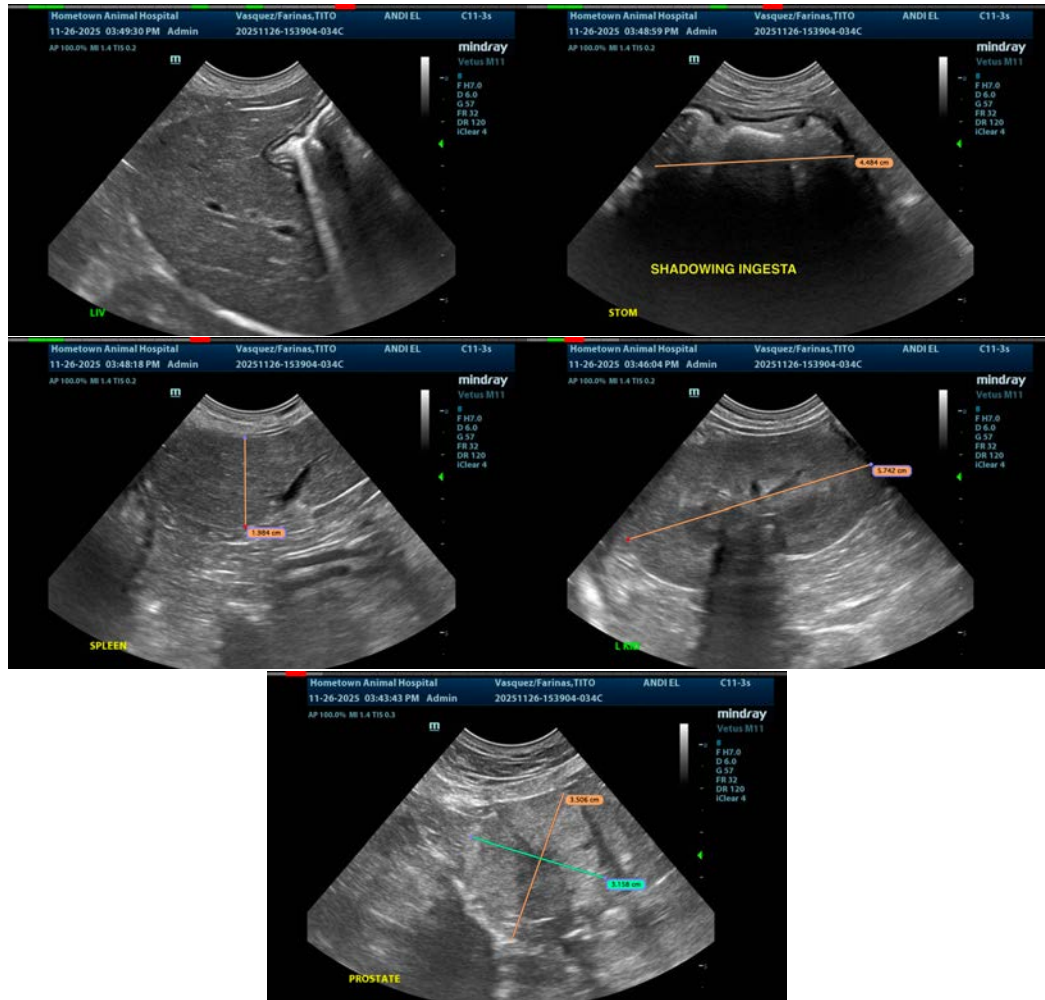
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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