



## PATIENT

Nova Dimich

## SPECIES

Canine

## BREED

Labradoodle

## SEX

Spayed Female

## AGE

8 Months

## WEIGHT

27.8

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Cathy Carter

## HOSPITAL NAME

Willamette Veterinary  
Hospital

## REFERRING VET

Dr. Emma Johnson

## INVOICE

71564

## DATE

11/5/25

## PRESENTING CLINICAL SIGNS

Initially presented 11/2 for hematuria, treated as UTI. Pt returned 11/4 for weakness and ataxia. Pt placed in O2 due to concerns for tachypnea and increased resp effort. pRBC transfusion 10 mL/kg - total 125 mL. Able to be moved to room air, resp rate/effort improved post-transfusion.

Abnormal PE/Chem/CBC/UA Results: RBC 1.74 (L), HCT 14.3%, HGB 4.4 (L), MCV 82.2 (H), MCHC 30.8 (L), Retic HGB 16.8 (L), WBC 39.7 (H), Neut 28.33 (H), Lymph 6.24 (H), Mono 4.91 (H), MPV 13.3 (H), other values WNL PT: 11 PTT: 94 Chem 17: BUN 36 (H), T bili 3.8 (H), AMYL 2500 (H), Lipase 1947 (H), other values WNL EPOC: HCT 11% (L), Bicarb 15.4 (L), K 2.9 (L), LAC 3.21 (H), PCO2 28.5 (L), pH 7.340 (L), TCO2 14.7 (L), BEecf -10.4 (L), BUN 35 (H), other values WNL DEA 1.1 Neg Slide agglutination - micro agglutination post-transfusion PCV/TS: 25%, 5.8 CPL 1131.1 - consistent with pancreatitis EPOC WNL post-transfusion

## 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 left kidney has a normal shape and size (5.99 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 (6.38 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 0.71 cm at the cranial pole and 0.60 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 (1.27 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. There is a subtle hyperechoic nodule in the parenchyma measuring 0.81 cm.



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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 mild/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

Labradoodle

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal 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. Jejunum wall measures 0.31 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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***

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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.

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## ULTRASONOGRAPHIC FINDINGS

## IMAGING PERFORMED BY

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- Small, hyperechoic nodule visualized in the liver – This generally has the appearance most consistent with a benign lesion. Recommend continued monitoring, as an early neoplastic lesion cannot be definitively ruled out.
- Moderate fluid/shadowing ingesta visualized within the gastric lumen – Correlate with feeding/drinking history. This likely represents a non-fasted patient (oral meds?). Delayed gastric emptying could also be a factor.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Dr. Emma Johnson

No focal mass lesions are observed to explain the anemia reported, and there is no evidence of a significant hemoabdomen, etc.

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There is a small hyperechoic nodule in the liver. Recommend continued monitoring. If a safe window for sampling is available, you could consider a fine needle aspirate. The general appearance points towards a benign lesion.

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There is some fluid and a small amount of ingesta within the stomach. Recommend a digital rectal exam to look for any evidence of melena. This is suspected to be a small amount of ingesta.



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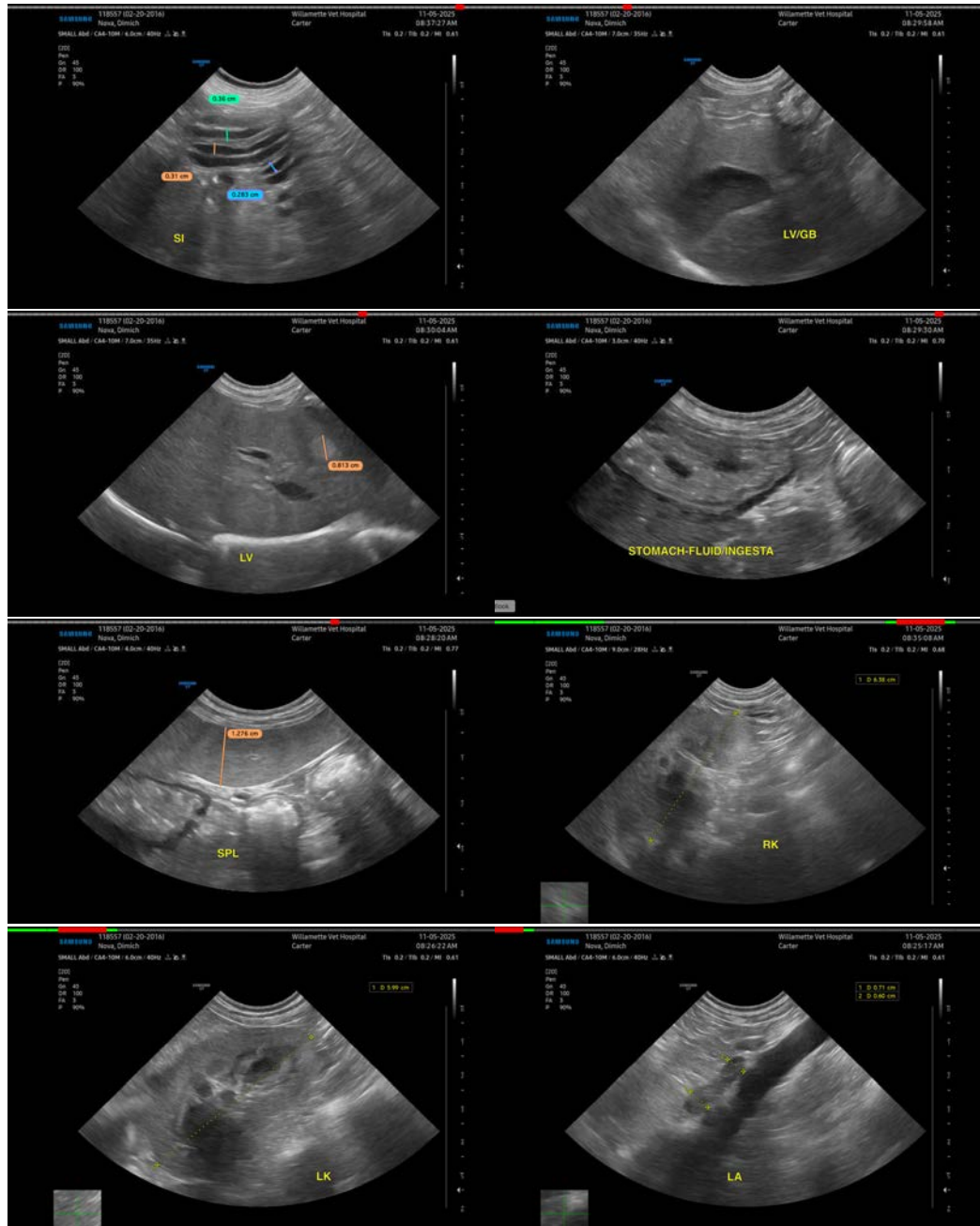
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**DATE**

11/5/25

Given the severe anemia and elevation in bilirubin in the absence of other liver enzyme elevations, hemolysis would be suspected. Recommend a pathologist review of a blood smear, looking for spherocytes, etc., and looking for potential cause of the suspected hemolysis.





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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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