



PATIENT

Finn Gergar

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

8 Years

WEIGHT

61 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Abby Gerenser

HOSPITAL NAME

Abby Road Veterinary
Hospital

REFERRING VET

Dr. Justin Freeby

INVOICE

72672

DATE

12/17/25

PRESENTING CLINICAL SIGNS

P has a hx of recurrent diarrhea and vomiting/inappetence
Abnormal PE/Chem/CBC/UA Results: Uploaded PE and recent labwork

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 was not clearly visualized.

The left kidney has a normal shape and size (8.27 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 (7.69 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

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 (2.26 cm). The spleen echotexture is mildly mottled, 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.



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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. Duodenum wall measures 0.38 cm. Jejunum wall measures 0.29 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 mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is largely within normal limits. Subjectively the spleen appears mildly mottled. The significance of this is uncertain. Further evaluation could involve a fine needle aspirate of the spleen or continued monitoring with ultrasound.

No focal lesions are visualized associated with the GI tract to explain the chronic intermittent diarrhea, vomiting, and anorexia reported. Unfortunately, there are many causes for these GI signs that cannot be definitively diagnosed by ultrasound. Consider the following:

- If not already done, recommend parasite screening and empirical deworming.
- Recommend an infectious diarrhea panel.
- Consider a baseline cortisol to screen for Addison's.
- Consider a combination ultra low-fat/hydrolyzed protein prescription diet (Royal Canin has one).
- You can experiment with fiber supplementation. This can make some dogs improve but others can get slightly worse.
- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function. This will screen for exocrine pancreatic insufficiency and give some information regarding small bowel disease and possible dysbiosis.



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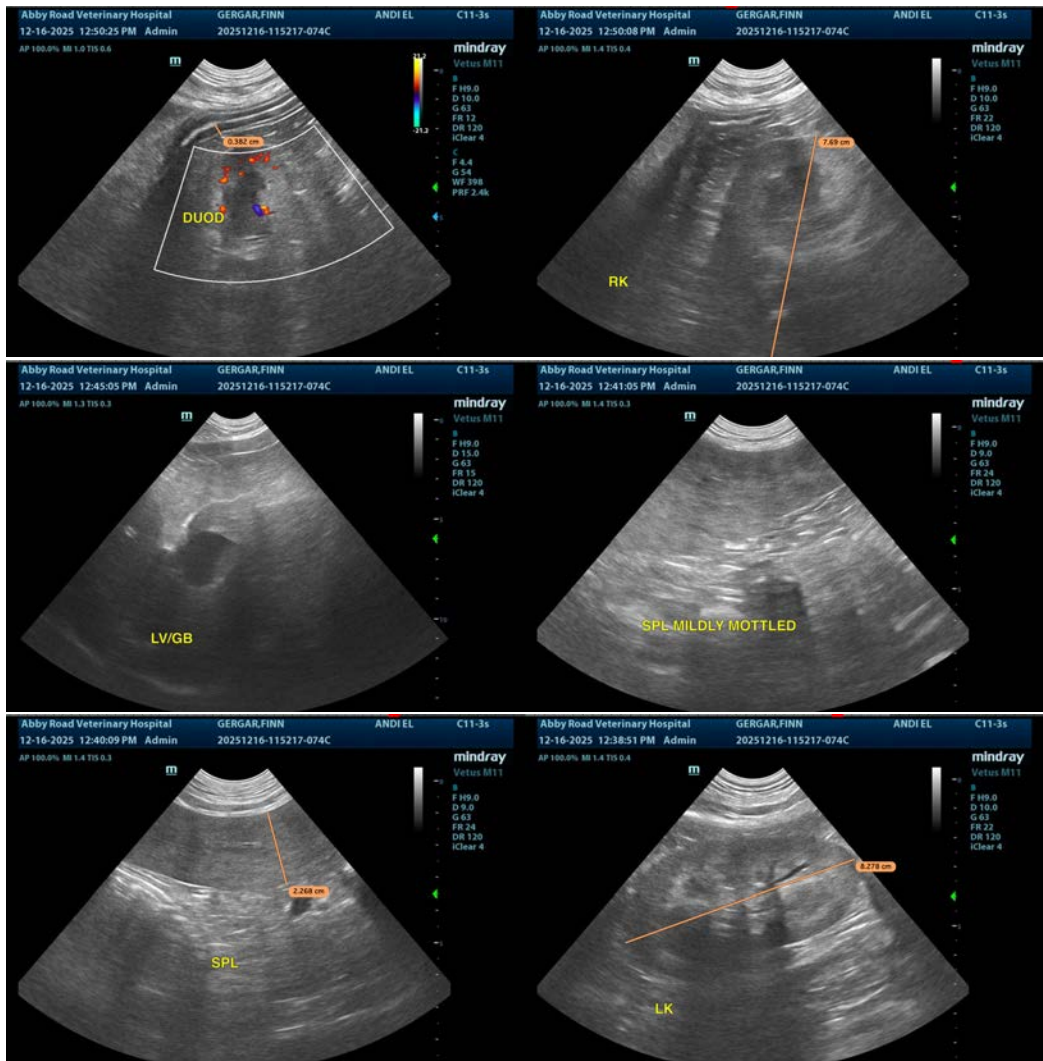
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- Recommend chronic probiotic therapy.

If these steps are taken and symptoms are persistent, upper and lower GI endoscopy may be necessary to obtain biopsies and to provide further information. Given the breed, chronic gastrointestinal disease is very common and likely strict adherence to a specified diet is recommended for maintenance.



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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