



PATIENT

Lucy Madge

SPECIES

Canine

BREED

King Charles Cavalier
Spaniel

SEX

Spayed Female

AGE

3 years 1 month

WEIGHT

5.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski

HOSPITAL NAME

Apex Veterinary
Services Ltd.

REFERRING VET

Alpine 24/7 – ER
Doctor

INVOICE

10978

DATE

12/18/2025

PRESENTING CLINICAL SIGNS

~10-day history of bloody diarrhea (hematochezia) with variable consistency. Progressive inappetence (currently eating ~25% of normal, hand-fed). Intermittent vomiting (watery/foamy). No sustained response to multiple outpatient treatments. Multiple recent vet visits with diet changes and medical therapy. Raw diet (duck-based; rotated proteins); occasional table scraps; exposure to rabbit feces. Past history: parvo as a puppy (per owner), intermittent pruritus, anal gland rupture.

Abnormal PE/Chem/CBC/UA Results: Vital Signs: Temperature [Celsius]:38.1, Heart Rate/min (HR):112, HR: Pulse Ratio: 1:1, Respiratory Rate/ min: 26, Respiratory Effort: 0, Mucus Membranes/ CRT: pink, moist/ CRT< 2 sec, Mentation: BAR, Hydration: Adequate, BCS (scale 1 to 5): 3./5, GI parasite PCR: negative Abdominal radiographs: no obstruction or FB; gas-filled colon; bone fragments consistent with raw diet • CBC: Hct 42.1%; eosinophilia • Chemistry: Within normal limits; proteins normalized • Urinalysis (cystocentesis): USG 1.045; trace protein; mild hematuria; no bacteria/crystals • Resting cortisol: Low (41.2 nmol/L) • ACTH stimulation test: Pending (post-ACTH sample to be sent following day).

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 (4.24 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.

The right kidney has a normal shape and size (4.61 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 0.45 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 right adrenal gland is normal in size measuring 0.47 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 (0.86 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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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 hyperechoic and slightly prominent measuring 0.12 cm. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate gas. 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. Gas artifact interferes with full evaluation of the stomach.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased (duodenum measures 0.48 cm, jejunum measures 0.26 cm). Bowel loops follow a typical curvilinear path. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed

Sections of colon are visualized with non-formed/liquid fecal material and gas shadowing distally. The descending colon wall is prominent but measures at normal thickness with intact wall layering, measuring at 0.17 cm.

Pancreas

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 revealed scant free fluid. There is a mild mesenteric lymphadenopathy with a lymph node at the ileocecal junction measuring 0.41 cm, and jejunal lymph nodes measuring 0.36 cm and 0.58 cm. The omentum is generally, mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Diffusely thickened small intestine with intact wall layering. Changes are most consistent with an inflammatory/enteritis type process.
- Fluid distended colon. Findings are most consistent with the diarrhea reported and mild colitis.
- Mild lymphadenopathy and scant free abdominal fluid. Findings are consistent with inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal bowel lesions are observed on today's exam. The small intestine appears mildly thickened, and prominent, most consistent with inflammation and the colon is fluid distended consistent with the diarrhea reported. Differentials for diffuse enterocolitis could include infectious, inflammatory, or less likely neoplastic processes. Recommend parasite screening and empirical deworming. Consider a fecal culture considering the raw diet fed and continued supportive care. Your plan for screening for Addison's is a good one. If there's no response to non-specific therapy for gastroenterocolitis, eventually endoscopic biopsies of the colon and small intestine may be warranted.



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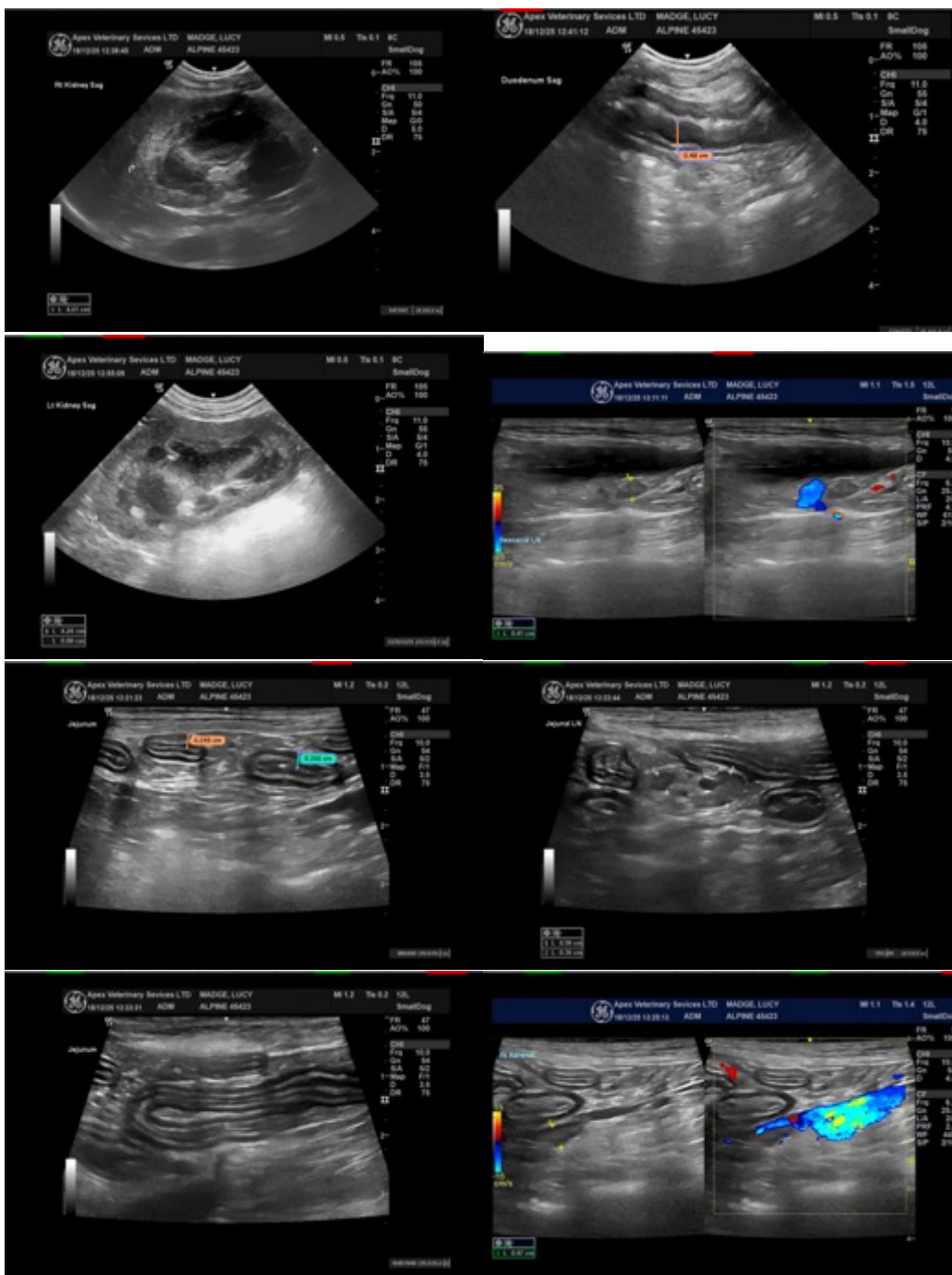
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Consider the following:

- Recommend a low fat/hydrolyzed protein prescription diet (Royal Canin has this diet.)
- Recommend chronic probiotic therapy.





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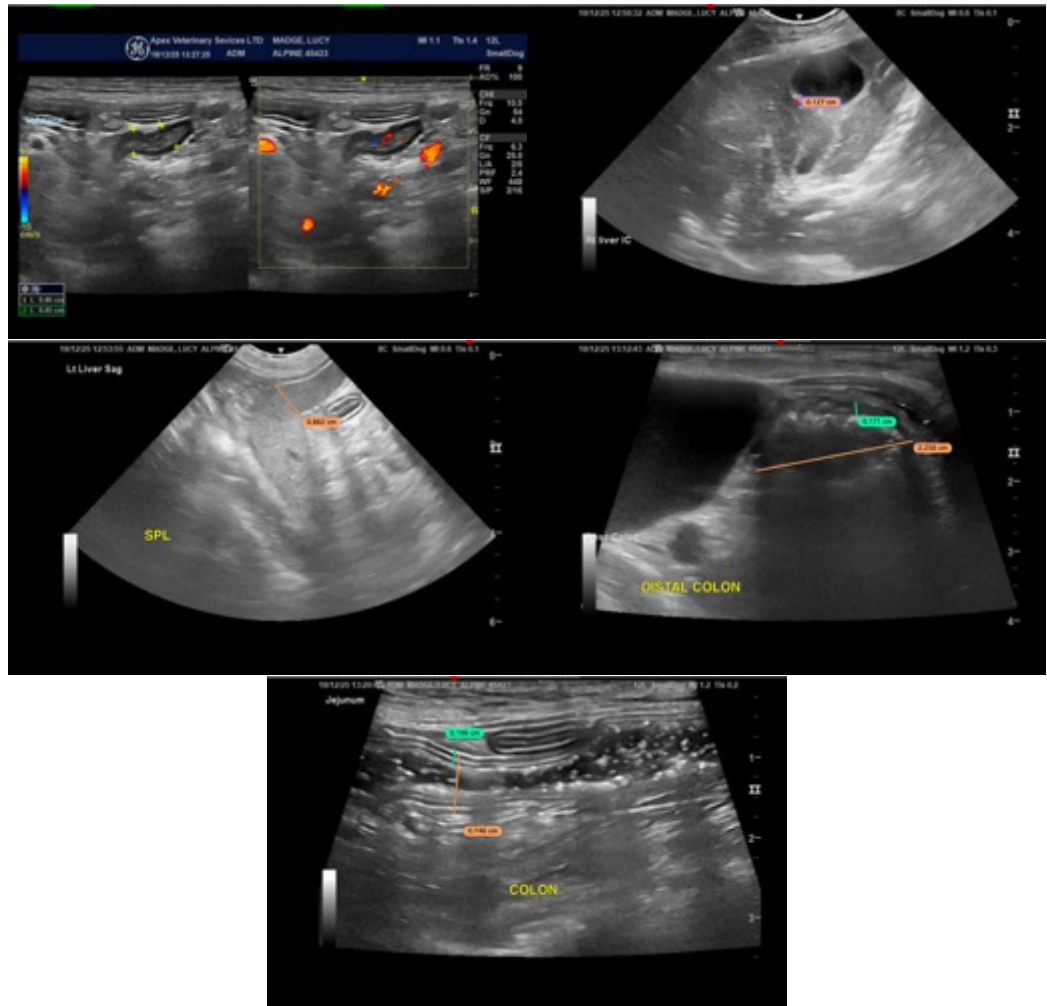
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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