



## PATIENT

Jasper Bulman

## SPECIES

Canine

## BREED

Chihuahua x

## SEX

Neutered Male

## AGE

9 Years

## WEIGHT

15.3

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jessica Bailes

## HOSPITAL NAME

All Creatures Great &  
Small (Corvallis)

## REFERRING VET

Dr. Jessica Bailes

## INVOICE

72882

## DATE

12/30/25

## PRESENTING CLINICAL SIGNS

Chronic intermittent hx of dark, tarry stools, poor appetite and lethargy. Patient was left with pet sitter for 2 weeks recently Improved, persistently soft stools despite GI low fat diet and pro - pectalin.

Abnormal PE/Chem/CBC/UA Results: Progressive weight loss, possibly febrile ( very anxious but temp today = 104.4) BW last done 12/9/2025: CHEM: decreased ALB ( 2.5), otherwise WNL CBC: WNL Fecal: negative Recheck BW pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is mildly distended with anechoic urine. The visible areas of bladder wall appear of normal thickness with smooth mucosal surface. Visualization of the trigone region and full evaluation of the urinary bladder is impaired by lack of urine distention.

The prostate is not clearly visualized.

The left kidney has a normal shape and size (3.77 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 (3.81 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 0.51 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 0.53 cm at the cranial pole and 0.62 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 (0.88 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.



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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 fluid and 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. No masses or focal lesions were observed.

## BREED

Chihuahua x

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid/gas. 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 0.32 cm. Jejunum wall measures 0.28 cm. Visualized peristalsis appears appropriate. There is an enteritis-like pattern with some sections of small intestine mildly fluid and gas distended.

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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**

## WEIGHT

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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**

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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

- Mild inflammatory/enteritis pattern associated with the small intestine.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No focal lesions are visualized associated with the GI tract to explain the symptoms reported. There does not appear to be any significant thickening, although there is some mild diffuse fluid and gas distention possibly consistent with mild enteritis/inflammatory change. Unfortunately, you can still have a significant enteropathy despite relatively normal appearing GI tract on ultrasound. Consider the following:

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- Recommend a prescription ultra low-fat/combo hydrolyzed protein prescription diet (Royal Canin).
- 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 probiotic therapy.
- If not already done, recommend parasite screening and empirical deworming.
- Consider a baseline cortisol to rule out Addison's.

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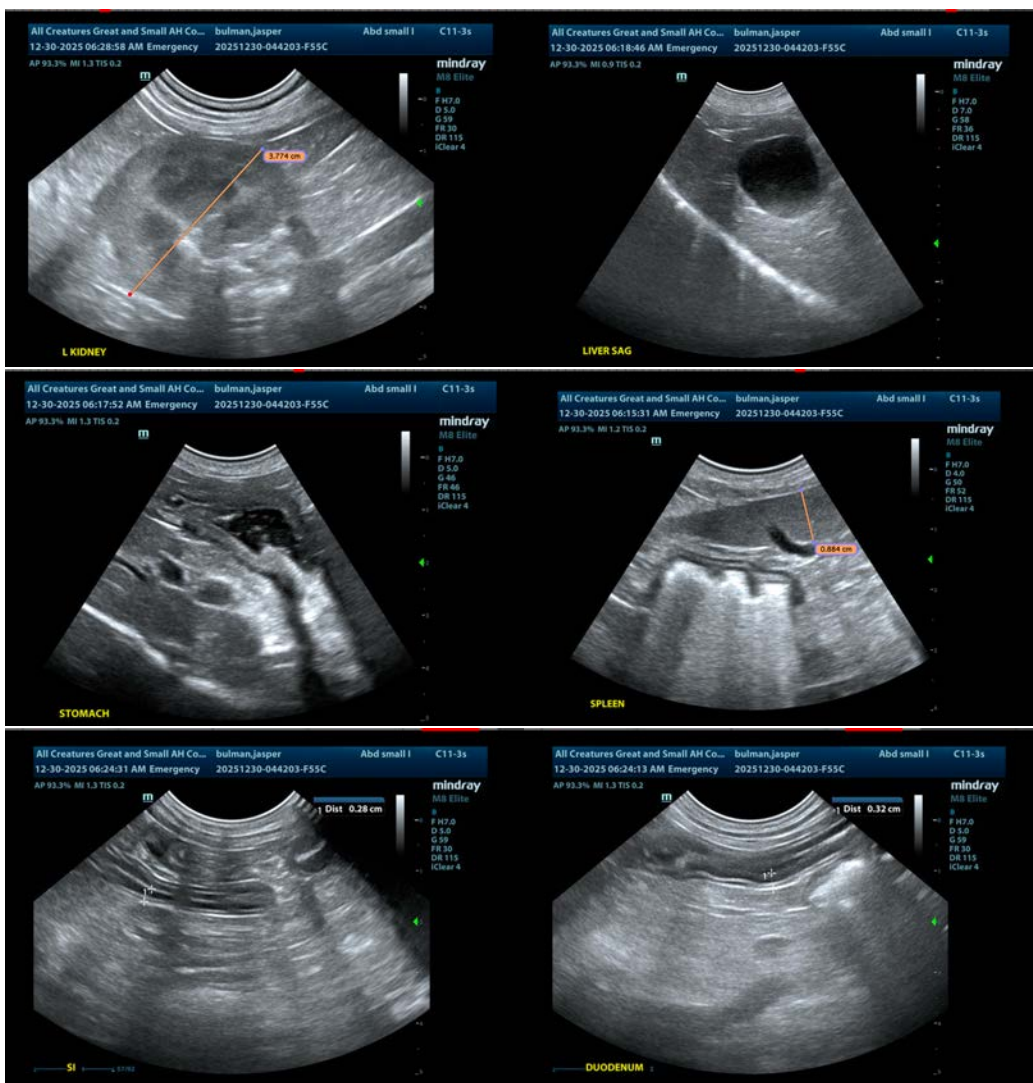
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Give the low albumin levels, a protein losing enteropathy is a concern. Recommend evaluation of a urinalysis/urine protein to creatinine ratio to look for any evidence of concurrent proteinuria, and pre- and post bile acids to assess liver function to rule out concurrent liver/kidney disease contributing to the low albumin levels reported.

If symptoms are persistent despite making these changes and a primary enteropathy is strongly suspected, consider obtaining GI biopsies to further evaluate.





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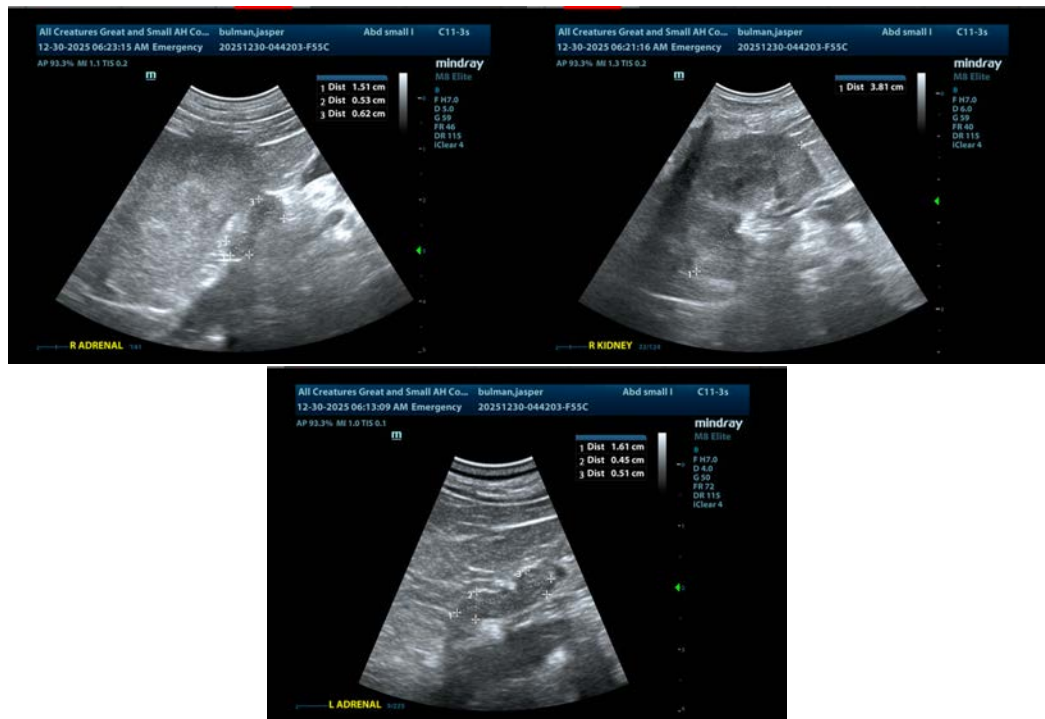
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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