



## PATIENT

Peaches Cataldo

## SPECIES

Canine

## BREED

Pug

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

22 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Julia Bakker, DVM

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Dr. Flegel

## INVOICE

72869

## DATE

12/30/25

## PRESENTING CLINICAL SIGNS

Reduced appetite, vomiting that improves with symptomatic care. AUS to screen abdominal health.

Abnormal PE/Chem/CBC/UA Results: Blood work - Lym low 0.56, Anemia: RBC 3.95, HGB 9.7, HCT 26.5, PLT low 54; Azotemia resolved; TP low 4.8, Glob low 1.9, Glu<sup>+</sup>143, ALT<sup>+</sup>918, ALP>993 (off scale), TBil<sup>+</sup>1.3; CI- kiw 100 [HX: BUN<sup>+</sup>29.6, Crea<sup>+</sup>2.0, Phos<sup>+</sup>5.2, TP<sup>+</sup>5; ALT>1000 (off scale), ALP>993 (off scale), TBil<sup>+</sup>1.2; CI- low 94, Lymph low 0.44, RBC low 5.47, HCT low 36.1, PLT low 53 (suspected clumping)]

## 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 (4.48 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 (4.72 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 slightly irregular in shape, measuring 1.07 cm at the cranial pole and 0.73 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is abnormal in that the cranial pole is slightly prominent but isoechoic to the caudal pole. No evidence of vascular invasion visualized.

The right adrenal gland is normal in size measuring 0.66 cm at the cranial pole and 0.49 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 (1.84 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 large in size, and normal in echogenicity with rounded margins. The parenchyma is 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.



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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 ingesta/fluid. 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 0.53 cm. Jejunum wall measures 0.39 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.

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### **Pancreas**

The pancreas is prominent, hypoechoic and mottled in both limbs. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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### **Free Abdomen**

There is scant free fluid. There is a significant cranial abdominal lymphadenopathy with large, hypoechoic, rounded lymph nodes. Examples measure 0.68 cm x 0.90 cm and 1.35 cm x 1.77 cm. Additionally, there is a cranial abdominal lymph node medial to the spleen measuring 1.32 cm x 1.21 cm. The omentum is mildly diffusely hyperechoic.

## INTERPRETED BY

Kathleen Sennello DVM,  
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Medicine)

## PRIMARY 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.
- Large, heterogeneous, rounded 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.
- Cranial abdominal lymphadenopathy – Findings are most consistent with metastatic lymph nodes or highly reactive lymph nodes.

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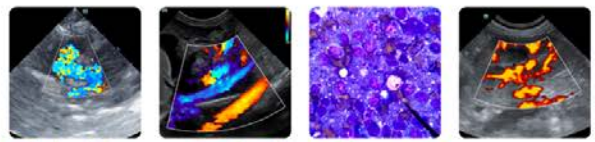
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## SECONDARY FINDINGS

- Prominent cranial pole of the left adrenal – I suspect this is incidental/anatomic variation. Recommend continued monitoring.
- Pancreatic changes most consistent with chronic pancreatic remodeling/chronic pancreatitis, although chronic active pancreatitis is possible.



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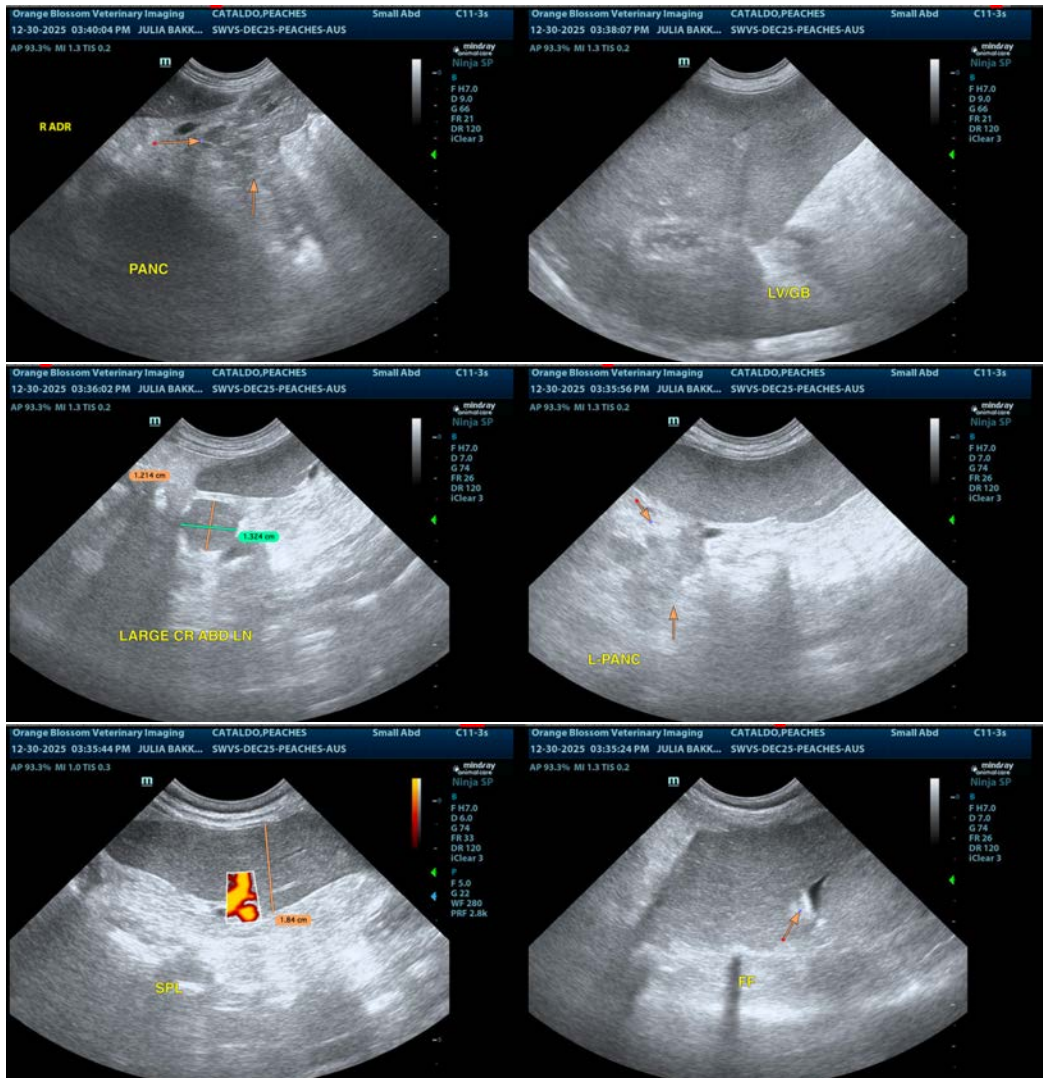
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are large, hypoechoic, rounded lymph nodes in the cranial abdomen. These could represent highly reactive or early neoplastic lymph nodes. If a safe window for sampling is available, consider a fine needle aspirate with cytology. Additionally, the liver is large, heterogeneous and rounded, and the spleen appears mildly mottled. This combination of findings could be concerning for possible multicentric neoplasia, although a primary hepatopathy is possible. Recommend a fine needle aspirate of the liver and spleen (provided coagulation parameters are normal).

If cytologic evaluation of these areas is not helpful and treatment for acute liver injury (Ursodiol, Denamarin, antibiotics, symptomatic therapy, etc.) is not effective, then biopsies of the liver, lymph nodes, etc. may be warranted. Additionally, you could consider repeat imaging in the future, looking for the progression of these changes.





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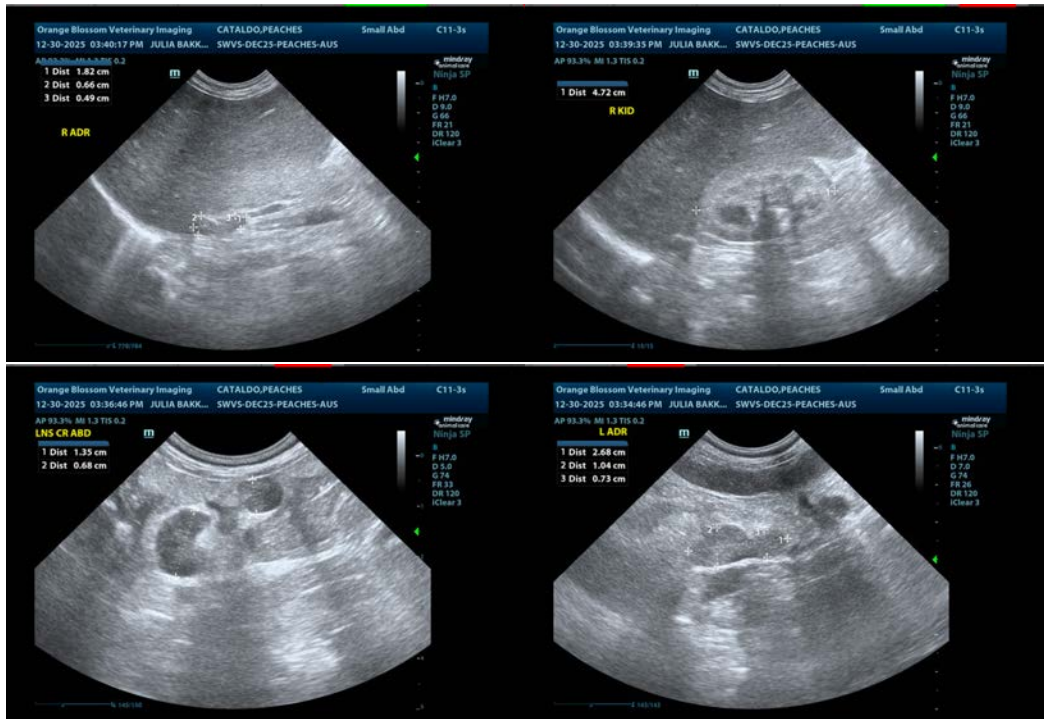
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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