



PATIENT

Sculley Brittain

SPECIES

Canine

BREED

Belgian Malinois

SEX

Spayed Female

AGE

11 Years 3 Weeks

WEIGHT

23.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Chaparral Vet Clinic

REFERRING VET

Dr. Fayyhad

INVOICE

72886

DATE

12/30/25

PRESENTING CLINICAL SIGNS

P presented for an abdominal ultrasound to investigate chronic gastrointestinal signs, with a history that also includes azotemia and a previously diagnosed elbow tumor. The primary presenting complaint is chronic, intermittent vomiting and diarrhea, which has been ongoing for over a month. The clinical signs have reportedly waxed and waned. Previous therapeutic trials with metronidazole, prebiotics, probiotics, and Cerenia did not provide significant help. The patient's last meal was at 7:30 PM the night before the procedure. P was also reported to have lost some weight. Significant laboratory findings include azotemia, with both BUN and creatinine noted to be elevated. The creatinine was 335 (normal up to 133). A urinalysis performed in November revealed a urine specific gravity of 1.015, with no signs of infection. Liver values were reported to be within normal limits. Additionally, the patient has a history of a tumor in the elbow, which was suspected to be a synovial cell tumor.

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 is large and slightly irregular in shape. It measures 9.34 cm in length with reduced corticomedullary distinction. The cortex appears irregular and mottled, almost nodular in appearance, with significant pyelectasia measuring at 0.45 cm. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is large and slightly irregular in shape. It measures 9.57 cm in length with reduced corticomedullary distinction. The cortex appears irregular and mottled, almost nodular in appearance, with significant pyelectasia measuring at 0.63 cm. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.47 cm at the cranial pole and 0.65 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 0.85 cm at the cranial pole and 0.86 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 borderline large and slightly irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There are too numerous to count, variably sized, discrete hypoechoic nodules throughout the parenchyma. Examples measure 1.6 cm, 0.51 cm, and 0.52 cm. Some of these mildly deviate the splenic capsule.



PATIENT

Sculley Brittain

SPECIES

Canine

BREED

Belgian Malinois

SEX

Spayed Female

AGE

11 Years 3 Weeks

WEIGHT

23.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Chaparral Vet Clinic

REFERRING VET

Dr. Fayyhad

INVOICE

72886

DATE

12/30/25

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 is large and contains moderate debris. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Subjectively the gallbladder appears somewhat overdistended. The gallbladder neck and bile duct are not clearly visualized.

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.

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 0.48 cm. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 pancreas is mildly mottled in both limbs. 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. There is a large, hypoechoic lymph node in the cranial abdomen measuring 1.02 cm x 1.3 cm. Additionally, there is an irregular hypoechoic structure most consistent with a lymph node near the left kidney/left adrenal measuring 2.5 cm x 1.66 cm.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular kidneys with mottled, abnormal cortical tissue and significant pyelectasia – Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other. The cortical abnormalities could be consistent with infectious, inflammatory, or even neoplastic change. Consider a fine needle aspirate.
- Numerous, distinct, variably sized hypoechoic nodules in the spleen – There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Pancreatic changes most consistent with chronic pancreatic remodeling.



PATIENT

Sculley Brittain

- Large, overdistended gallbladder with moderate intraluminal debris – Findings could be consistent with a fasted gallbladder. A definitive obstruction is not visualized.

SPECIES

Canine

- Large, irregular lymph nodes visualized in the cranial abdomen and near the left kidney – Findings could be consistent with highly reactive or neoplastic lymph nodes.

BREED

Belgian Malinois

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys appear very atypical with abnormal, almost nodular cortices and pyelectasia. Recommend diuresis and treatment for acute renal failure as well as evaluation of a urinalysis, culture, urine protein to creatinine ratio, and a blood pressure. A fine needle aspirate of the kidneys could be considered, provided coagulation parameters and blood pressure is normal.

SEX

Spayed Female

There are too numerous to count, well defined, hypoechoic nodules in the spleen. These could be benign or neoplastic lesions, but there is some criteria for malignancy. Strongly recommend a fine needle aspirate.

AGE

11 Years 3 Weeks

The gallbladder appears somewhat overdistended with some intraluminal debris. A definitive obstruction is not visualized. Consider reevaluation of the gallbladder size after eating to determine if the gallbladder contracted normally.

WEIGHT

23.7 kg

There is an atypical lesion visualized near the left kidney suspicious for an abnormal lymph node. Additionally, there is a large lymph node in the cranial abdomen. If a safe window for sampling is available, a fine needle aspirate could be considered. Otherwise, recommend continued monitoring.

INTERPRETED BY

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

The presentation is concerning for a neoplastic process, although benign lesions are possible.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Chaparral Vet Clinic

REFERRING VET

Dr. Fayyhad

INVOICE

72886

DATE

12/30/25





PATIENT

Sculley Brittain

SPECIES

Canine

BREED

Belgian Malinois

SEX

Spayed Female

AGE

11 Years 3 Weeks

WEIGHT

23.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Chaparral Vet Clinic

REFERRING VET

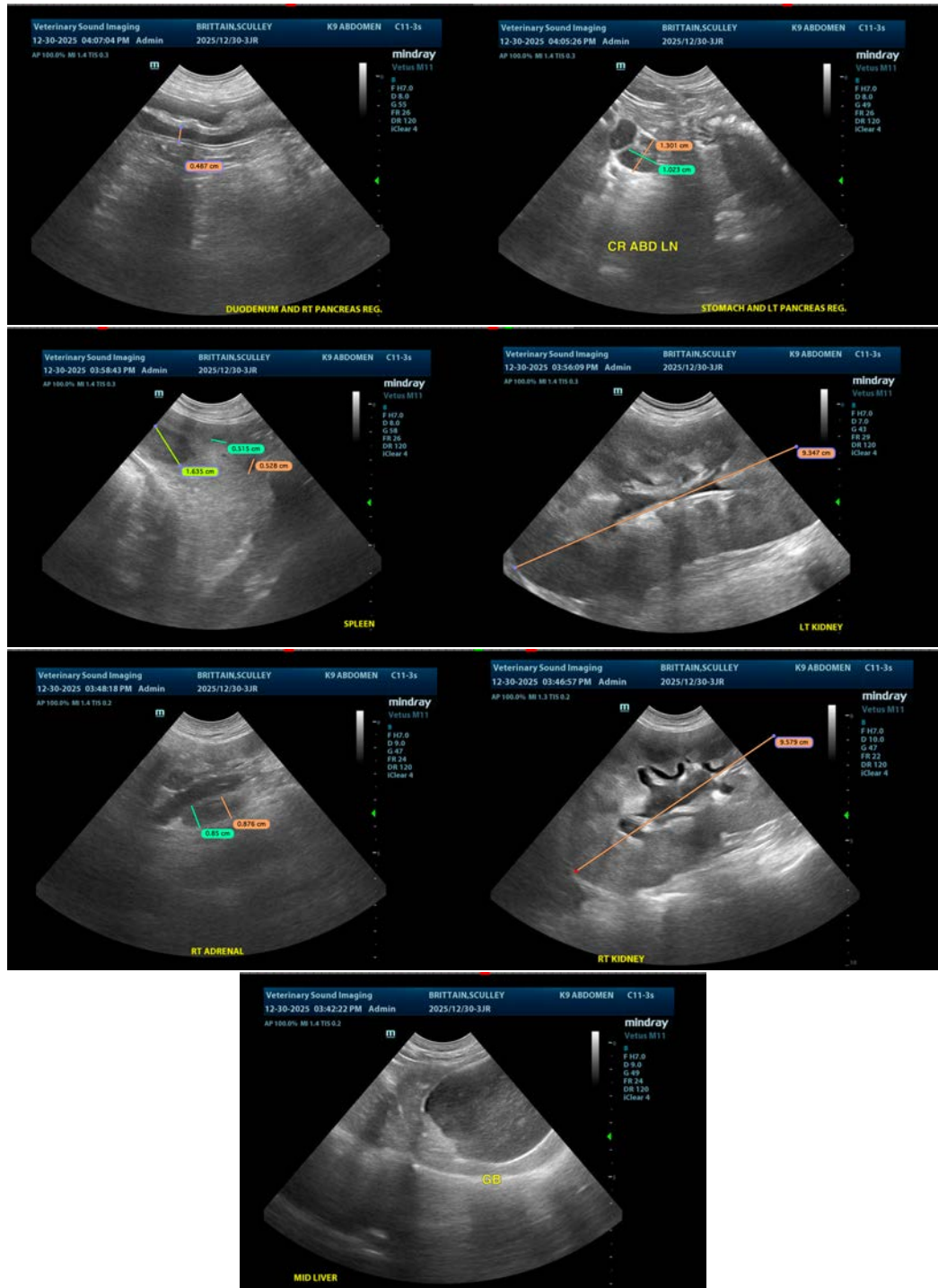
Dr. Fayyhad

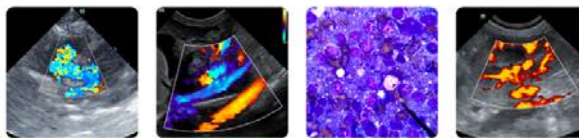
INVOICE

72886

DATE

12/30/25





PATIENT

Sculley Brittain

SPECIES

Canine

BREED

Belgian Malinois

SEX

Spayed Female

AGE

11 Years 3 Weeks

WEIGHT

23.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Chaparral Vet Clinic

REFERRING VET

Dr. Fayyhad

INVOICE

72886

DATE

12/30/25

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)

info@sonopath.com