



PATIENT

Roxie Mlekush

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

8 Years 3 Months

WEIGHT

34.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the
 High Country

REFERRING VET

Dr. Russell

INVOICE

72894

DATE

12/31/25

PRESENTING CLINICAL SIGNS

P presented 12/26 for bloody diarrhea elevated pancreatic Lipase, v+ chicken wing bones, started on Cerneia, Ondansetron, Provable Metronidazole, on Purina HA. P presented today for US- Diarrhea has resolved but behavior is not normal

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 (5.3 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 (4.71 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 0.60 cm at the cranial pole and 0.59 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 1.19 cm at the cranial pole and 0.56 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 normal in size but irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic, irregular, mixed echogenicity mass effect visualized in the body of the spleen, which deviates the splenic capsule, measuring 2.23 cm x 2.83 cm.

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.



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Gastrointestinal

The stomach contains moderate fluid and shadowing ingesta. 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. There is a focal hyperechoic mass effect visualized in the body of the stomach measuring 1.75 cm x 2.25 cm. This lesion does not appear obstructive, and there is no loss of significant wall layering.

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 0.39 cm. Jejunum wall measures 0.35 cm. 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 fecal material and gas shadowing distally. The descending colon appears thickened with reduced detail of wall layering, measuring at 0.54 cm.

Pancreas

The right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic 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.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic, mixed echogenicity mass effect visualized in the spleen – A focal solid mixed echogenicity mass is visualized associate with the spleen. This mass distorts the splenic capsule. Differentials include : benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)
- Pancreatic changes most consistent with chronic pancreatic remodeling or mild pancreatitis.
- Moderate fluid/shadowing ingesta visualized within the gastric lumen in addition to a focal hyperechoic mass effect in the region of the body of the stomach – The mass effect does not appear obstructive, but there could be delayed gastric empty. This could represent a benign lesion such as an adenoma, a polyp, etc. A neoplastic lesion such as a carcinoma, round cell neoplasia, etc. are also possible.
- Thickened descending colon – Findings are most consistent with severe inflammation or early neoplastic change.



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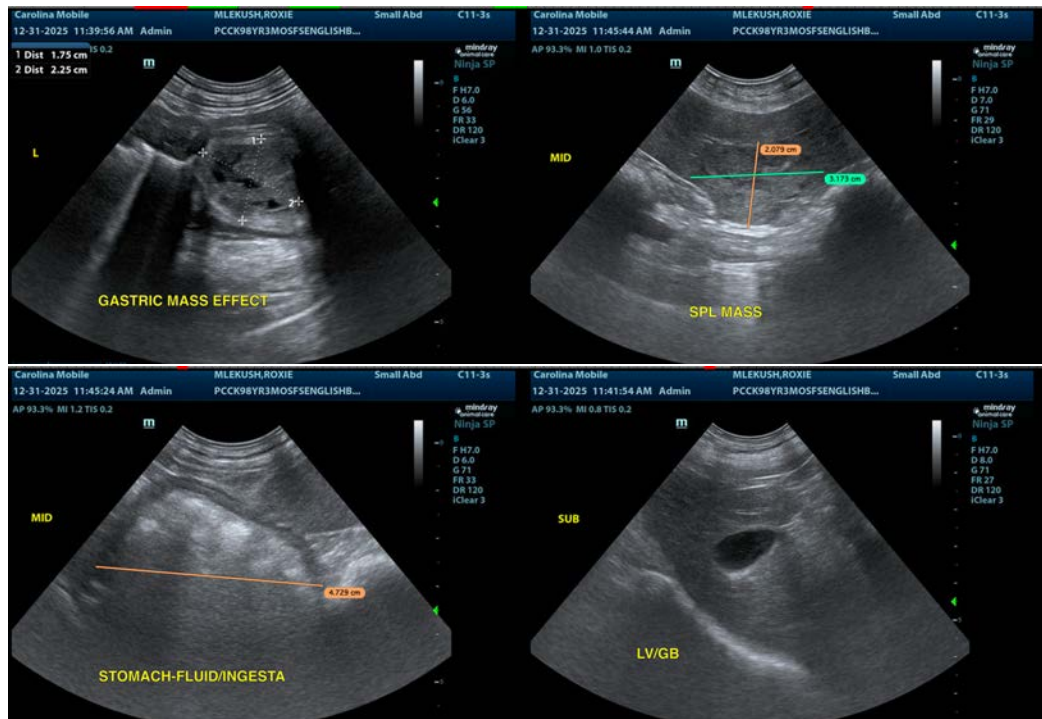
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

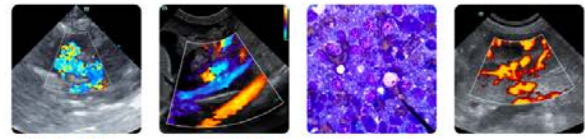
Recommend continued empirical therapy for gastroenteritis/colitis/pancreatitis. There is significant thickening of the distal colon wall. This could be consistent with severe colitis or early neoplastic change. Given the acute history, severe inflammation is favored. Recommend reevaluation of the colon wall in 1-2 weeks (potentially earlier if the patient is not doing well).

The stomach contains moderate fluid and shadowing ingesta, which interferes somewhat with full evaluation. There is a focal rounded hyperechoic intraluminal mass effect visualized, which does not appear obviously obstructive at this time. This could be an incidental finding such as a polyp, etc., although a neoplastic lesion cannot be ruled out, and this could be contributing to gastric ileus, etc. Further evaluation could include an upper GI endoscopy with samples obtained for biopsies.

There is a focal lesion visualized in the spleen. This could represent a benign or neoplastic lesion. Based on the location and appearance, you could consider a splenectomy for diagnostic and therapeutic reasons, with samples submitted for histopathology. I suspect the splenic lesion is an incidental finding at this time. Recommend stabilization of the patient prior to considering surgery (if possible). Additionally, if surgery is pursued in the future, you could consider evaluation of the gastric lesion at that time, particularly if the symptoms resolve with continued empirical therapy. Additionally, you could consider repeat imaging in the future, looking for the persistence of progression of today's lesions.

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





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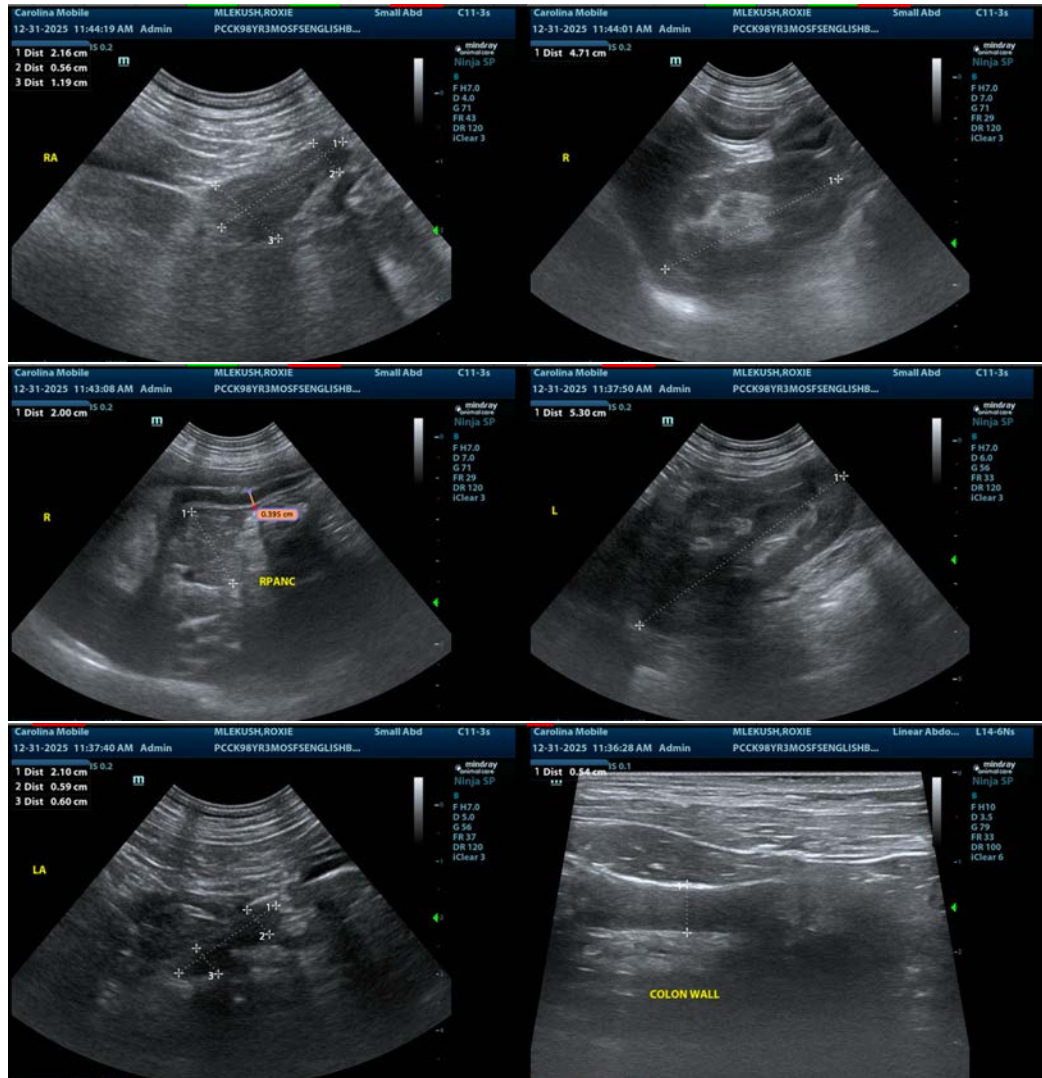
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com