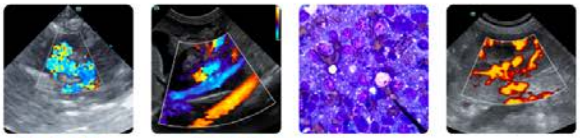


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Blue Zielinska

SPECIES

Canine

BREED

Australian Shepherd x

SEX

Intact Male

AGE

11 Months

WEIGHT

30 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Novel Vet

REFERRING VET

Dr. Gibbs

INVOICE

72328

DATE

12/4/25

PRESENTING CLINICAL SIGNS

Abnormal appetite and intermittent vomiting, ventral pyoderma but is clearing up.
Abnormal PE/Chem/CBC/UA Results: N/A

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 prostate is large and hyperechoic, measuring 2.48 cm. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.6 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 (5.8 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 0.59 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 1.28 cm at the cranial pole and 0.53 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.

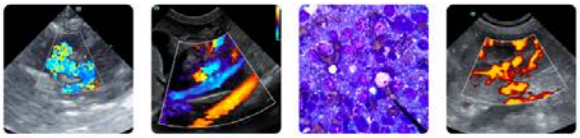
Spleen

The spleen is subjectively normal in size (2.0 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.

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.



PATIENT

Blue Zielinska

SPECIES

Canine

BREED

Australian Shepherd x

SEX

Intact Male

AGE

11 Months

WEIGHT

30 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Novel Vet

REFERRING VET

Dr. Gibbs

INVOICE

72328

DATE

12/4/25

Gastrointestinal

The stomach contains moderate fluid and gas/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. 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 0.39 cm. Jejunum wall measures 0.26 cm. Visualized peristalsis appears appropriate. There are some focal sections of small intestine that appear corrugated/mildly fluid distended, most consistent with enteritis.

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 area of 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 did not reveal any evidence of effusion. There is no evidence of a significant diffuse lymphadenopathy. An occasional prominent mesenteric lymph node is visualized. An example measures 2.7 cm x 1.37 cm. The omentum is of normal echogenicity.

Other

Both testicles are visualized and appear within normal limits.

ULTRASONOGRAPHIC FINDINGS

- Mild fluid/gas/ingesta visualized within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying or less likely a partial outflow tract obstruction.
- Small intestinal changes most consistent with enteritis type changes.
- Prominent mesenteric lymph node – This likely represents a reactive/juvenile lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause for the decrease in appetite and vomiting reported is not observed. Unfortunately, there are many causes for vomiting that cannot be definitively diagnosed by ultrasound alone. Generally, there are changes associated with the small intestine most consistent with inflammation/irritation/enteritis. Consider the following:

- Recommend a hydrolyzed protein prescription diet.
- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
- Recommend chronic probiotic therapy.
- If not already done, recommend parasite screening and empirical deworming.
- Recommend baseline cortisol to screen for Addison's.

PATIENT

Blue Zielinska

SPECIES

Canine

BREED

Australian Shepherd x

SEX

Intact Male

AGE

11 Months

WEIGHT

30 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Novel Vet

REFERRING VET

Dr. Gibbs

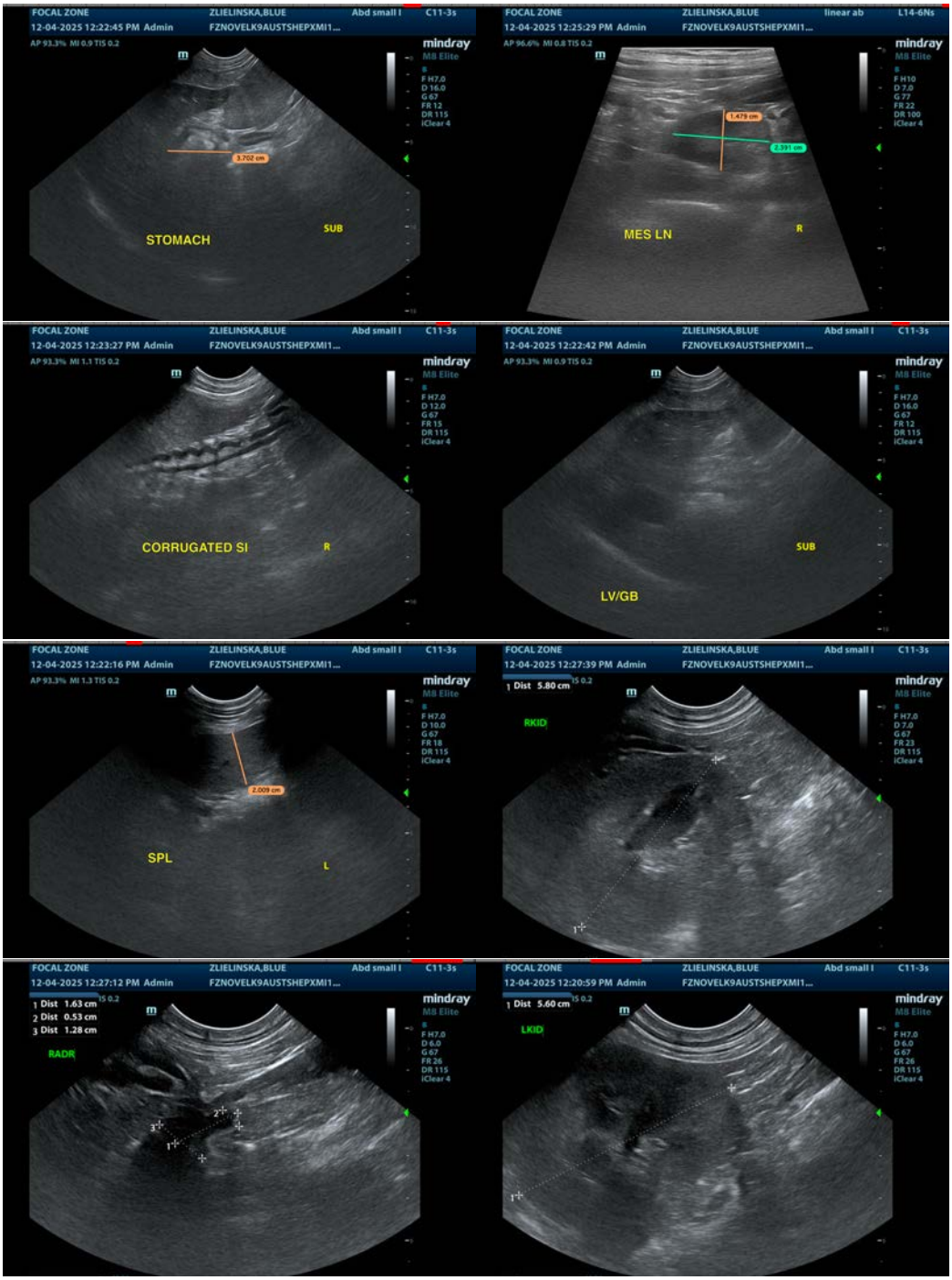
INVOICE

72328

DATE

12/4/25

If symptoms are persistent despite taking these measures, biopsies of the GI tract may be warranted. Additionally, you could consider repeat imaging in the future, looking for the progression of today's lesions.



PATIENT

Blue Zielinska

SPECIES

Canine

BREED

Australian Shepherd x

SEX

Intact Male

AGE

11 Months

WEIGHT

30 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Novel Vet

REFERRING VET

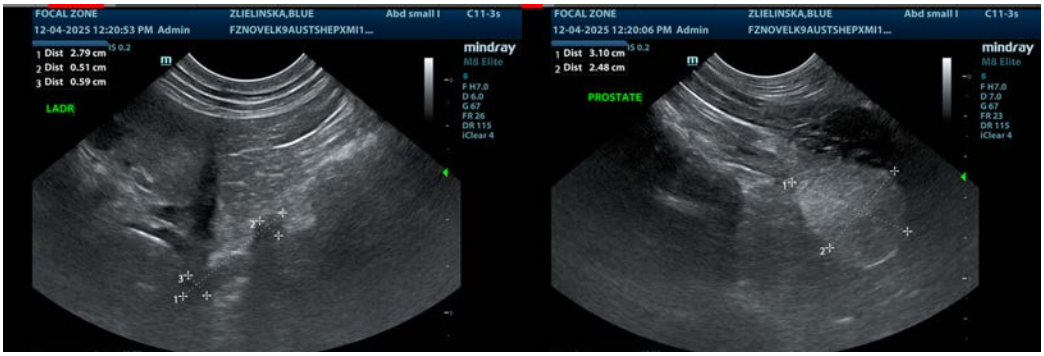
Dr. Gibbs

INVOICE

72328

DATE

12/4/25



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