



## PATIENT

Bo Lopes

## PRESENTING CLINICAL SIGNS

Re-check prev u/s 12/3 doing well over all but vomited once.

## SPECIES

Canine

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

## BREED

King Charles Cavalier

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.

## SEX

The prostate was not clearly visualized.

Male

The left kidney has a normal shape and size (4.23 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.

## AGE

1

The right kidney has a normal shape and size (4.56 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.

## WEIGHT

14

### Adrenal Glands

## INTERPRETED BY

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

The left adrenal gland is normal in size measuring 0.48 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 0.9 cm at the cranial pole and 0.58 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.

## IMAGING PERFORMED BY

Jenn

### Spleen

## HOSPITAL NAME

Rockaway Animal  
Hospital

The spleen is subjectively normal in size (0.92 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

## REFERRING VET

### Liver

Dr. Maniar

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.

## INVOICE

10849

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.

## DATE

12/4/2025

### Gastrointestinal



**PATIENT**

Bo Lopes

**SPECIES**

Canine

**BREED**

King Charles Cavalier

**SEX**

Male

**AGE**

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**WEIGHT**

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**IMAGING  
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**REFERRING VET**

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**DATE**

12/4/2025

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta 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 layering 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 to mild fluid and gas distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (0.2 cm.) Visualized peristalsis appears appropriate. The small intestine appears somewhat gassy in appearance, possibly consistent with generalized ileus.

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 visible and hypoechoic in the left limb. 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.

**ULTRASONOGRAPHIC FINDINGS**

- Visible/slightly hypoechoic left limb of the pancreas. Findings could be consistent with mild pancreatic inflammation.
- Small/moderate fluid and shadowing ingesta visualized within the gastric lumen. Correlate with the feeding history. If foreign material is present it appears to be small pieces. A definitive obstruction is not visualized, but a partial obstruction cannot be ruled out.
- Mild fluid and gas distension in the small intestine. Findings are most consistent with enteritis/ileus. A definitive obstruction pattern is not visualized.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Today's scan appears very similar to the previous exam 12/3/2025. Although the stomach is slightly less distended and the panting and gas are somewhat improved, but still present. A definitive focal lesion is not observed.

The pancreas is more prominent on today's exam. If the patient appears to be responding to therapy, recommend continuing along this track. If there is a failed response to therapy, then surgical explore with samples obtained for histopathology, upper GI endoscopy, etc., could be considered.



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**REFERRING VET**

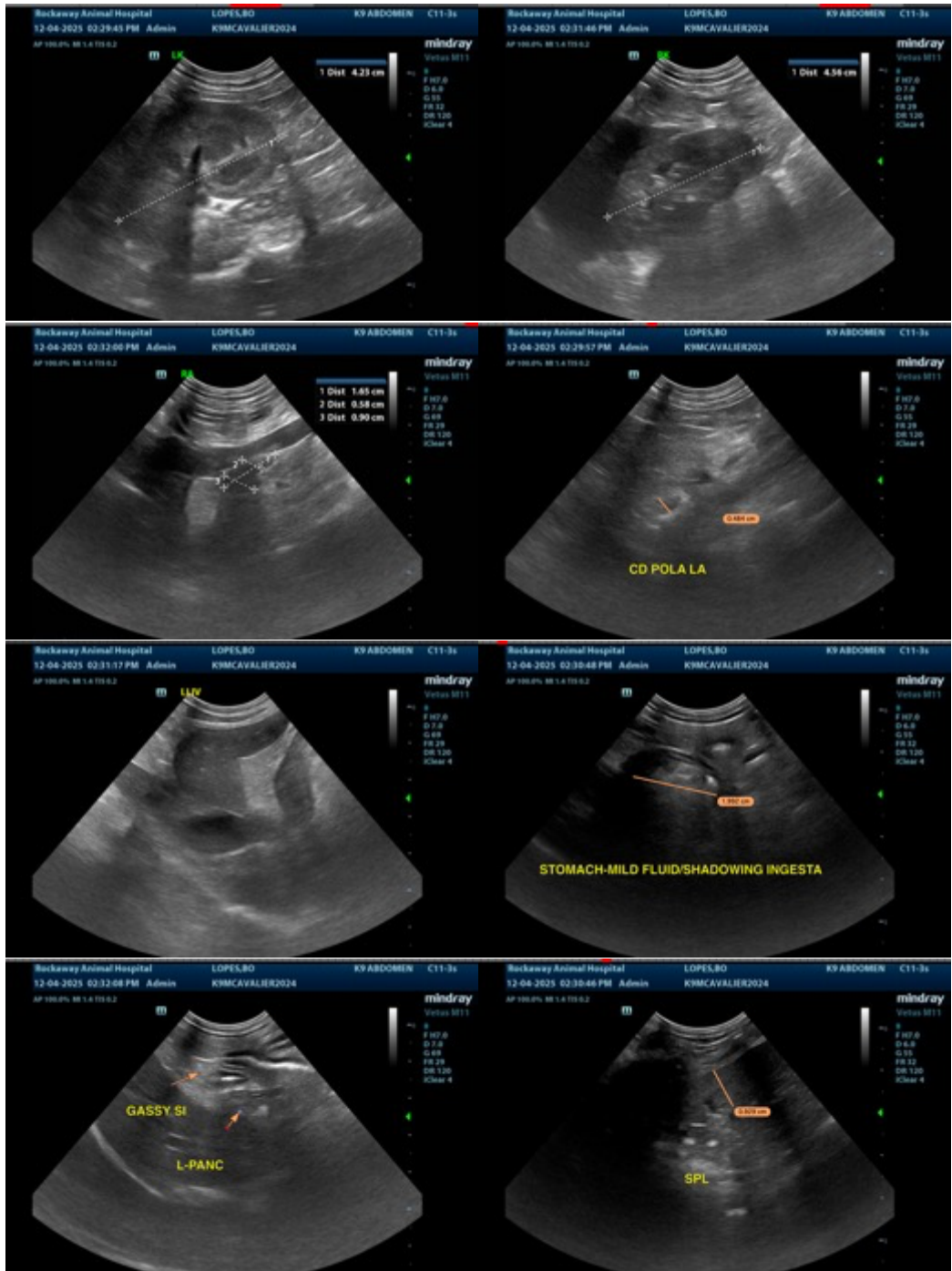
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## DATE

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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