



PATIENT

Poppy Rizzo

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

5 Years 10 Months

WEIGHT

12.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Katelyn Mazzochette,
DVM

HOSPITAL NAME

Airpark Animal
Hospital

REFERRING VET

Kristin Marciszewski,
DVM

INVOICE

72873

DATE

2/11/26

PRESENTING CLINICAL SIGNS

Sedated with butorphanol and low dose dexdomitor for scan. Presented on 2/3/26 for acute vomiting, diarrhea. Acute, suspected pancreatitis on 2/3/26. On OTC Sensitive Skin and Stomach Diet. Possible known ingestion of small amounts of whipped cream prior to presentation. Previous episode of hematochezia, diarrhea in January 2025. Fecal NEG

Abnormal PE/Chem/CBC/UA Results: CBC: Mild monocytosis CHEM: ALP 600 Cholesterol 394 Amylase > 2500 Lipase 5287 cPL 1798

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 (3.66 cm) with pinpoint non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.0 cm) with pinpoint non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.38 cm at the cranial pole and 0.56 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 0.46 cm at the cranial pole and 0.52 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 (0.98 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 large in size, and normal in echogenicity with smooth peripheral 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 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.

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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 0.34 cm. Jejunum wall measures 0.25 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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The colon is distended with non-formed fecal material. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

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The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate to severe pancreatitis.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a significant lymphadenopathy. The omentum is highly reactive around the left limb of the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Large, prominent, hypoechoic pancreas with surrounding reactive mesentery – The pancreatic changes are most consistent with moderate to severe pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- Heterogeneous 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas (left lobe in particular) is large, prominent and hypoechoic with surrounding reactive mesentery, most consistent with moderate to severe pancreatitis. No focal mass lesions or areas of abscessation are noted at this time. An underlying neoplastic process cannot be ruled out but seems less likely. Recommend continued aggressive care for pancreatitis.

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The liver is large and heterogeneous. The appearance is most consistent with a vacuolar hepatopathy, although other hepatopathies are possible. If further evaluation is desired and/or there is a significant concern for underlying round cell neoplasia, a fine needle aspirate of the liver could be considered



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(provided coagulation parameters are normal).

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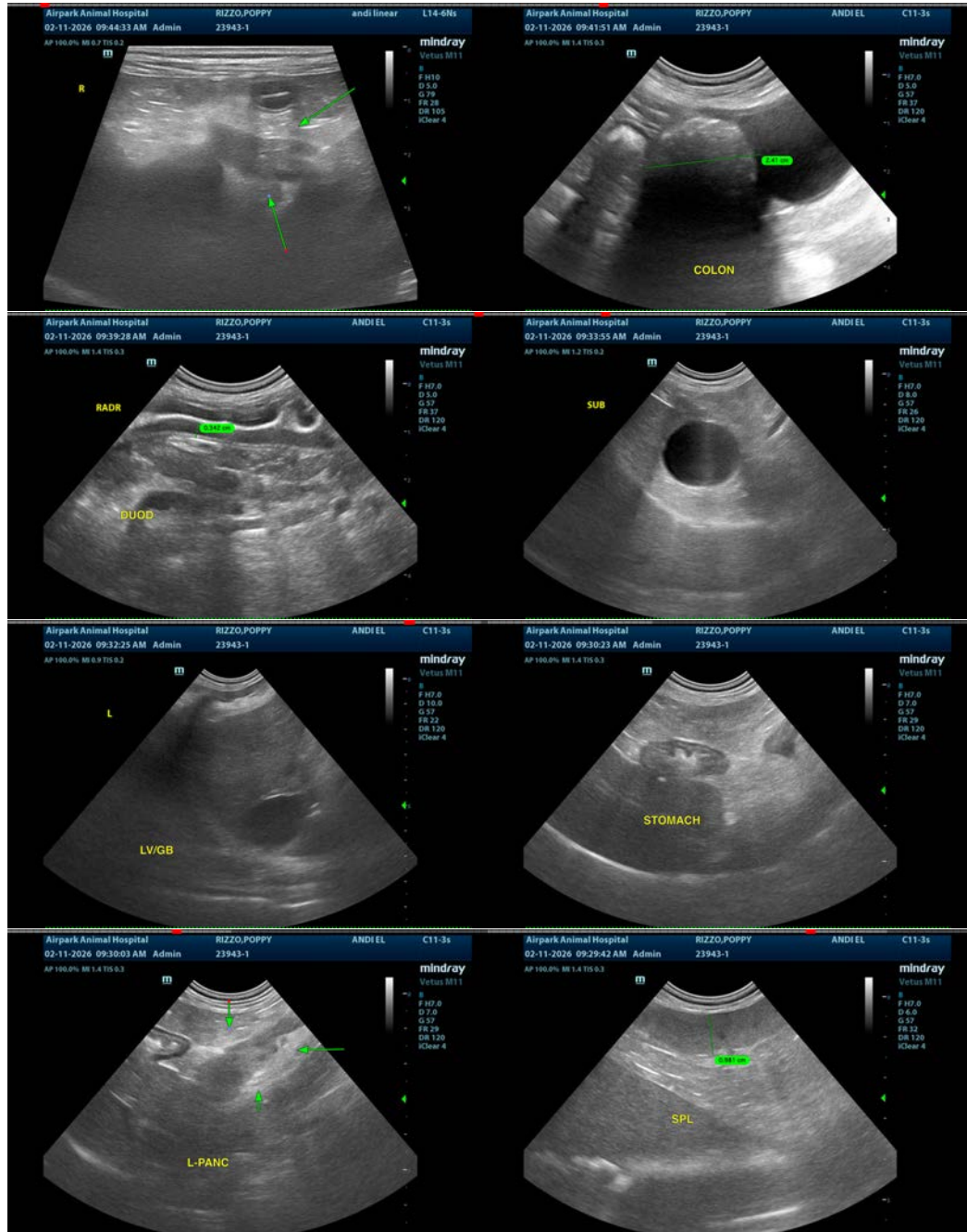
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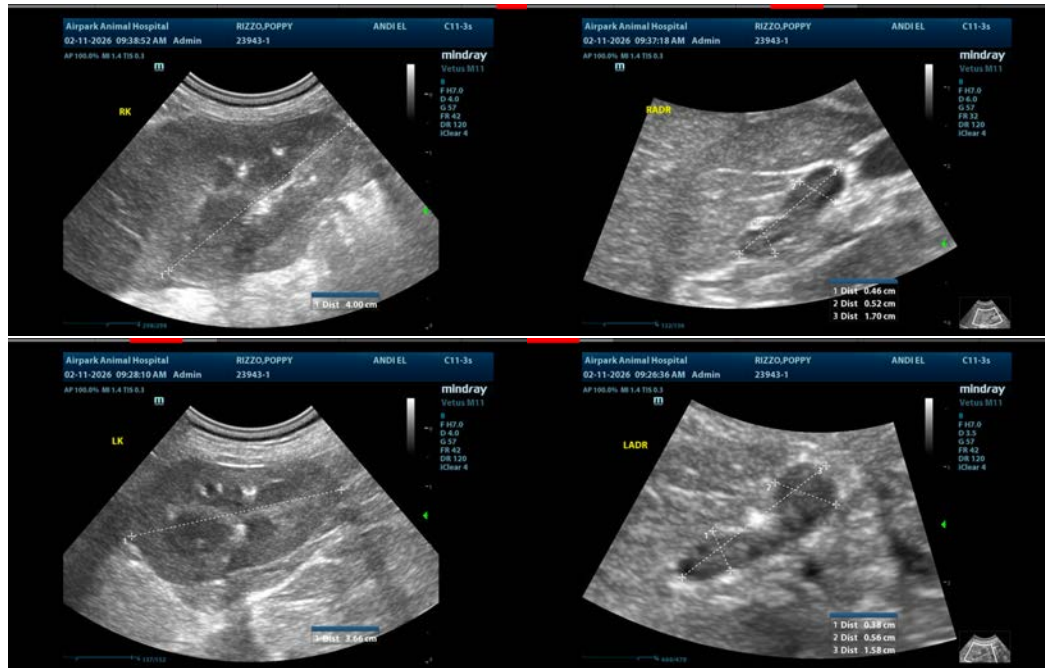
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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