



PATIENT

Radar Weaver

SPECIES

Canine

BREED

Lab x

SEX

Spayed Female

AGE

1 Year 4 Months

WEIGHT

32 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Justin Freeby

HOSPITAL NAME

Abby Road Veterinary
Hospital

REFERRING VET

Dr. Justin Freeby

INVOICE

72904

DATE

2/11/26

PRESENTING CLINICAL SIGNS

P presented for ~10 day duration of decreased thirst, soft stool, and intermittent vomiting. P continues to e normally with no c/s. O described BM as soft but not diarrhea. Initially BM had blood but that has resolved. Vomit does not contain food and is bile only hours after eating. P may have consumed some cat feces out of litter box and/or some raw chicken just before this event.

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 (5.33 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 (5.15 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (1.63 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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate 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



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and there is no impression of reduced peristaltic activity. Shadowing ingesta in the stomach interferes with full evaluation of the stomach. Partial outflow tract obstruction cannot be ruled out.

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 0.49 cm. Jejunum wall measures 0.38 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 a large amount of gas. 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 significant lymphadenopathy noted. A prominent isoechoic mesenteric lymph node is visualized measuring 1.04 cm x 3.8 cm. The omentum is normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Moderate shadowing ingesta visualized within the gastric lumen – Correlate with the feeding history. If the patient was adequately fasted, this likely represents delayed gastric emptying, ingested foreign material, or possibly a partial outflow tract obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions were visualized associated with the small intestine. The stomach has a moderate amount of hard shadowing ingesta and gas. This interferes with full evaluation of the stomach and some areas of the cranial abdomen. Correlate with the feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying, retained foreign material, etc. A complete obstruction seems less likely, but a partial obstruction due to retained material cannot be ruled out. Correlate with abdominal radiographs and repeat imaging (radiographs +/- ultrasound) after a more prolonged fast. Additionally, you could consider a small amount of barium to see if it adheres to retained ingesta, etc. If this is a significant concern, you could consider upper GI endoscopy to further investigate.

Consider the following:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- If not already done, recommend a baseline cortisol to screen for Addison's.
- If not already done, recommend parasite screening and empirical deworming.



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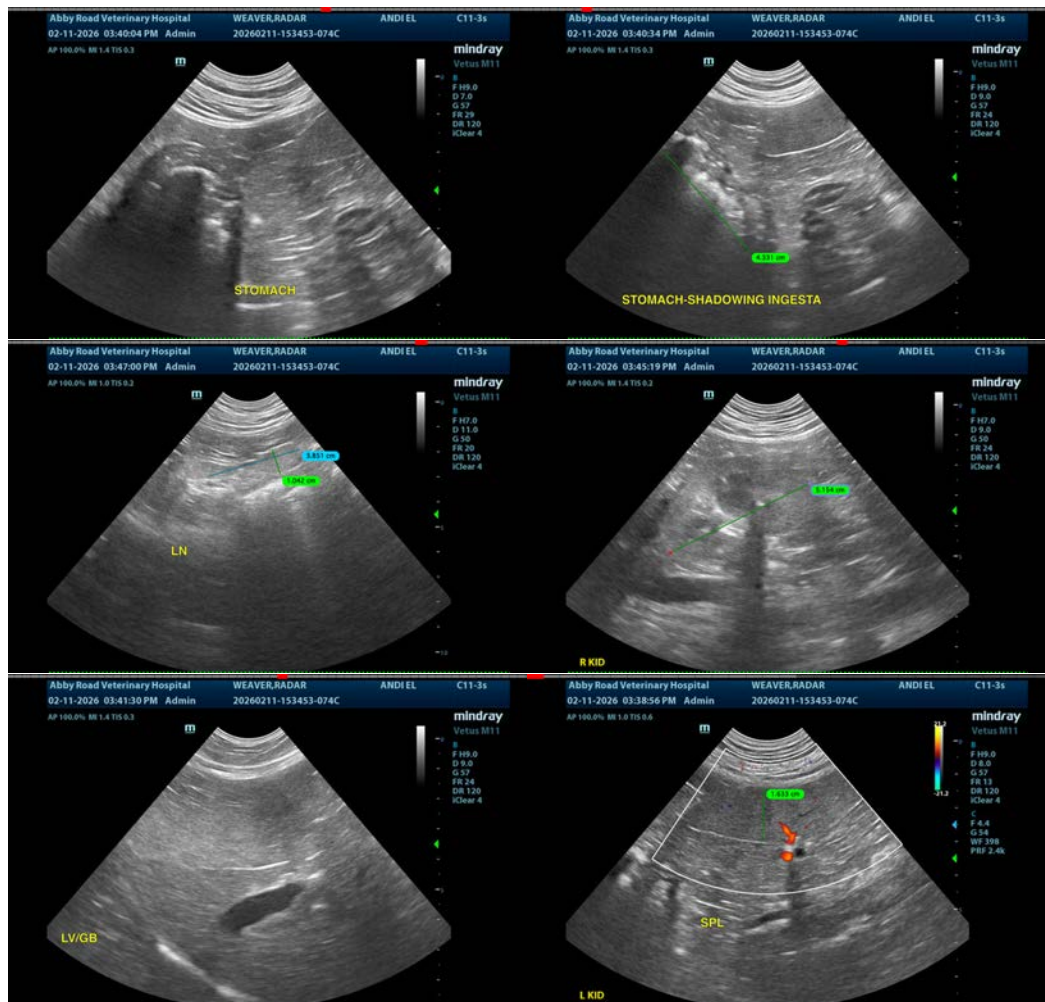
DATE

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- Consider an infectious diarrhea panel.
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.

If symptoms are persistent despite addressing the above concerns, biopsies of the GI tract may ultimately be recommended.

Additionally, a small focal lesion cannot be definitively ruled out with ultrasound alone.





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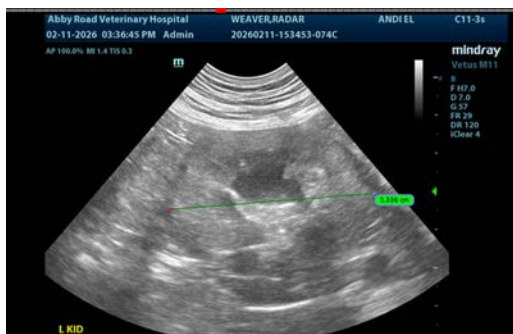
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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