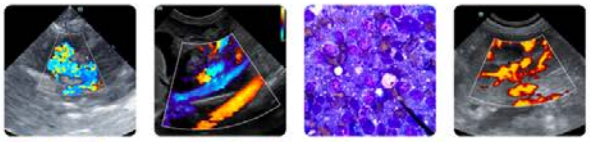


PATIENT

Tater Yaffe

SPECIES

Canine

BREED

Toy Poodle

SEX

Intact Male

AGE

8 Years 5 Months

WEIGHT

7.99 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

Grace Kennedy, DVM

INVOICE

72878

DATE

2/11/26

PRESENTING CLINICAL SIGNS

Acute on chronic vomiting, hyporexia and mild lethargy over the last several days. On Atopica chronically for diagnosed pemphigous foliaceus, giving 5 days a week until recently, owner reduced to every other day. Offering purina proplan, blood work, cPL and cortisol performed today with a cerenia injection given around 4:30pm 2/10.

Completing ACTH stim today (cortrosyn given IV at 9:30am and blood drawn 1 hour later)- pending @ Idexx

Abnormal PE/Chem/CBC/UA Results: Unintentional weight loss, but no other specific findings on exam. CBC: PCV 44%, WBC normal 8.3 K/uL, Platelets 403 K/uL Chemistry all normal except for mildly elevated globulin at 4.8 g/dL (2.5-4.5) cPL 61 (0-200) resting cortisol 0.59 ug/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with highly echogenic 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 mildly mottled, measuring 1.85 cm.

The left kidney has a normal shape and size (4.65 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 (4.51 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.

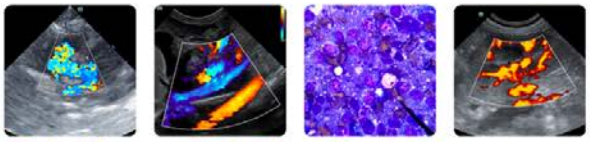
Adrenal Glands

The left adrenal gland is normal in size measuring 0.55 cm at the cranial pole and 0.54 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 0.51 cm at the cranial pole and 0.60 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 (1.06 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.



PATIENT

Tater Yaffe

SPECIES

Canine

BREED

Toy Poodle

SEX

Intact Male

AGE

8 Years 5 Months

WEIGHT

7.99 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

Grace Kennedy, DVM

INVOICE

72878

DATE

2/11/26

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly 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.

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 fluid and shadowing material. 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 some hard shadowing material, an example measures 1.5 cm in diameter. Additionally, there is shadowing material visualized in the pylorus, potentially concerning for a partial obstruction (if the patient was adequately fasted).

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.38 cm. Jejunum wall measures 0.26 cm. There are some areas of small intestine that exhibit more significant thickening with mucosal fogging and fogging. Visualized peristalsis appears appropriate.

Sections of colon are visualized with a large amount of hard formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

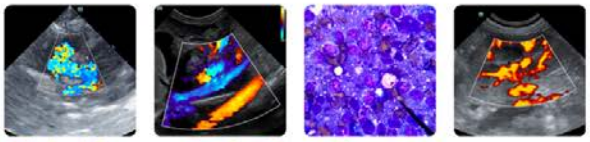
The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, 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

- Large amount of suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Large, mottled prostate – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.
- Mildly 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.



PATIENT

Tater Yaffe

SPECIES

Canine

BREED

Toy Poodle

SEX

Intact Male

AGE

8 Years 5 Months

WEIGHT

7.99 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

Grace Kennedy, DVM

INVOICE

72878

DATE

2/11/26

- 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 amount of hard shadowing ingesta visualized within the stomach as well as fluid – Correlate with the feeding history. If the patient was adequately fasted, this could be concerning for ingested foreign material, as there is shadowing material visualized within the pylorus concerning for a possible partial obstruction.
- Diffusely mildly thickened small intestine with some areas exhibiting mucosal speckling and fogging – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.
- Hard shadowing stool visualized in the colon – This could be normal for this individual, consistent with mild constipation or even passing foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is significantly distended with fluid and shadowing material. Some of this material is hard shadowing material and extends into the pylorus. A definitive obstruction is not visualized, but if this patient was adequately fasted there would be concern for possible partial outflow tract obstruction.

Additionally, the small intestine is thickened in some areas with evidence of mucosal speckling and fogging, suggestive of possible chronic enteropathy. Correlate with abdominal radiographs. If the patient is adequately fasted for a more prolonged period of time and the stomach is not emptying, consider upper GI endoscopy to evaluate for possible gastric foreign body and obtain biopsies of the small intestine to further evaluate a suspected concurrent enteropathy.

There is a large amount of suspended echogenic debris in the urine. Recommend a urinalysis and culture. If an infection is present, there would be a strong concern for concurrent prostatitis. In this situation it is very difficult to clear an infection unless testosterone is blocked either with a testosterone blocker or by neutering the individual.

If the stomach clears and a chronic enteropathy is suspected, consider the following:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- 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.
- Recommend chronic probiotic therapy.

PATIENT

Tater Yaffe

SPECIES

Canine

BREED

Toy Poodle

SEX

Intact Male

AGE

8 Years 5 Months

WEIGHT

7.99 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

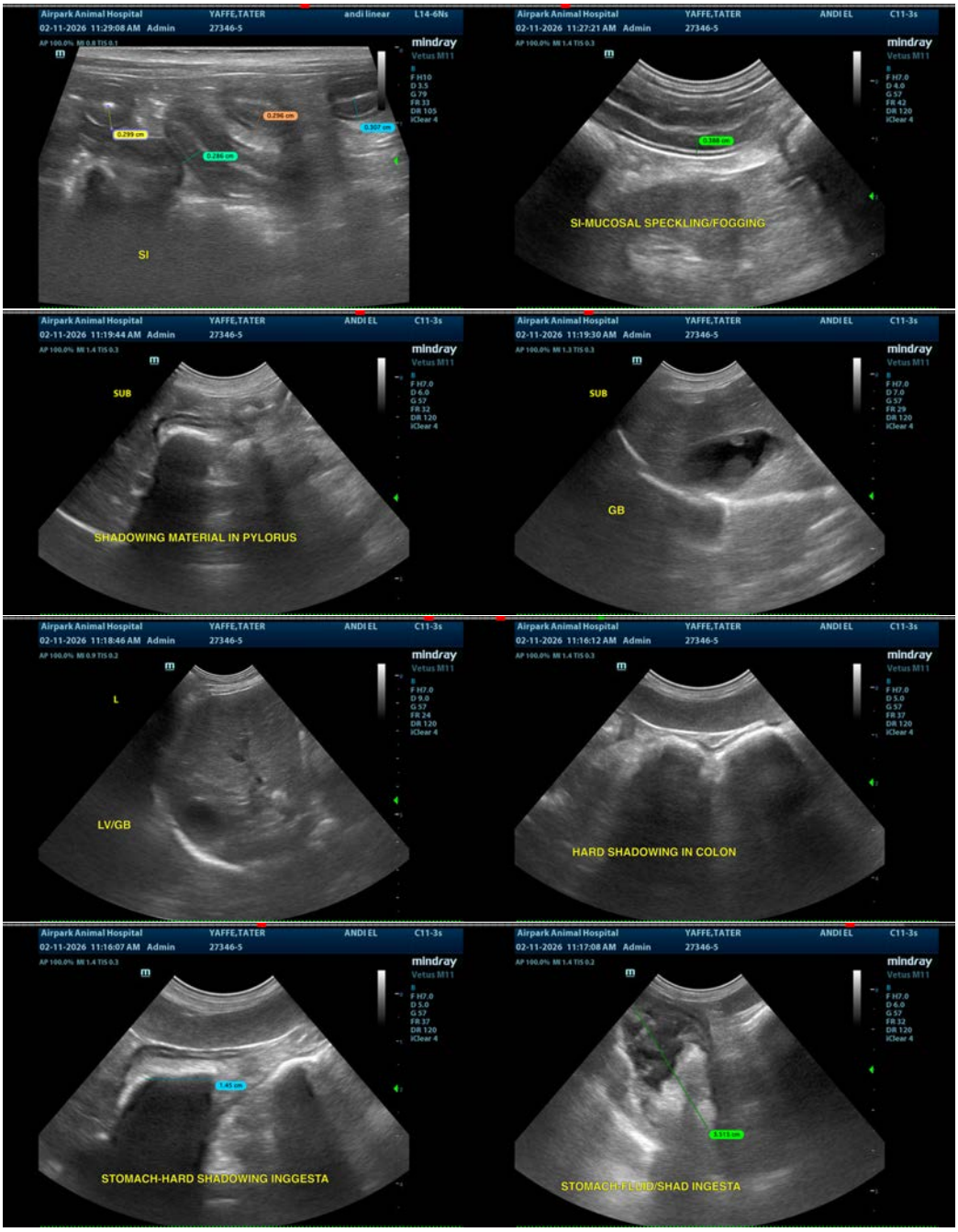
Grace Kennedy, DVM

INVOICE

72878

DATE

2/11/26



PATIENT

Tater Yaffe

SPECIES

Canine

BREED

Toy Poodle

SEX

Intact Male

AGE

8 Years 5 Months

WEIGHT

7.99 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

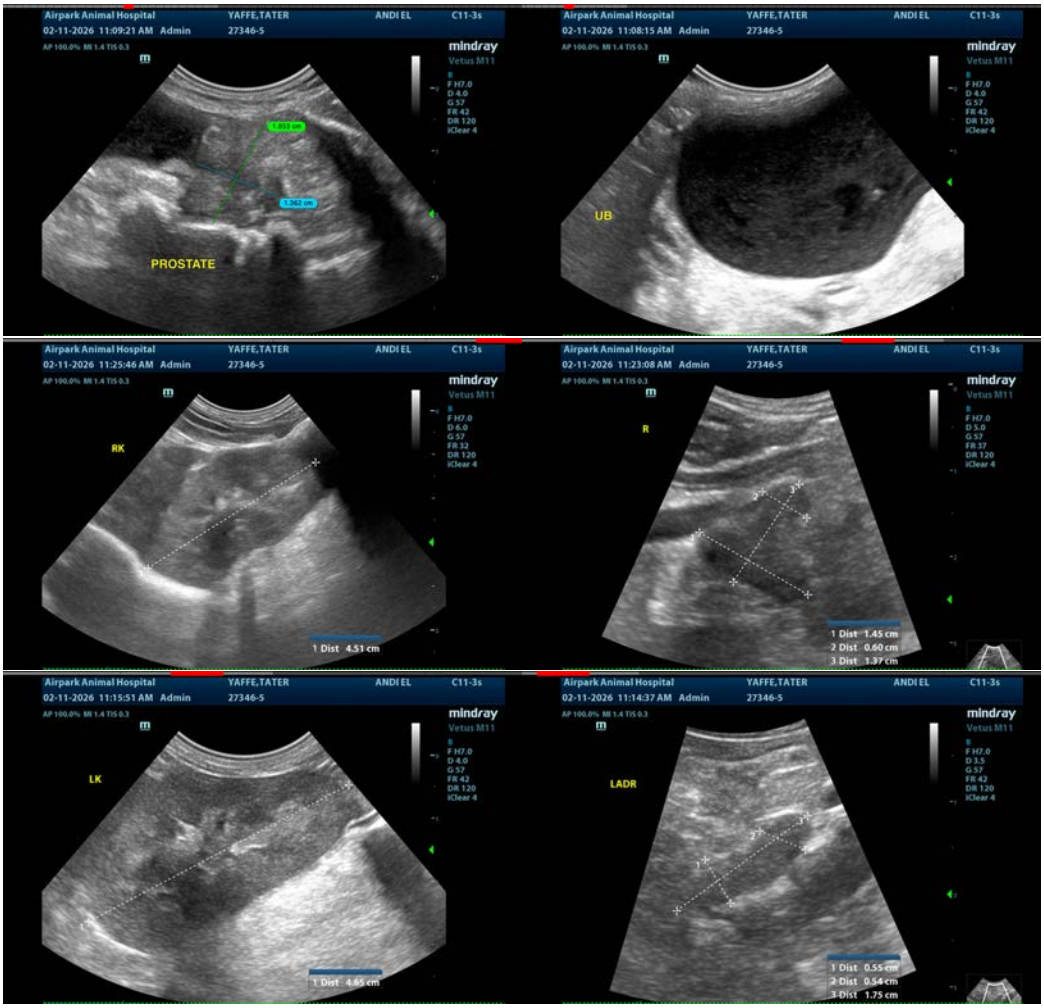
Grace Kennedy, DVM

INVOICE

72878

DATE

2/11/26



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