



## PATIENT

Pepper Cole

## SPECIES

Canine

## BREED

Mixed

## SEX

Spayed Female

## AGE

6

## WEIGHT

73

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Elaina Petrone

## HOSPITAL NAME

Long Branch Animal  
Hospital

## REFERRING VET

Dr. Elaina Petrone

## INVOICE

73075

## DATE

2/18/26

## PRESENTING CLINICAL SIGNS

6 yo FS shepherd mix with chronic loose stool and urgency to defecate. Owner reports improvement since transitioning her to OTC diet that is beef-based instead of chicken. R/O IBD

## 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 (6.26 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 (5.82 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 0.58 cm at the cranial pole and 0.66 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 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 (1.24 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 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.



## PATIENT

Pepper Cole

## SPECIES

Canine

## BREED

Mixed

## SEX

Spayed Female

## AGE

6

## WEIGHT

73

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Elaina Petrone

## HOSPITAL NAME

Long Branch Animal  
Hospital

## REFERRING VET

Dr. Elaina Petrone

## INVOICE

73075

## DATE

2/18/26

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 0.54 cm. Jejunum wall measures 0.36 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The colon is distended with non-formed fecal material and 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, 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

- 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.
- Diffusely “ropey” small intestine – Findings are most consistent with mild inflammatory type change.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic changes visualized on today’s exam are relatively mild. No focal lesions are visualized associated with the GI tract. The colon appears distended with non-formed fecal material and gas, and the small intestine appears diffusely “ropey”, most consistent with mild inflammatory type change. Unfortunately, there are many causes for large bowel +/- small bowel diarrhea that cannot be definitively diagnosed by ultrasound alone. Consider the following:

- If not already done, recommend full metabolic evaluation.
- Recommend a baseline cortisol to rule out Addison’s.
- If not already done, recommend parasite screening and empirical deworming.
- 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. This will screen for exocrine pancreatic insufficiency and markers for bacterial overgrowth, etc.
- Consider a combination prescription ultra low-fat and hydrolyzed protein prescription diet (Royal Canin has one).



**PATIENT**

Pepper Cole

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

6

**WEIGHT**

73

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Elaina Petrone

**HOSPITAL NAME**

Long Branch Animal  
Hospital

**REFERRING VET**

Dr. Elaina Petrone

**INVOICE**

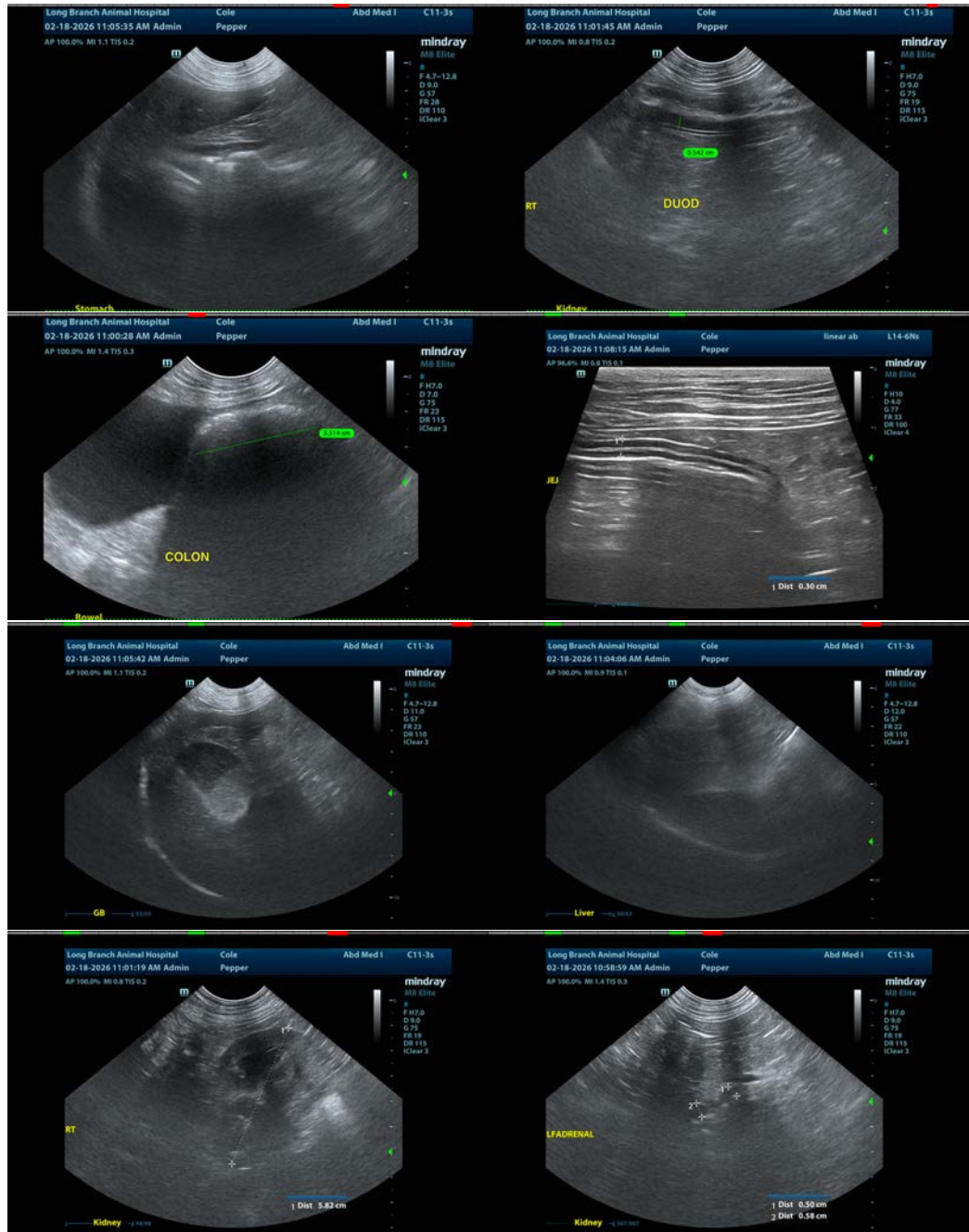
73075

**DATE**

2/18/26

- Consider experimenting with fiber supplementation. This can help some individual but make others worse.
- Recommend chronic probiotic therapy.

If these steps have been taken and symptoms are persistent, upper and lower GI endoscopy are recommended to obtain biopsies and further evaluate.





## PATIENT

Pepper Cole

## SPECIES

Canine

## BREED

Mixed

## SEX

Spayed Female

## AGE

6

## WEIGHT

73

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Elaina Petrone

## HOSPITAL NAME

Long Branch Animal  
Hospital

## REFERRING VET

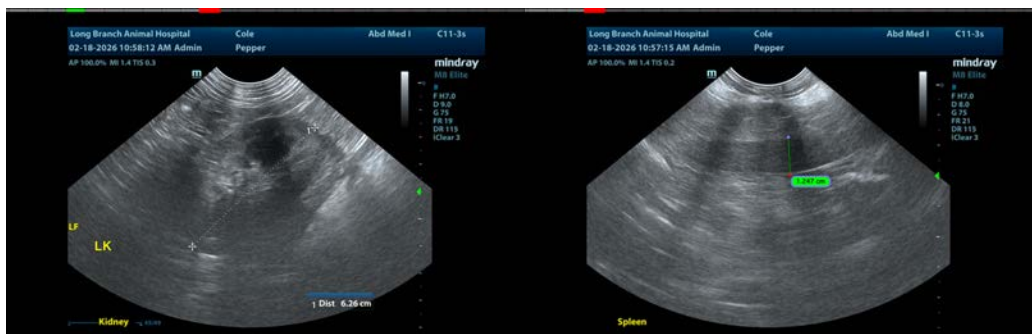
Dr. Elaina Petrone

## INVOICE

73075

## DATE

2/18/26



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