



PATIENT

Chanel Monge

SPECIES

Canine

BREED

Shih Tzu

SEX

Intact Female

AGE

5 Years

WEIGHT

10.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Mayra Fonseca

INVOICE

73082

DATE

2/19/26

PRESENTING CLINICAL SIGNS

Presented to evaluate history of diarrhea, vomiting and anorexia. Diarrheas are mucousy and hematochezia and vomiting are bile. This has been going on for 1-2 weeks. Pt has estrus cycle several weeks ago. Pt is finicky eater and regular diet consist of chicken and sometimes mixed with kibble dog food.

Abnormal PE/Chem/CBC/UA Results: BCS: 5/9 Bloodwork attached as supporting documents. Unremarkable

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 (3.56 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.

The right kidney has a normal shape and size (3.82 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 0.42 cm at the cranial pole and 0.46 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 0.53 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 (1.14 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.



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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 mild gas. The gastric wall appears slightly prominent and thickened, varying in size from 0.36-0.50 cm with intact wall layering. 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.

BREED

Shih Tzu

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 0.56 cm. Jejunum wall measures 0.41 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. The colon is distended with non-formed fecal material. There is no observed focal or generalized colon wall thickening or loss of layering. The descending colon wall measures 0.12 cm.

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Pancreas

The right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No evidence of a significant lymphadenopathy. A prominent mesenteric lymph node is visualized measuring 0.25 cm.

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Other

The uterine body and both ovaries are visualized and appear within normal limits. The right ovary measures 0.64 cm in width. The left ovary measures 0.54 cm.

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ULTRASONOGRAPHIC FINDINGS

- Prominent, mottled right limb of the pancreas – Findings are concerning for chronic active pancreatitis and chronic pancreatic remodeling.
- Prominent gastric wall with intact wall layering – Findings could be consistent with mild gastritis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The changes observed on today's scan are relatively mild. The right limb of the pancreas is somewhat prominent and mottled. Correlate with PLI level, as these changes could be consistent with chronic active pancreatitis.

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There is a small amount of gas visualized in the stomach, which interferes with full visualization. The majority appears relatively normal, but the gastric wall is slightly prominent, possibly consistent with underlying gastritis. A small focal lesion cannot be ruled out.



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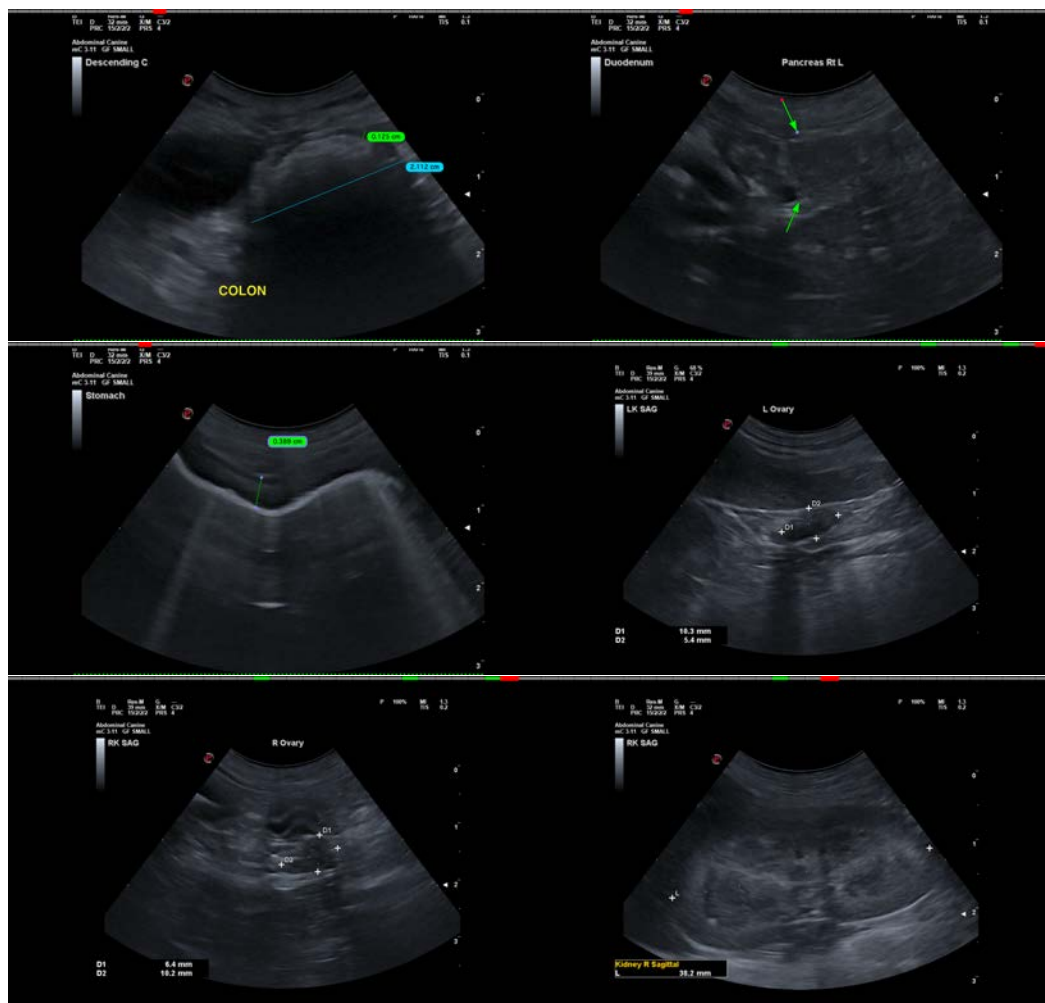
DATE

2/19/26

Unfortunately, there are many causes for vomiting and large bowel diarrhea that cannot be definitively diagnosed by ultrasound alone. Consider the following:

- Consider parasite screening and empirical deworming if not already done.
- 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.
- Recommend empirical treatment for gastroenteritis/colitis.
- Consider a baseline cortisol if clinically appropriate.

If symptoms are persistent despite taking these measures, then further diagnostics +/- endoscopic biopsies may be necessary.





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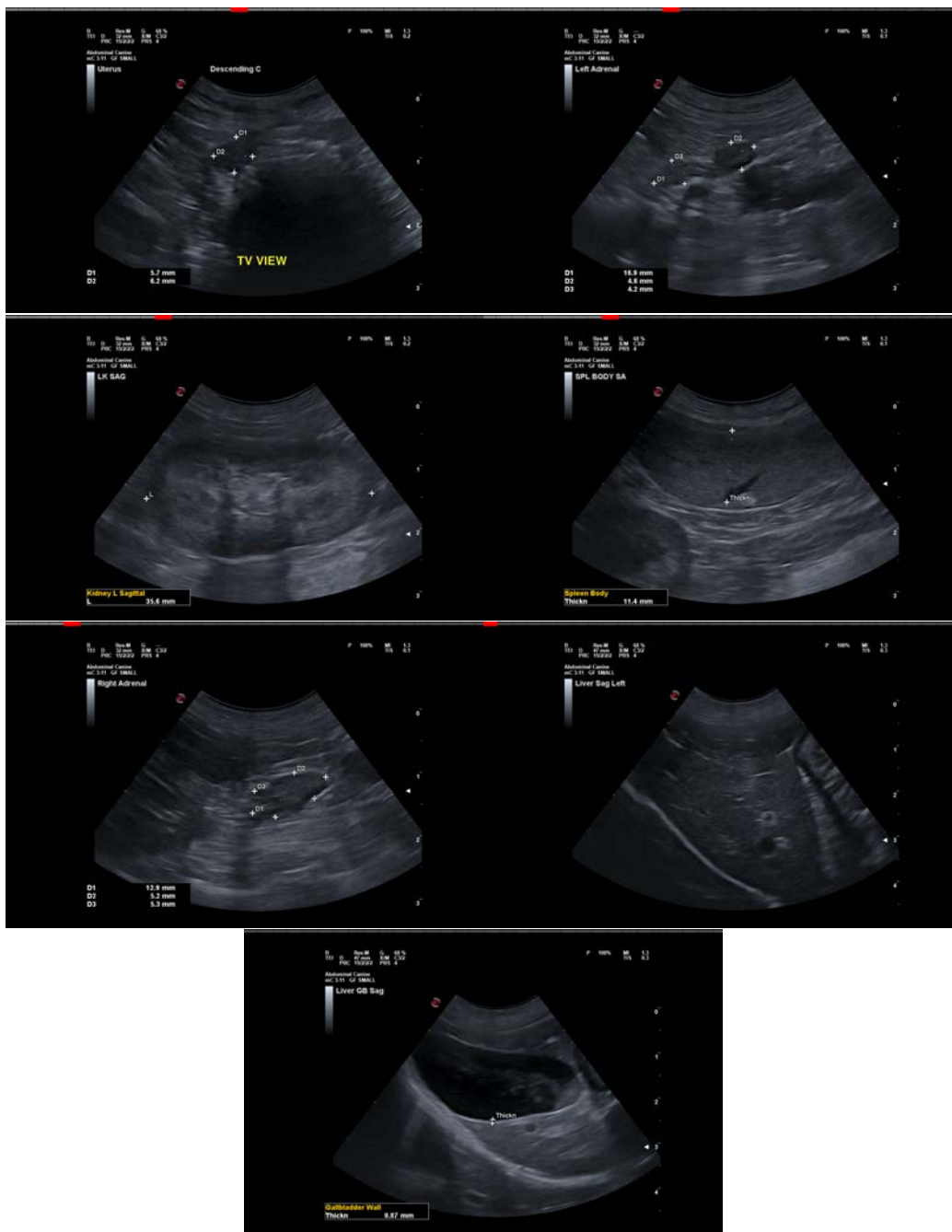
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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