



## PATIENT

Phoenix Messick

## SPECIES

Canine

## BREED

Pit Bull x

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

46 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Nikki Kollman, RVT

## HOSPITAL NAME

Airpark Animal  
Hospital

## REFERRING VET

Dr. Laura Owens

## INVOICE

73270

## DATE

2/25/26

## PRESENTING CLINICAL SIGNS

Had IntraPet ultrasound 5/2023, Sonopath read it. Suspected IBD and right adrenal nodule noted. Intermittent vomiting and hyporexia since adoption, has done well on GI biome diet, probiotics with rare days of hyporexia. Had previous hypoallergenic diet trial in 2023 with no change in clinical signs. For last 3 weeks, has had decreased appetite and soft stool. Intermittent vomiting and has lost 5 pounds. On HW preventative

Abnormal PE/Chem/CBC/UA Results: Eosinophilia 2.78, has been chronic for her, multiple fecals and HWT's negative Chem WNL Cpl WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall generally appears normal with a smooth mucosal surface. In the apical region it is mildly thickened, measuring at 0.65 cm, and slightly irregular. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The left kidney has a normal shape and size (5.48 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (5.65 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.62 cm at the cranial pole and 0.49 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 1.34 cm at the cranial pole and 0.75 cm at the caudal pole but is slightly irregular in appearance. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. There is a somewhat poorly defined, irregular hyperechoic nodule in the mid body of the adrenal measuring 0.66 cm x 1.03 cm. This appears stable from the previous exam. No evidence of vascular invasion is visualized.

### Spleen

The spleen is subjectively normal in size (1.27 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. The spleen appears slightly folded in the cranial abdomen.



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## Liver

The liver is subjectively normal in size, and 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.

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.

## Gastrointestinal

The stomach contains mild fluid. It measures at a normal thickness of 0.51 cm 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.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Duodenum wall measures 0.64 cm. Jejunum wall measures 0.47 cm. Visualized peristalsis appears appropriate. The small intestine appears diffusely thickened and ropey. Some areas exhibit mild corrugation.

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

## Pancreas

The pancreas is visible/mottled in the right limb. 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. An occasional prominent mesenteric lymph node is visualized. An example measures 0.45 cm. The omentum subjectively appears mildly diffusely hyperechoic.

## PRIMARY FINDINGS

- Mildly thickened apical wall of the urinary bladder – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Hyperechoic nodule in the mid body of the right adrenal gland – This appears stable from the previous exam from 5/2023, favoring a benign lesion.
- Diffusely thickened, “ropey” small intestine with some areas of corrugation – Findings are most consistent with inflammatory type change (IBD with enteritis). Early neoplastic change or a small, focal unseen lesion cannot be ruled out.

## SECONDARY FINDINGS

- Age related changes visualized associated with both kidneys.



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- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Subjectively heterogeneous liver – The significance of this in the absence of liver enzyme elevations is questionable.

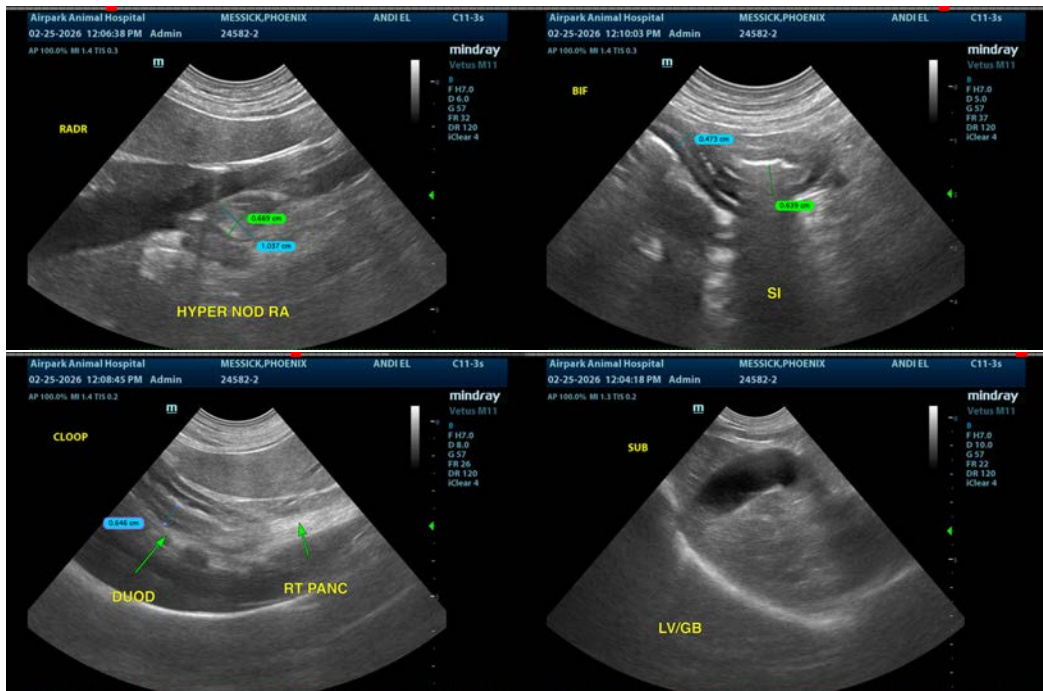
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes observed on today's scan are similar to those previously described in 5/2023. The previously described right adrenal lesion is stable, favoring a benign process.

The small intestine appears diffusely thickened with a prominent muscularis layer, and some areas exhibit a prominent submucosal layer. There is some mild corrugation in some areas. These changes are most consistent with inflammatory type change, possibly IBD given the chronicity of the symptoms. An unseen focal lesion cannot be ruled out. There is no evidence of an obstructive pattern.

Ideally, full thickness surgical biopsies would be performed. If this is not an option, then you could consider the following:

- Consider a combination hydrolyzed protein/ultra low-fat diet (Royal Canin).
- 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.





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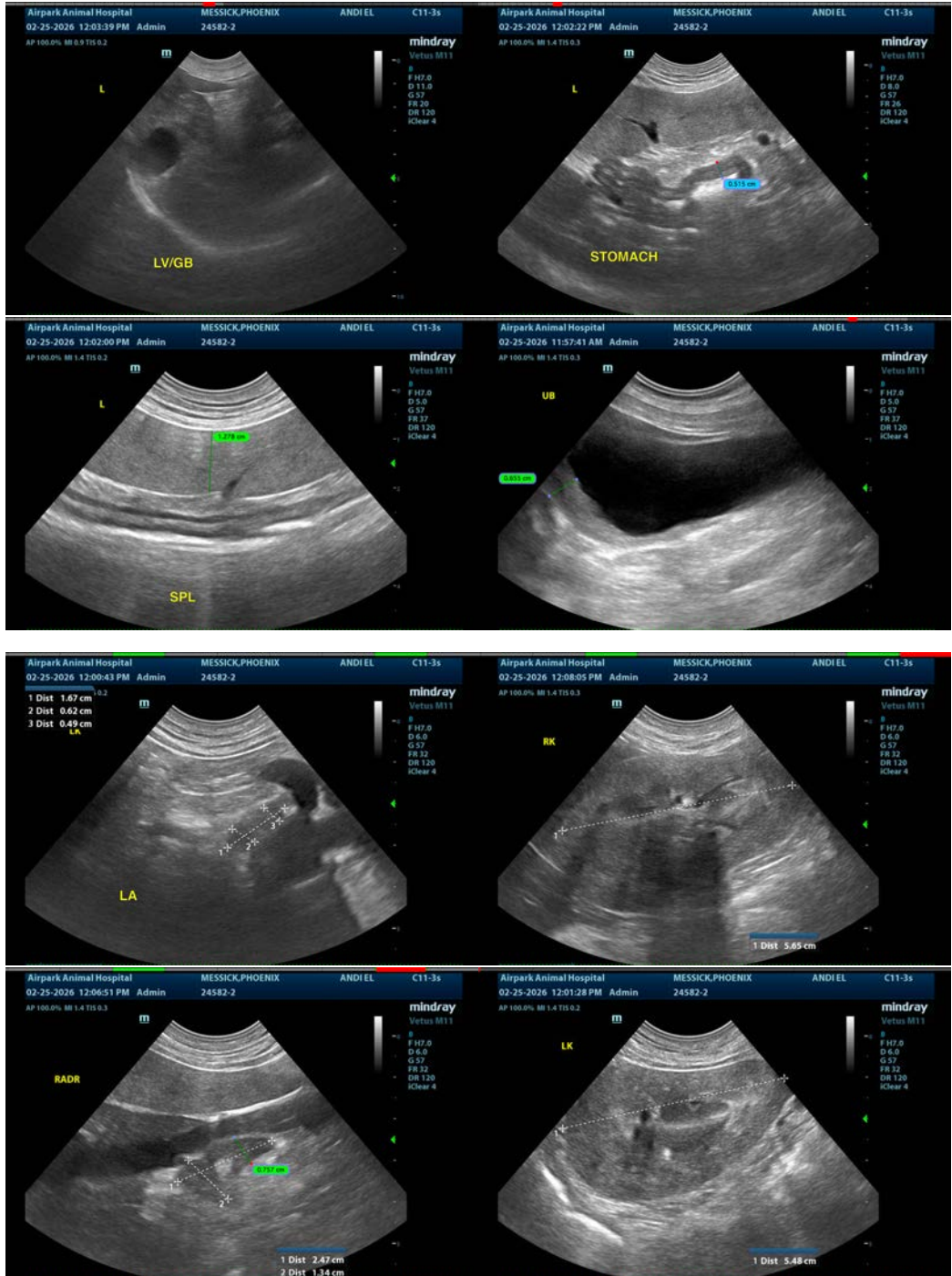
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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