



PATIENT

Billie Wooley

SPECIES

Canine

BREED

Cavalier King Charles
Spaniel

SEX

FS

AGE

6 years

WEIGHT

10 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Briannia Kingsland Vet
Clinic

REFERRING VET

Dr. Woo

INVOICE

11384

DATE

2/26/2026

PRESENTING CLINICAL SIGNS

- Patient started on pimobendan in April 2025 for concern of cardiomegaly on chest rads. Since starting meds has experienced diarrhea which has gotten worse.
- Echo also done - B1 stage.

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 (5.47 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 (4.75 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 0.44 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 0.79 cm at the cranial pole and 0.47 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 (1.48 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible 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. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal



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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.

Some of 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. The duodenum measured as normal (0.49 cm in wall thickness) and the jejunum measured as normal (0.41 cm.) Visualized peristalsis appears appropriate. There is a section of bowel visualized in the region of the distal jejunum/ileum which appears focally thickened with reduced detailed wall layering and has a significant amount of surrounding reactive mesentery. It measures up to 0.94 cm in thickness and extends for at least 4.0 cm.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with non-formed fecal material and gas shadowing distally. The ascending colon wall appears somewhat thickened measuring at 0.35 cm in with intact wall layering.

Pancreas

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 revealed a scant amount of free fluid. There is no lymphadenopathy noted. The omentum is hyperechoic around the abnormal/thickened region of bowel.

ULTRASONOGRAPHIC FINDINGS

- Focal thickening/reduced layering in the region of the distal small intestine. Findings are concerning for severe inflammatory or early neoplastic change.
- Thickened proximal colon with intact wall layering. This has the appearance most consistent with an inflammatory type process (colitis.) Although an early neoplastic lesion cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's a focal section of distal bowel (jejunum/ileum) which appears focally thickened with reduced detailed wall layering and has surrounding reactive mesentery. The appearance is concerning for a possible infiltrative neoplasia, although highly inflammatory disease can also have this appearance. Recommend surgical evaluation with full thickness biopsies for histopathology. As well as biopsies of any other thickened areas of small intestine/colon. If a more conservative approach is desired you could consider a fine needle aspirate of the thickened wall as some differentials (particularly round cell neoplasia) could potentially be diagnosed this way.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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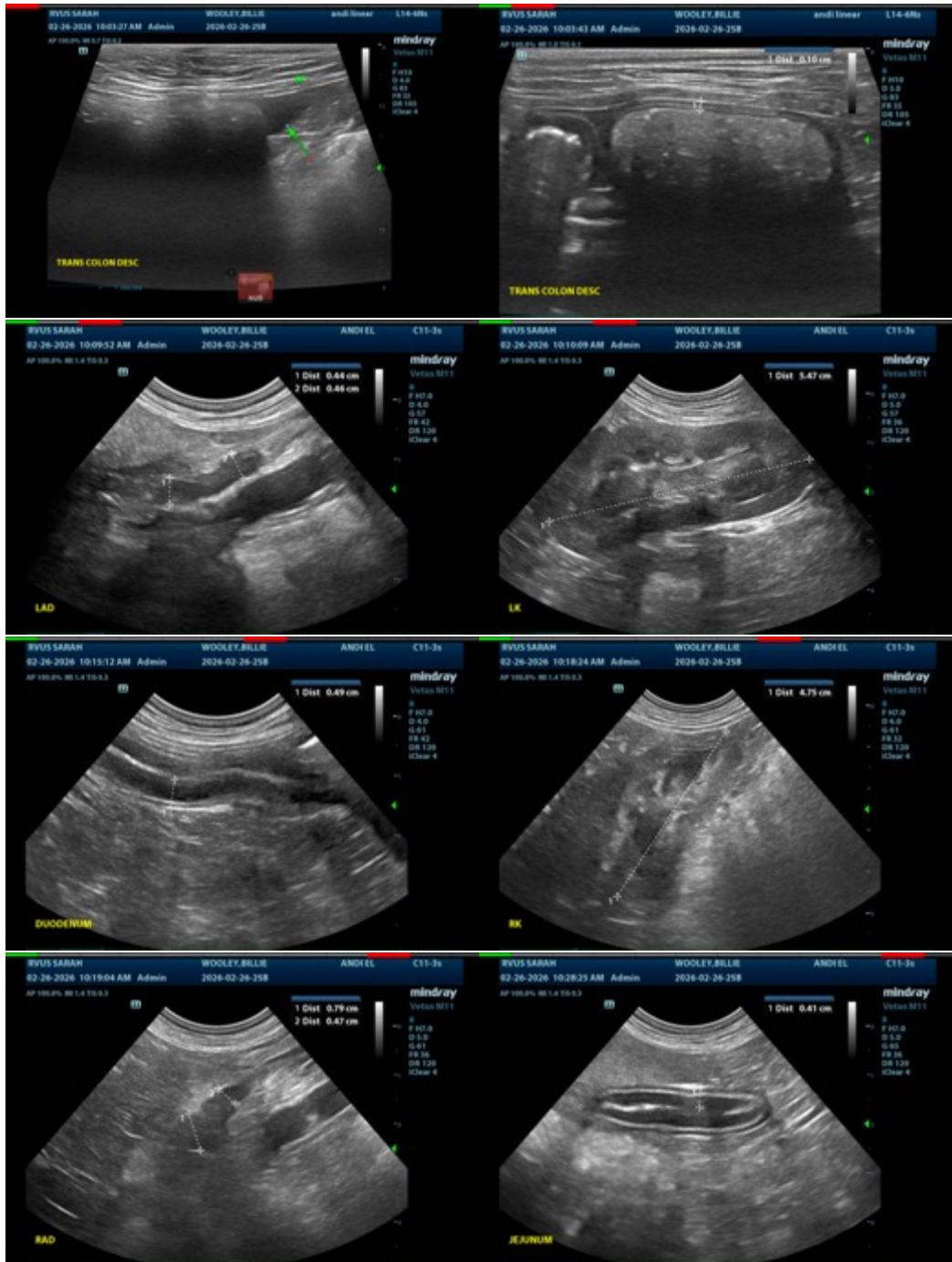
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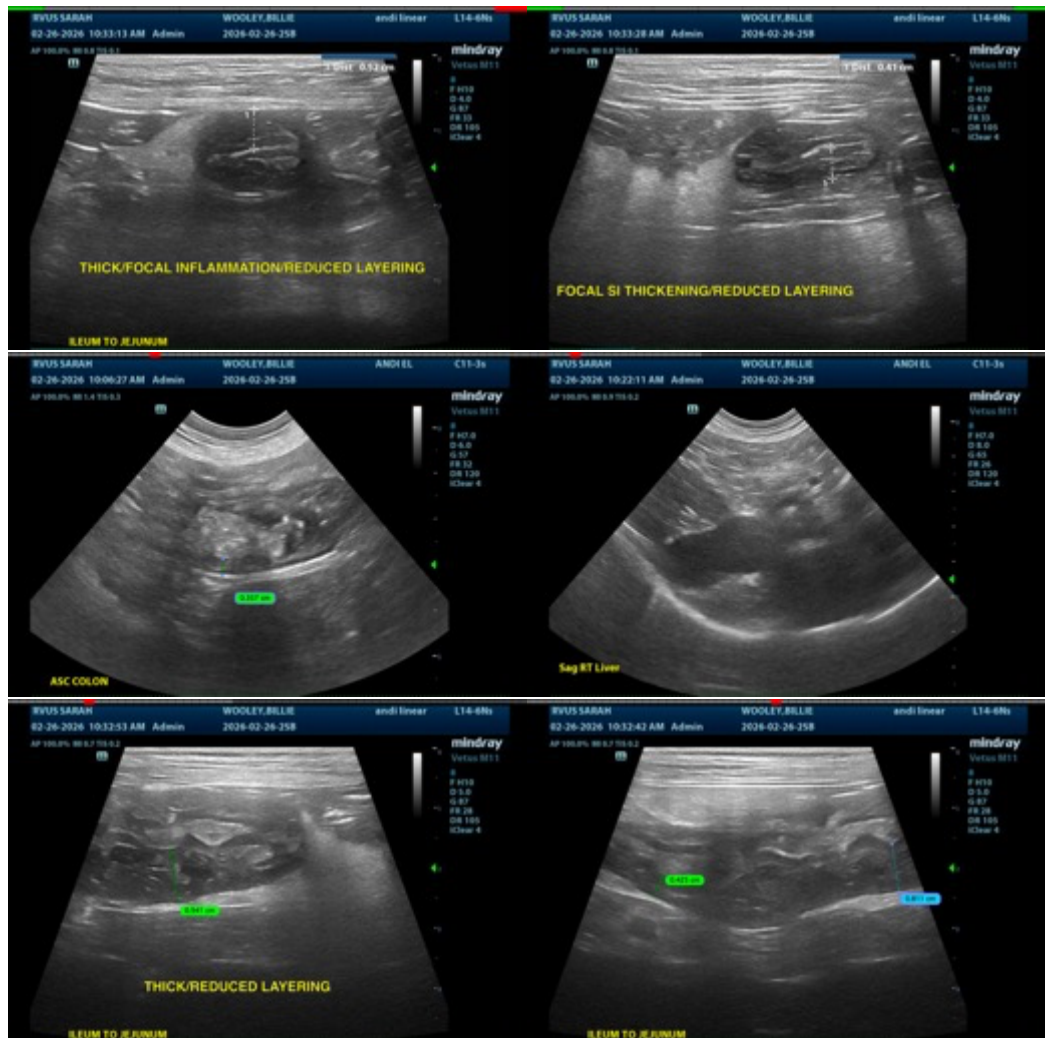
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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