



**PATIENT**

Scooter Kelly

**SPECIES**

Canine

**BREED**

Bichon x

**SEX**

Neutered Male

**AGE**

15 Years 2 Months

**WEIGHT**

20 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

VCA Northside Animal  
Hospital

**REFERRING VET**

Dr. Kanaskie

**INVOICE**

72674

**DATE**

2/3/26

**PRESENTING CLINICAL SIGNS**

Chronic weight loss despite good appetite

Abnormal PE/Chem/CBC/UA Results: Hypoalbuminemia, CKD IRIS Stage 2

**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 prostate is normal in size (0.81 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.15 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.

The right kidney has a normal shape and size (4.3 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 0.44 cm at the cranial pole and 0.53 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 1.08 cm at the cranial pole and 0.66 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 (1.46 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 shadowing ingesta. 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. On some views of the right cranial abdomen the pylorus appears somewhat prominent, measuring at 0.52 cm, and on some views the pylorus appears somewhat irregular, almost creating a mass effect in the right cranial abdomen measuring 1.43 cm x 1.58 cm, possibly consistent with an obliqued view of the pylorus, a lymph node, etc.

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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal to mild fluid and gas distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Duodenum wall measures 0.53 cm. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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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. There is no evidence of a diffuse lymphadenopathy. \*See stomach for description of a questionable lymph node/mass effect in the cranial abdomen. The omentum is slightly hyperechoic in the cranial abdomen.

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**PRIMARY FINDINGS**

- Shadowing ingesta visualized within the gastric lumen, a prominent/mildly thickened pyloric wall, and questionable cranial abdominal mass effect (lymph node versus thickened pylorus).
- Diffusely thickened small intestine – Findings could be consistent with inflammatory or early neoplastic type change.

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**SECONDARY FINDINGS**

- Age related changes visualized associated with both kidneys.
- Pancreatic changes consistent with chronic pancreatic remodeling in the right limb.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The small intestine appears diffusely thickened. The caudal abdominal bowel loops have a significant amount of gas, which interferes somewhat with visualization. In the cranial abdomen near the gastroduodenal junction the pylorus appears somewhat thickened with intact wall layering, but there is the impression of some irregular tissue that is not repeatable on all images. This could represent pyloric wall thickening and irregularity, an obliqued view of the pylorus, or an enlarged lymph node in the

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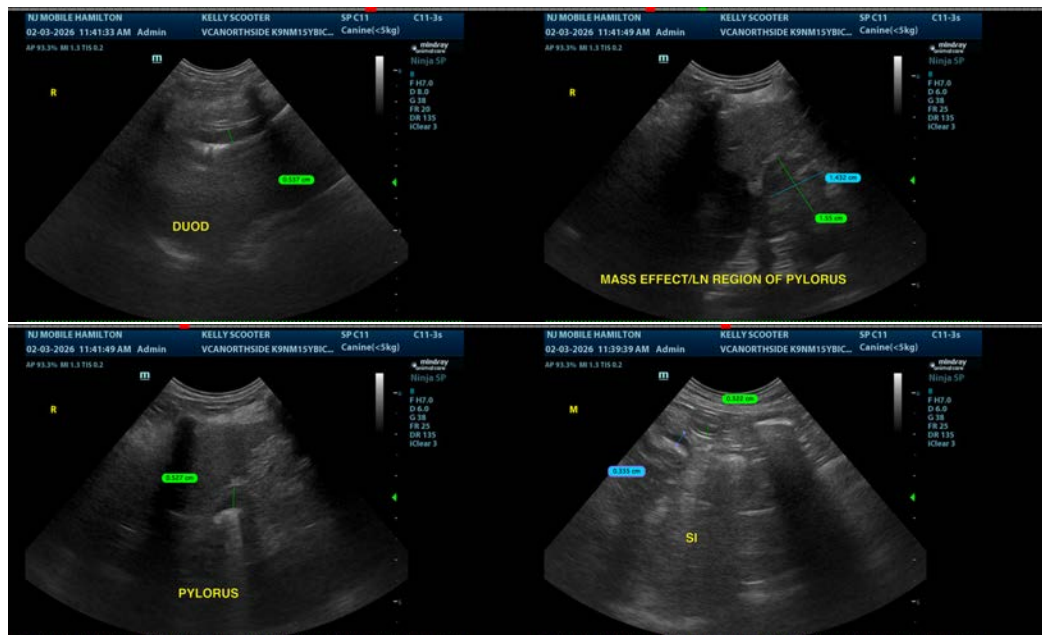
2/3/26

region.

Recommend urinalysis +/- urine protein to creatinine ratio to assess for significant proteinuria as well as a liver function test. If both of these tests indicate that the kidneys and liver are not a source of hypoalbuminemia, then a protein losing nephropathy is suspected. Further evaluation would likely involve biopsies of the GI tract. Options for further evaluation of the questionable cranial abdominal lesion would include a contrast CT scan, exploratory surgery to obtain biopsies of the GI tract and further evaluate this region, or consider repeat ultrasonographic evaluation in the future, potentially with sedation on board(?). If a protein losing enteropathy is suspected, initial steps could include:

- Consider a combination prescription ultra low-fat and hydrolyzed protein diet (Royal Canin has a diet combining these features).
- 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.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).





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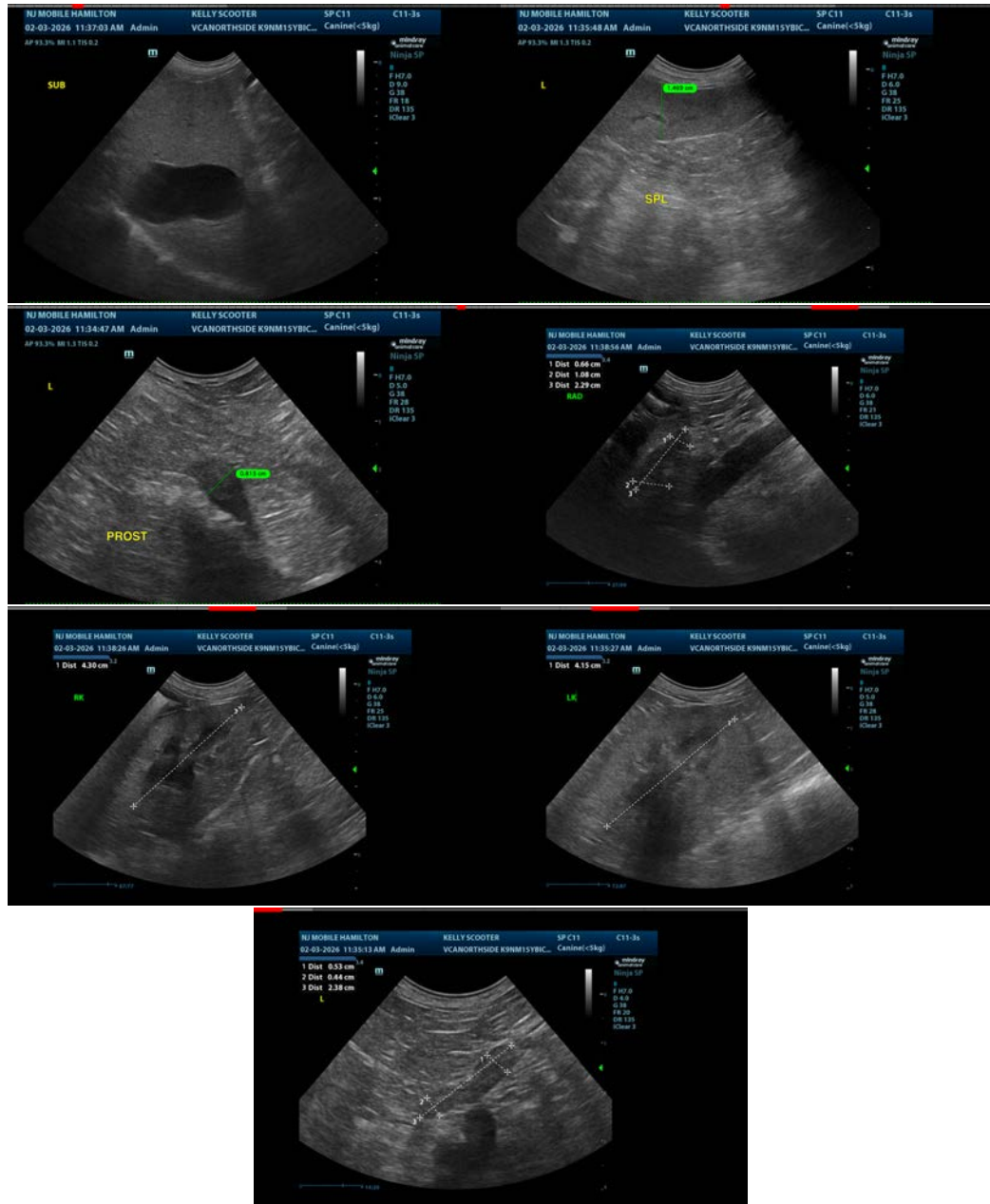
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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