



PATIENT

Molly Rivera

SPECIES

Canine

BREED

Border Terrier

SEX

Spayed Female

AGE

11 Years 4 Months

WEIGHT

31.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

New Bridge Veterinary
 Practice

REFERRING VET

Dr. Glennon

INVOICE

72719

DATE

2/4/26

PRESENTING CLINICAL SIGNS

Elev. LE vomiting- diabetic BG-146 VE ketones. Hepatomegaly, splenomegaly?? on Rads

Meds- insulin convenia inj

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 (6.31 cm) with a small cortical cyst measuring 0.60 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 (6.48 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.

Adrenal Glands

The left adrenal gland is large, measuring 0.78 cm at the cranial pole and 0.79 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 "plump" measuring 1.39 cm at the cranial pole and 0.72 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, 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 large in size, and hyperechoic 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.



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Gastrointestinal

The stomach contains moderate fluid. 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.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal to moderate 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 0.35 cm. There is mild mucosal speckling visualized associated with the duodenum. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 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.

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

- Age related changes visualized associated with both kidneys.
- Visible/mottled right limb of the pancreas – Findings are most consistent with chronic pancreatic remodeling. Mild chronic pancreatitis cannot be ruled out.
- Large, heterogeneous, hyperechoic liver – Findings are suggestive of a vacuolar hepatopathy/diabetic hepatopathy, although other hepatopathies are possible.
- Moderate fluid/ingesta distention of the stomach and small intestine- Findings are most consistent with a non-fasted patient. If the patient was fasted, this could represent mild ileus or less likely partially obstructive material.
- Mildly thickened small intestine with mucosal speckling associated with the duodenum – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Borderline “plump” adrenal glands – Findings could be consistent with anatomic variation or early hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the vomiting reported. The stomach and the small intestine do appear moderately fluid distended, possibly consistent with a non-



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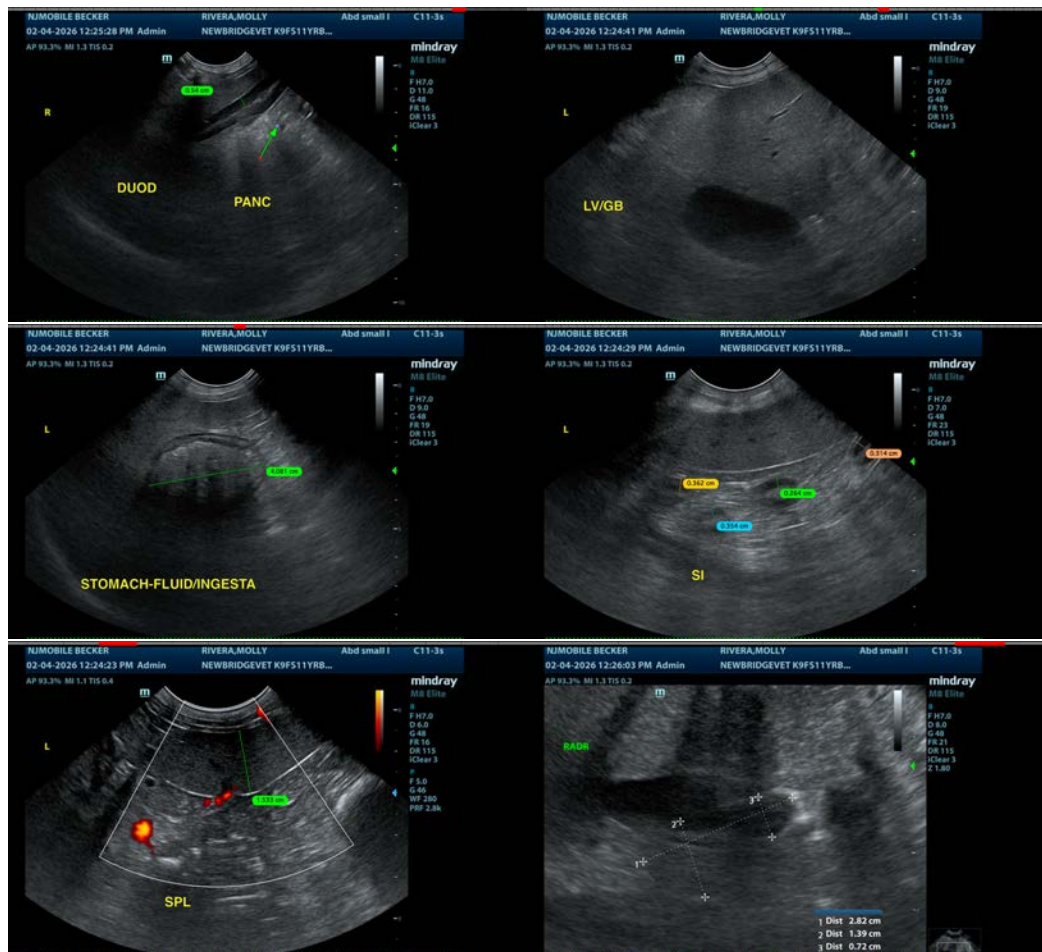
2/4/26

fasted patient or a degree of ileus. A focal lesion is not observed but cannot be definitively ruled out.

The pancreas is visible in the right limb but does not appear severely inflamed. Correlate with PLI level. Recommend treatment for acute gastroenteritis/pancreatitis out of an abundance of caution.

The liver is large, hyperechoic and heterogeneous. This would be a common finding in many diabetic patients. Additionally, both adrenals are somewhat “plump”, which could represent anatomic variation or early hyperplasia/Cushing’s disease. If this patient has been difficult to regulate, screening for Cushing’s when the patient is not actively sick could be considered.

If more significant liver disease is suspected, a liver function test and a fine needle aspirate could be considered.





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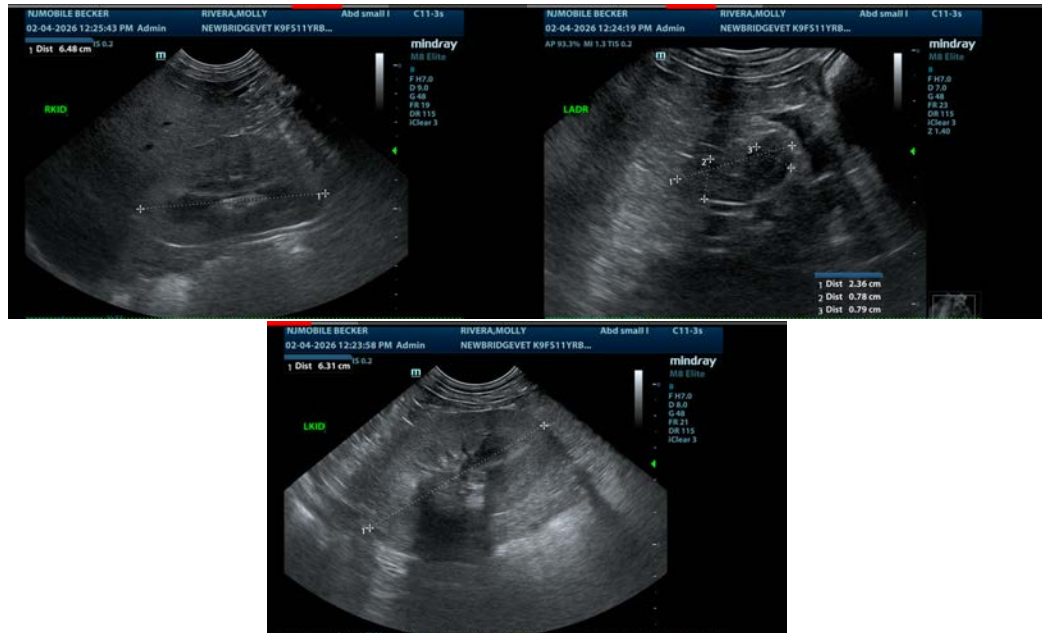
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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