



**PATIENT**

Spot Scooter's  
 Underdog Rescue

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Intact Male

**AGE**

6 Weeks

**WEIGHT**

2.7 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Pet Care Clinic of the  
 High Country

**REFERRING VET**

Dr. Sturgill

**INVOICE**

72721

**DATE**

2/4/26

**PRESENTING CLINICAL SIGNS**

P presented for US due to regurgiting after eating and after playing, comes out of nose and mouth , open mouth breathing and reverse sneezing, Some episodes occur hours after meals despite strict post-feeding rest. No cleft palate seen, Neg Fecal, Pyrantel, P on milk replacer and canned food

Rad report. Pertinent Radiographic Findings (02/04/2026): Thorax and neck largely unremarkable; mild cervical esophageal gas consistent with aerophagia, no generalized esophageal dilation. Moderate to severe gastric distension with soft tissue opaque ingesta and small gas volume. 0.7 cm smoothly marginated soft tissue structure within the pylorus, outlined by gas on left lateral projection— differentials include thickened rugal fold vs pyloric mural lesion (e.g., polyp). Pylorus gas-filled on left lateral view. Mineral opaque material within stomach and small intestines (dietary vs ingested foreign material; gravel sign considered less likely).

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is minimally distended with urine. There is no evidence of any wall thickening or significant pathology. Full evaluation of the urinary bladder is not possible due to lack of urine distention.

The prostate is large in size (0.54 cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (2.97 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 (2.95 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 0.23 cm at the cranial pole and 0.30 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 0.57 cm at the cranial pole and 0.32 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 (0.69 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.



**PATIENT**

Spot Scooter's  
 Underdog Rescue

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Intact Male

**AGE**

6 Weeks

**WEIGHT**

2.7 lbs

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Pet Care Clinic of the  
 High Country

**REFERRING VET**

Dr. Sturgill

**INVOICE**

72721

**DATE**

2/4/26

**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**

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. There is some focal hyperechoic shadowing material visualized within the stomach. On some views this extends into the pylorus and the region of the PDJ. No evidence of obstruction is visualized (grouping of shadowing area measures approximately 0.50 cm)

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 0.27 cm. Jejunum wall measures 0.23 cm. 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 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 did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes. An example measures 0.60 cm. The omentum is normal in echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

- Shadowing material visualized within the stomach, pylorus, and in the region of the pyloroduodenal junction – The nature of this shadowing material is unclear. No evidence of an obstruction is visualized.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The stomach appears largely empty, but there is some focal shadowing material. This appears to extend into the region of the trigone and the PDJ, although no evidence of an obstruction is visualized. It is possible that this is causing a chronic irritation or similar. If symptoms are persistent despite routine care and radiographic evidence is persistent, consider upper GI endoscopy to further evaluate.



**PATIENT**

Spot Scooter's  
 Underdog Rescue

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Intact Male

**AGE**

6 Weeks

**WEIGHT**

2.7 lbs

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Pet Care Clinic of the  
 High Country

**REFERRING VET**

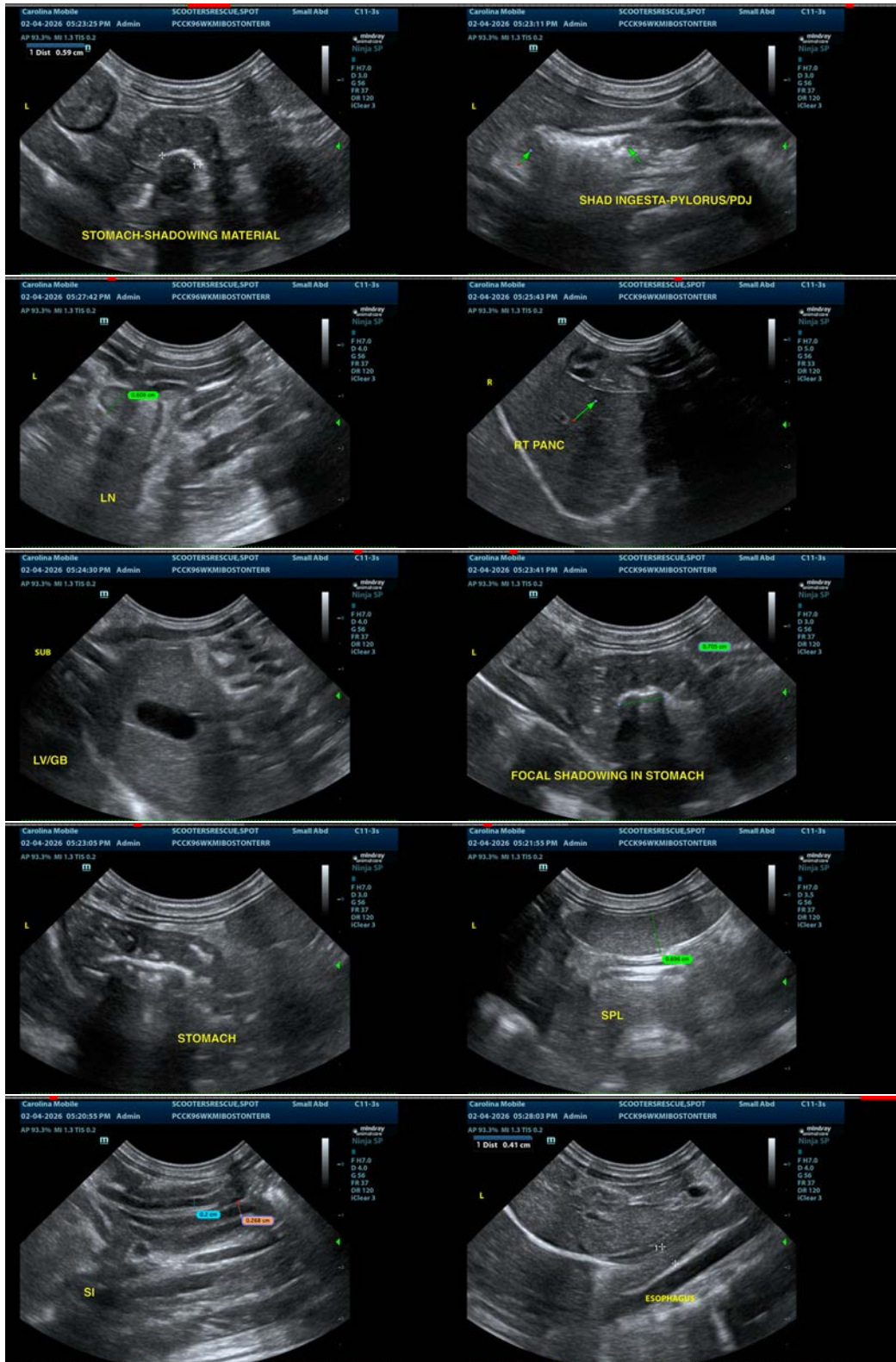
Dr. Sturgill

**INVOICE**

72721

**DATE**

2/4/26





**PATIENT**

Spot Scooter's  
 Underdog Rescue

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Intact Male

**AGE**

6 Weeks

**WEIGHT**

2.7 lbs

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Pet Care Clinic of the  
 High Country

**REFERRING VET**

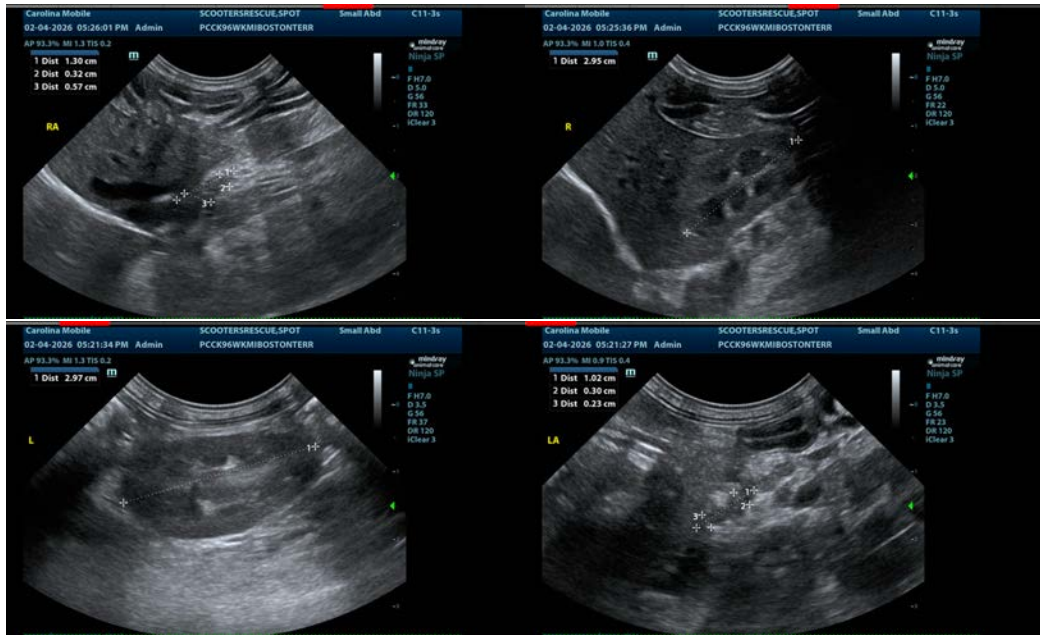
Dr. Sturgill

**INVOICE**

72721

**DATE**

2/4/26



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