PATIENT

Koda Martin

SPECIES

Canine

BREED

Shiba Inu

SEX

MN

AGE

5 years 3 months

WEIGHT

12.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Pine Creek Veterinary Clinic

REFERRING VET

Dr. Dayna Mills

INVOICE

11254

DATE

2/5/2026

PRESENTING CLINICAL SIGNS

- History: Vomiting more frequently and licking his lips constantly.
- Working diagnosis: chronic gastroenteritis/IBD, metabolic diseases, food intolerance, or GI neoplasia.
- MEDS: Pepcid 10mg BID.

Abnormal PE/Chem/CBC/UA Results: CBC - WBC count of 7,300 with 4,672 neutrophils; HCT 52%; PLT count of 240,00 Chem - BUN 16; Creat 0.9; SDMA 12.5; Remainder unremarkable T4 - 1.1 UA - USG of 1.059; ph of 7.0; 1+ protein; no blood; no bacteria; 2-3 WBC/hpf; 2-3 RBC/hpf;

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 (0.75 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 (4.58 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 (4.88 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 0.48 cm at the cranial pole and 0.44 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 0.59 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 (1.68 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

PATIENT

Koda Martin

SPECIES

Canine

BREED

Shiba Inu

SEX

MN

AGE

5 years 3 months

WEIGHT

12.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Pine Creek Veterinary Clinic

REFERRING VET

Dr. Dayna Mills

INVOICE

11254

DATE

2/5/2026

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 mild/moderate fluid. The gastric wall is prominent, measuring 0.75 cm with intact wall layering. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. The pyloric region appears somewhat prominent/thickened measuring at 0.63 cm with intact wall layering.

The visualized areas of duodenum (0.51 cm), jejunum (0.27 cm) and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 prominent and mildly hypoechoic 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 revealed scant free fluid. There is no lymphadenopathy noted. 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

- Pancreatic changes most consistent with chronic pancreatic remodeling +/- mild chronic pancreatitis.
- Prominent/mildly thickened gastric wall with intact wall layering, and a prominent pylorus. Findings could be consistent with gastritis. An early neoplastic lesion is less likely but cannot be definitively ruled out.
- Mild small intestinal thickening. The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No definitive focal lesions are visualized associated with the gastrointestinal tract to explain the symptoms described. The stomach is mildly fluid distended, and the gastric wall appears somewhat prominent, as does the pylorus. Wall layering appears intact. This could be consistent with mild gastritis. Additionally, the duodenum and some sections of jejunum appear mildly thickened with intact

PATIENT

Koda Martin

SPECIES

Canine

BREED

Shiba Inu

SEX

MN

AGE

5 years 3 months

WEIGHT

12.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Pine Creek Veterinary Clinic

REFERRING VET

Dr. Dayna Mills

INVOICE

11254

DATE

2/5/2026

wall layering. Similarly, possibly consistent with mild inflammation. If a primary gastrointestinal disease is suspected, you could consider the following:

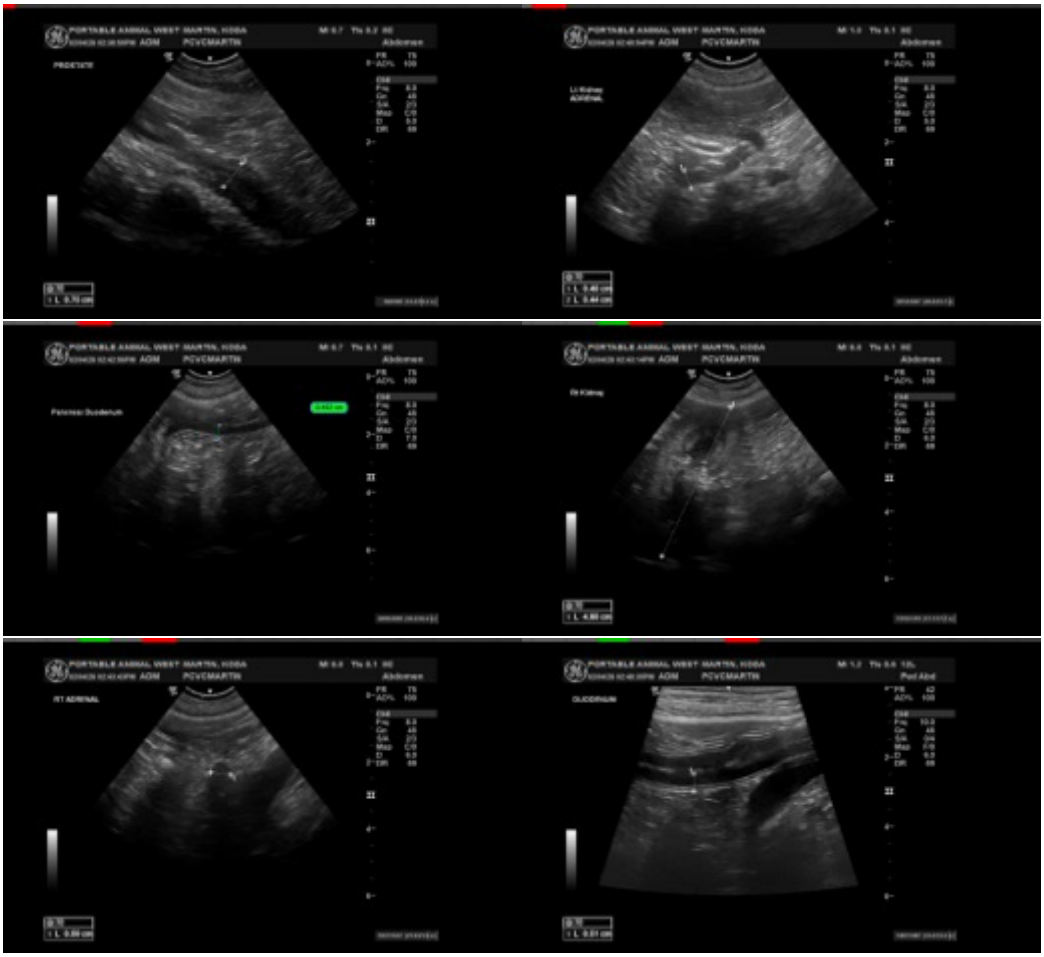
- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks.)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

Consider a baseline cortisol screen for Addison's disease.

Consider a PLI level (included in the GI panel) if there's evidence of significant pancreatic disease, you could consider treatment for chronic pancreatitis.

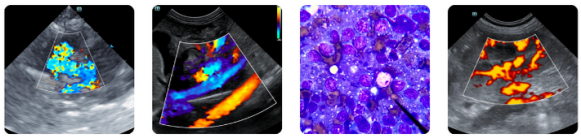
If symptoms are persistent despite taking these measures, then biopsies of the GI tract may eventually be warranted.

24 videos of the esophagus are submitted but not evaluated



Imaging performed by

pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Koda Martin

SPECIES

Canine

BREED

Shiba Inu

SEX

MN

AGE

5 years 3 months

WEIGHT

12.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Pine Creek Veterinary Clinic

REFERRING VET

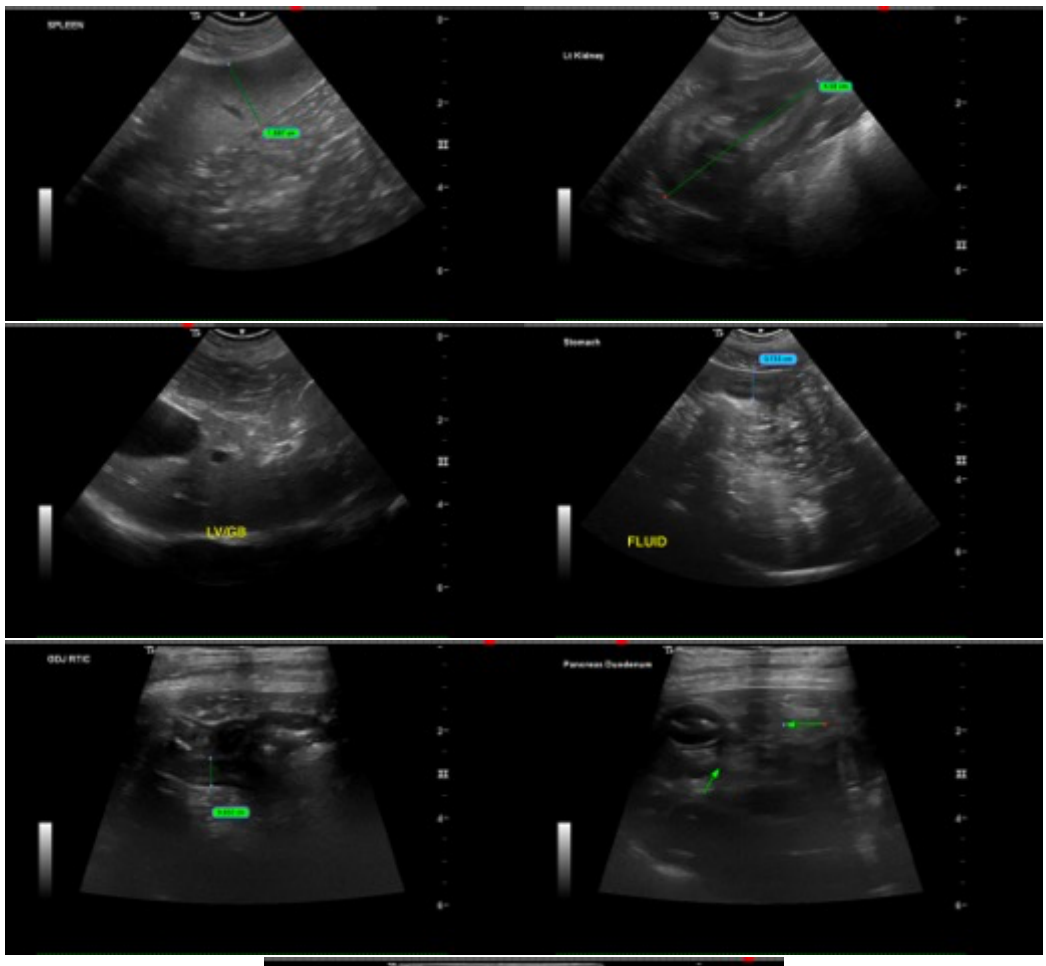
Dr. Dayna Mills

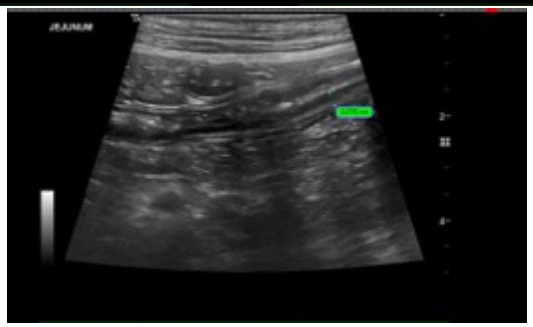
INVOICE

11254

DATE

2/5/2026





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