



**PATIENT**

Odin Wills

**SPECIES**

Canine

**BREED**

American Bully

**SEX**

Intact Male

**AGE**

1 Year

**WEIGHT**

38 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Queensdale Animal  
 Hospital

**REFERRING VET**

Dr. Chaudhary

**INVOICE**

73521

**DATE**

3/10/26

**PRESENTING CLINICAL SIGNS**

Chronic diarrhea. ABNORMAL Labwork Values. Comprehensive senior wellness unremarkable. cPL normal

Abnormal PE/Chem/CBC/UA Results: Primary Question to Be Answered in This Exam IBD vs gastroenteritis vs food sensitivity vs lymphangiectasia vs other

**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 large in size (2.61 cm) and hyperechoic. 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, measuring 5.59 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 (5.7 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/borderline "flat", measuring 0.30 cm at the cranial pole and 0.32 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/borderline flat at the caudal pole in size measuring 1.77 cm at the cranial pole and 0.41 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 (1.36 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 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.

**BREED**

American Bully

The visualized areas of duodenum, jejunum 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. Duodenum wall measures 0.45 cm. Jejunum wall measures 0.42 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 non-formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

***Pancreas***

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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, 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.

***Other***

Both testicles are visualized and appear within normal limits.

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**ULTRASONOGRAPHIC FINDINGS**

**HOSPITAL NAME**

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- Borderline “flat” adrenal glands – Findings could be normal for this individual. Consider screening for Addison’s disease.
- Large, hyperechoic prostate – Findings are most consistent with benign prostatic hypertrophy.
- Prominent, mottled right limb of the pancreas – Findings are most consistent with anatomic variation or mild inflammation.
- Mildly thickened small intestine with a prominent muscularis layer – 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).

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No focal lesions are visualized associated with the GI tract to explain the chronic diarrhea reported. Subjectively, the bowel appears diffusely thickened and somewhat ropey with a prominent muscularis



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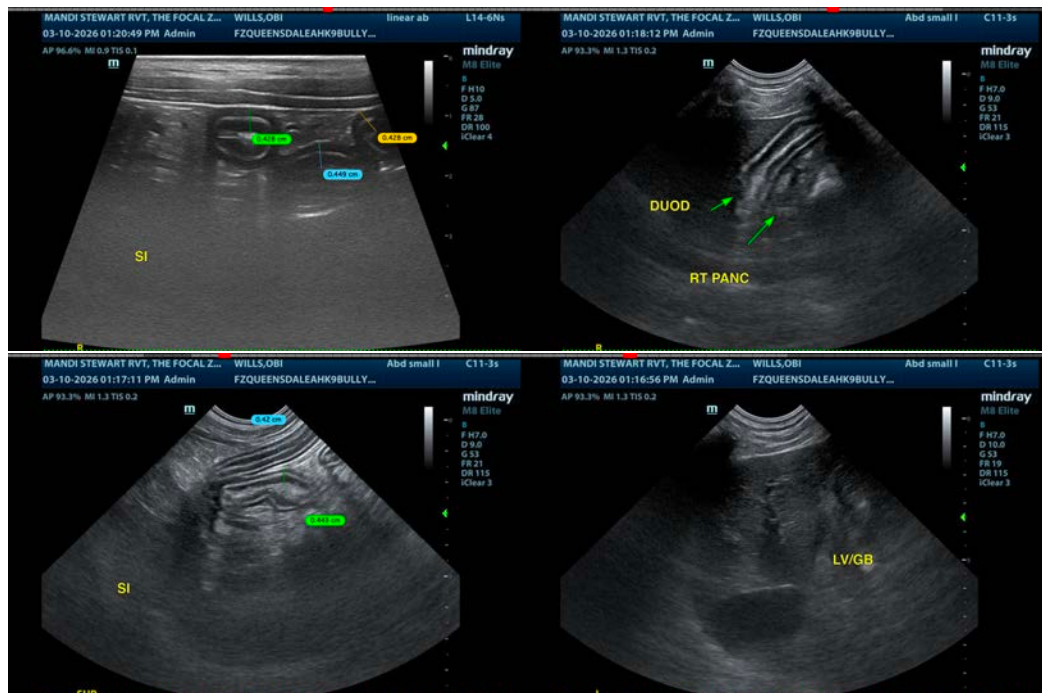
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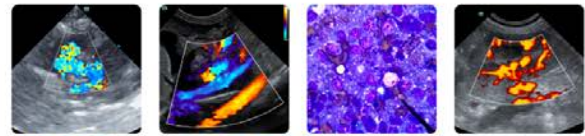
3/10/26

layer. These changes are most consistent with inflammatory type change. Underlying neoplastic change is possible but much less likely. Consider the following:

- Recommend a prescription ultra low-fat/hydrolyzed protein prescription diet (Royal Canin has one).
- 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.
- If not already done, recommend parasite screening and empirical deworming.
- Consider an infectious diarrhea panel.
- Recommend chronic probiotic therapy.
- Recommend screening for Addison's disease.

If the above recommendations do not result in improvement and depending on if this is primarily large or small bowel diarrhea, eventually biopsies of the GI tract may be warranted.





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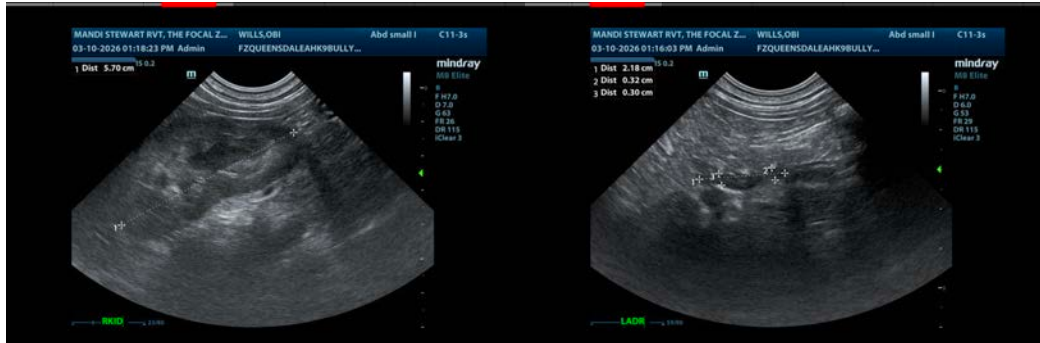
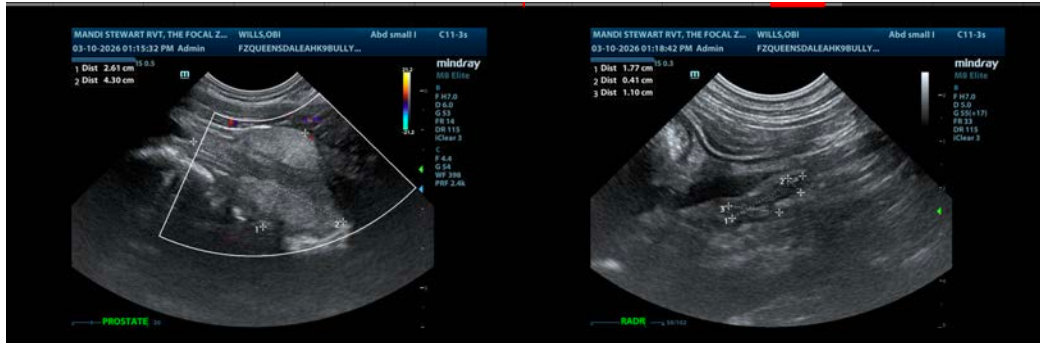
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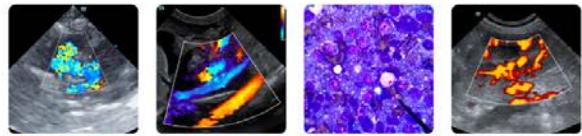
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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