



PATIENT

Aitor Jonas Durand

SPECIES

Canine

BREED

Bichon Frise

SEX

Neutered Male

AGE

9 Years

WEIGHT

14.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Juan Font

INVOICE

14256

DATE

03/11/26

PRESENTING CLINICAL SIGNS

- Px presented as a referral for an abdominal ultrasound due to vomiting and Hx of elevated hepatic enzymes
- Px is diabetic (mellitus)
- Px originally visited rDVM due to episodes of vomiting
- Owner indicates that Px is currently BAR, polyphagic, normal water intake
- No diarrhea reported
- No more vomiting reported by owner
- Px has a Grade III / VI Heart murmur
- Px is currently on the following Mx: Lasix, Clavamox, Enalapril, Apoquel, Denamarin, Cerenia

Abnormal PE/Chem/CBC/UA Results: Bloodwork, 2024 abdominal u/s report, and 2024 liver FNA results

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (0.78 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 (4.71 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (5.39 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 and slightly irregular in appearance measuring 0.54 cm at the cranial pole and 0.50 cm at the caudal pole. It is visualized as normal position cranial to the left renal artery. It is abnormal in appearance in that there is a small hyperechoic nodule at the cranial pole measuring 0.41 cm x 0.48 cm. No evidence of vascular invasion is visualized.

The right adrenal gland is plump and measures 0.82 cm at the cranial pole and 0.73 cm at the caudal pole. It is visualized in its normal position between the right kidney and the caudal vena cava. It is somewhat abnormal in that there is a hyperechoic nodule at the cranial pole measuring approximately 1.0 cm x 0.85 cm (previous measurement 7/24/24 was 0.75 cm at the cranial pole and 0.63 cm at the caudal pole). The hyperechoic nodule at the cranial pole measured 0.59 cm x 0.69 cm. The nodule appears mild and slightly larger than the previous exam.



PATIENT

Aitor Jonas Durand

SPECIES

Canine

BREED

Bichon Frise

SEX

Neutered Male

AGE

9 Years

WEIGHT

14.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Juan Font

INVOICE

14256

DATE

03/11/26

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. The spleen measured 1.24 cm.

Liver

The liver is subjectively large in size, and echogenicity 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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate fluid. It measures at a normal thickness of 0.44 cm 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 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 duodenum wall measured 0.46 cm wall width. The jejunum wall measured 0.33 cm wall width.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. The descending wall appears normal measuring 0.23 cm.

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, 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

- Hyperechoic nodule at the cranial pole of the left adrenal gland. The appearance is most consistent with a benign lesion although an early neoplastic lesion cannot be ruled out. Recommend continued monitoring (recheck in approximately 2-3 months).
- Borderline plump right adrenal gland with a hyperechoic nodule at the cranial pole. This nodule has been previously identified and appears slightly larger than the previous exam. An aggressive neoplasm is unlikely based on minimal growth over almost 2 years. The nodule could be secreting hormone or be non-active producing hormone.



PATIENT

Aitor Jonas Durand

SPECIES

Canine

BREED

Bichon Frise

SEX

Neutered Male

AGE

9 Years

WEIGHT

14.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Juan Font

INVOICE

14256

DATE

03/11/26

- Large heterogenous liver- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy.
- Mildly thickened small intestine- 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).
- Fluid distended stomach- correlate with the feeding/drinking history. If the patient was adequately fasted, this could represent delayed gastric emptying.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visually associated with GI tract to explain the vomiting reported. The stomach has a moderate amount of intraluminal fluid. If the patient was adequately fasted, this could represent delayed gastric emptying or alias. Subjectively, the small intestine appears diffusely thickened, generally with the same appearance as the previous exam. Findings could be consistent with inflammatory type change, food allergy, IBD, or other primary enteropathies. If concerned, you could consider the following.

- Consider an ultra-low-fat prescription hydrolyzed diet (Royal Canin has this combination).
- 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.

No evidence of pancreatitis was noted on today's exam, but if PLI level is significantly elevated, concurrent treatment for pancreatitis could be considered.

The liver is large and heterogeneous. The changes are most likely consistent with a vacuolar hepatopathy/diabetic hepatopathy. Other hepatopathies are possible.

There is a small nodule visualized in the left adrenal. Additionally, there is a larger hyperechoic nodule visualized in the right adrenal. This is slightly larger than the previous exam but has not significantly grown. If the patient is difficult to regulate and seems insulin resistant, you could consider adrenal function testing, although interpretation of adrenal function testing is always challenging when there's concurrent illness present (diabetes, a cause for vomiting, etc.). If this is pursued, an ACTH stimulation test should be performed as this is less affected by non-adrenal illness.

If vomiting is persistent, ultimately upper GI endoscopy or some form of GI biopsies may be warranted. Prior to this, you could consider repeat imaging to look for the development of the possible progression of today's lesions or the development of many new lesions.



PATIENT

Aitor Jonas Durand

SPECIES

Canine

BREED

Bichon Frise

SEX

Neutered Male

AGE

9 Years

WEIGHT

14.2 pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

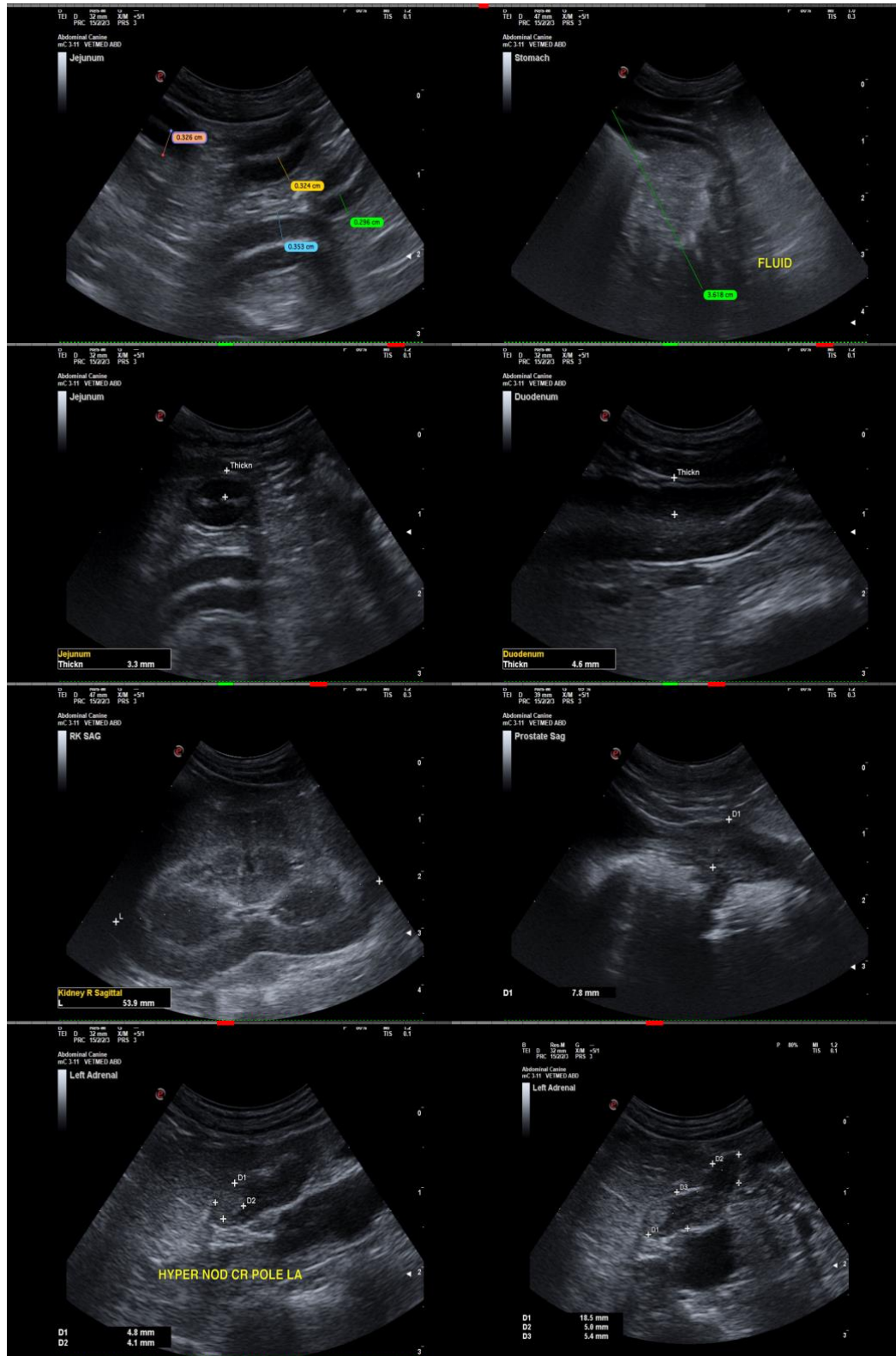
Dr. Juan Font

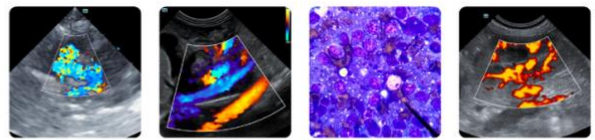
INVOICE

14256

DATE

03/11/26





PATIENT

Aitor Jonas Durand

SPECIES

Canine

BREED

Bichon Frise

SEX

Neutered Male

AGE

9 Years

WEIGHT

14.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

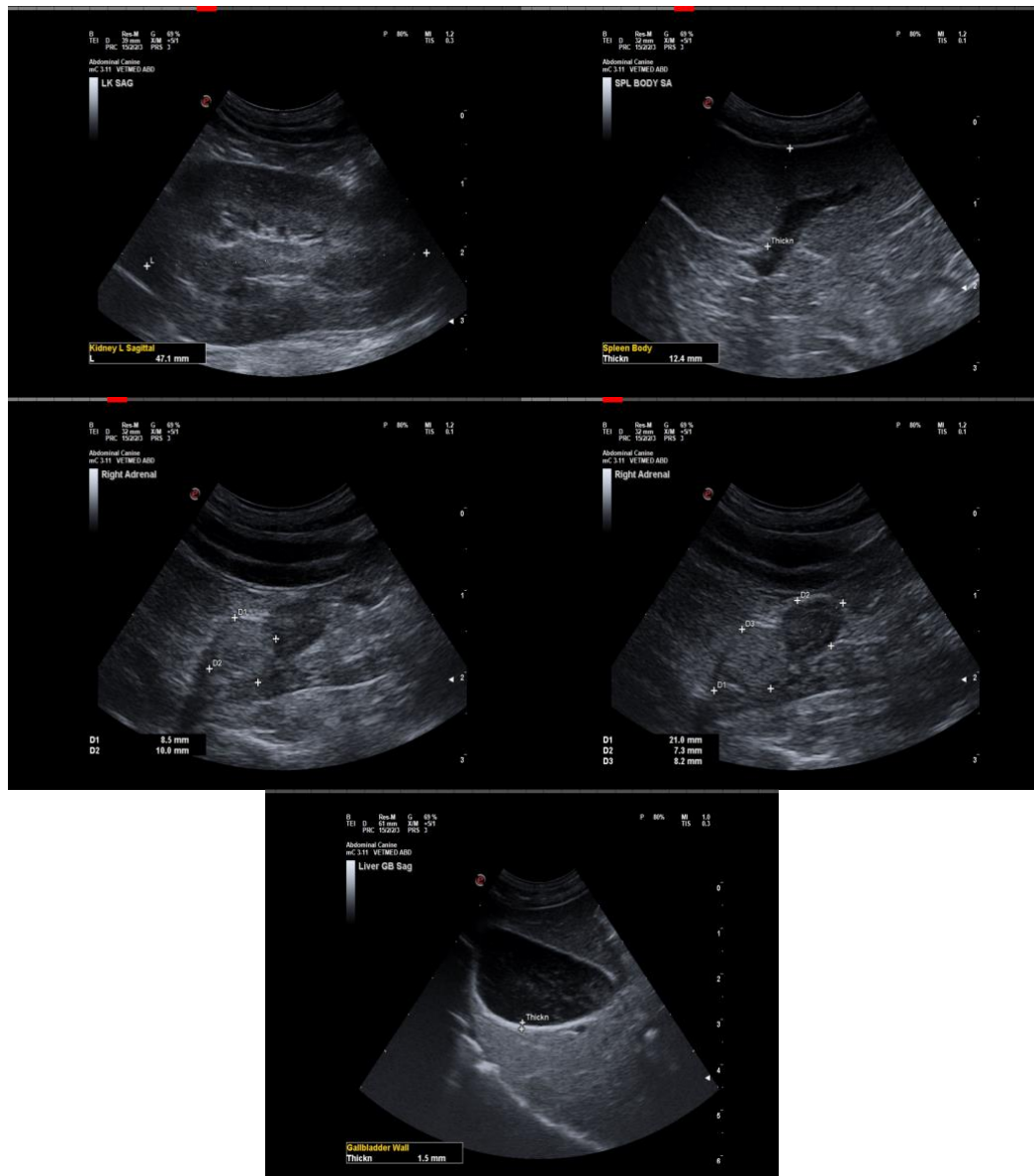
Dr. Juan Font

INVOICE

14256

DATE

03/11/26

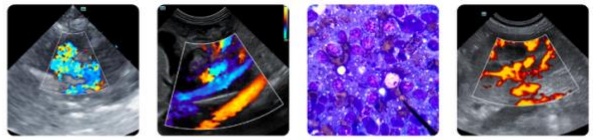


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



PATIENT

Aitor Jonas Durand

SPECIES

Canine

BREED

Bichon Frise

SEX

Neutered Male

AGE

9 Years

WEIGHT

14.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Juan Font

INVOICE

14256

DATE

03/11/26