



PATIENT

Lacey Forma

SPECIES

Canine

BREED

Pitbull X

SEX

Spayed Female

AGE

8 Years

WEIGHT

23 kg

INTERPRETED BY

Kathleen Sennello
DVM, MS, Diplomate
ACVIM

IMAGING PERFORMED BY

Catherine Alexander,
LVT

HOSPITAL NAME

NorthStar VS

REFERRING VET

Dr. Phillips

INVOICE

36190

DATE

3/11/26

PRESENTING CLINICAL SIGNS

P presented for not acting normally. pet appears more depressed. pet will jump on things but not off. pet is being more picky with her food and skipping a couple of meals here and there. pet is very normally active and is not at all. pet is also sleeping more than usual. pet did have heart surgery when a puppy - balloon valvuloplasty. Pet has also lost 6lbs. alp was not readable on bloodwork alt and remaining values were normal.

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 left kidney has a normal shape and size (6.16 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 hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (6.81 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.5 cm at the cranial pole and 0.67 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 0.77 cm at the cranial pole and 0.81 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. There is a small poorly defined hypoechoic nodule in the parenchyma, measuring 1.17 cm x 1.22 cm.

Liver

The liver is subjectively large in size, and echogenicity with smooth peripheral margins. The parenchyma is hyperechoic and 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.



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Gastrointestinal

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The stomach contains mild to moderate fluid/shadowing ingesta. It measures at a normal thickness of <0.7 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. Correlate with the feeding history. If the patient was adequately fasted, then consider the possibility of delayed gastric emptying. No evidence of an outflow obstruction was visualized.

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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. The duodenum measured as normal (0.42 cm in wall thickness) and the jejunum measured as normal (0.31 cm). Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

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Sections of colon are visualized and distended with non-formed fecal material. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

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The region of 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

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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

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- Poorly defined hypoechoic nodule in the spleen- There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large hyperechoic heterogenous liver- The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy.
- Mild/moderate fluid/shadowing ingesta visualized within gastric lumen- possible differentials include a nonfasted patient or delayed gastric emptying. A partial outflow tract obstruction is less likely.

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- Fluid and gas distended colon- findings are most consistent with impending diarrhea?

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive lesion responsible for the symptoms observed is not clearly visualized. The liver appears large and hyperechoic. This could be consistent with a vacuolar hepatopathy or similar.



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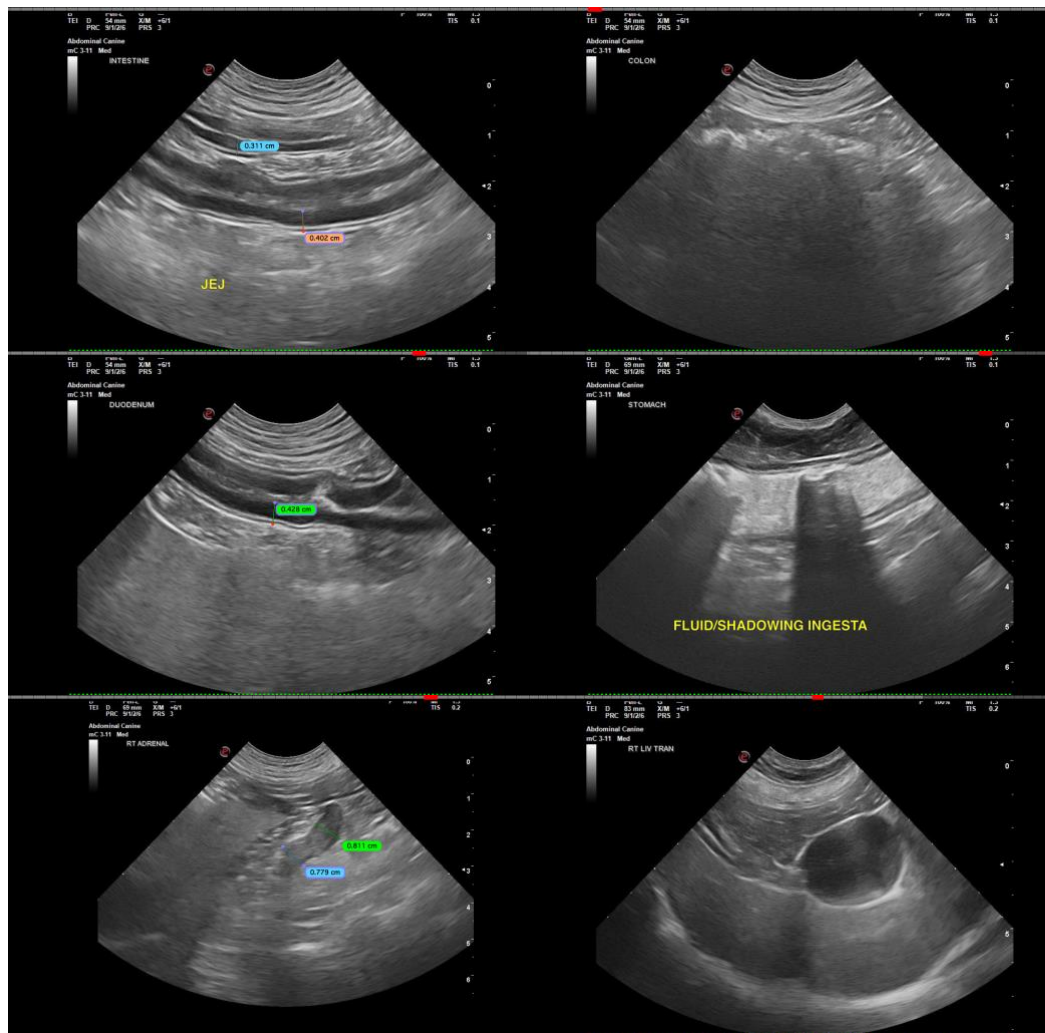
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Consider a fine needle aspirate, particularly to rule out underlying round cell neoplasia and pre- and post-prandial bile acids to assess liver function.

There's a small hypoechoic nodule in the spleen. This is suspected to be an incidental finding at this time, but an early neoplastic lesion cannot be ruled out. Options would include continued monitoring with ultrasound or a fine needle aspirate.

The colon appears somewhat fluid and gas distended, correlate with current clinical signs. If significant diarrhea is present, further evaluation for gastrointestinal disease may be warranted.

Recommend three view thoracic radiographs to assess for intrathoracic disease if this has not already been done.





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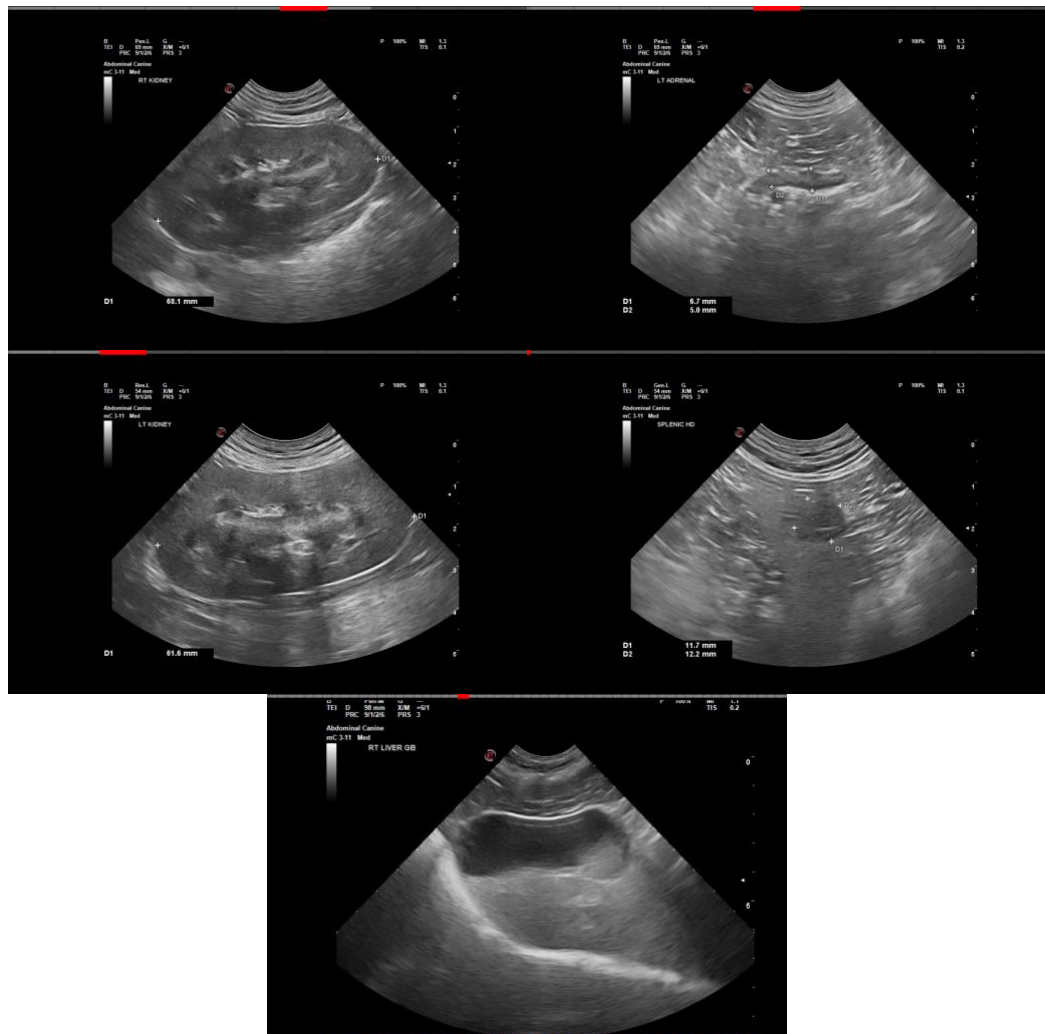
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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