



PATIENT

Joni Crowley

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

10

WEIGHT

63

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

14396

DATE

03/18/26

PRESENTING CLINICAL SIGNS

- re check from yesterday had some diarrhea, no vomiting

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 (8.25 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 was not clearly visualized.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.66 cm at the cranial pole and 0.50 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 1.03 cm at the cranial pole and 0.53 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. No focal parenchymal abnormalities are visualized. The spleen measured 2.57 cm.

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 significantly distended with a moderate amount of debris. The wall of the gall bladder is not thickened and has a smooth mucosal surface. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. Some areas of the gastric wall are clearly visualized while others are somewhat obscured by gas. There is a section of gastric wall which appears somewhat prominent and thickened with intact wall area measuring at 0.91 cm. No masses or focal lesions were observed.



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Some areas of jejunum 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 jejunum measured as normal (0.33 cm) Visualized peristalsis appears appropriate. Gas from the colon interferes with full evaluation of some areas of the abdomen.

Sections of colon are visualized with gas and shadowing material 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, 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

- Distended gallbladder with moderate debris- The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Subjectively prominent/mildly thickened gastric wall- The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previous shadowing ingesta visualized within the gastric lumen appears to have passed. There still appears to be some gas present, which obscures visualization of some areas of the gastric wall. One area visualized appears slightly prominent/thickened with intact wall layering, possibly consistent with mild gastritis. An underlying neoplastic process seems less likely.

The colon appears somewhat gassy with shadowing material, which interferes with visualization of some areas of the abdomen. No focal lesions are visualized. If the patient is improving with your current therapy, recommend continued treatment for acute gastroenterocolitis. If this is a more chronic condition and symptoms are more persistent, further workup and therapy may be warranted, potentially including:

- 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.
- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks).
- Consider probiotic therapy.
- If symptoms are more acute, consider screening for infectious causes of diarrhea.

Recommend full lab work and radiographs to follow the progression of this individual. If symptoms are persistent, further evaluations such as possibly surgical biopsies, repeat imaging, et cetera, may be warranted. A small unseen focal lesion cannot be definitively ruled out.



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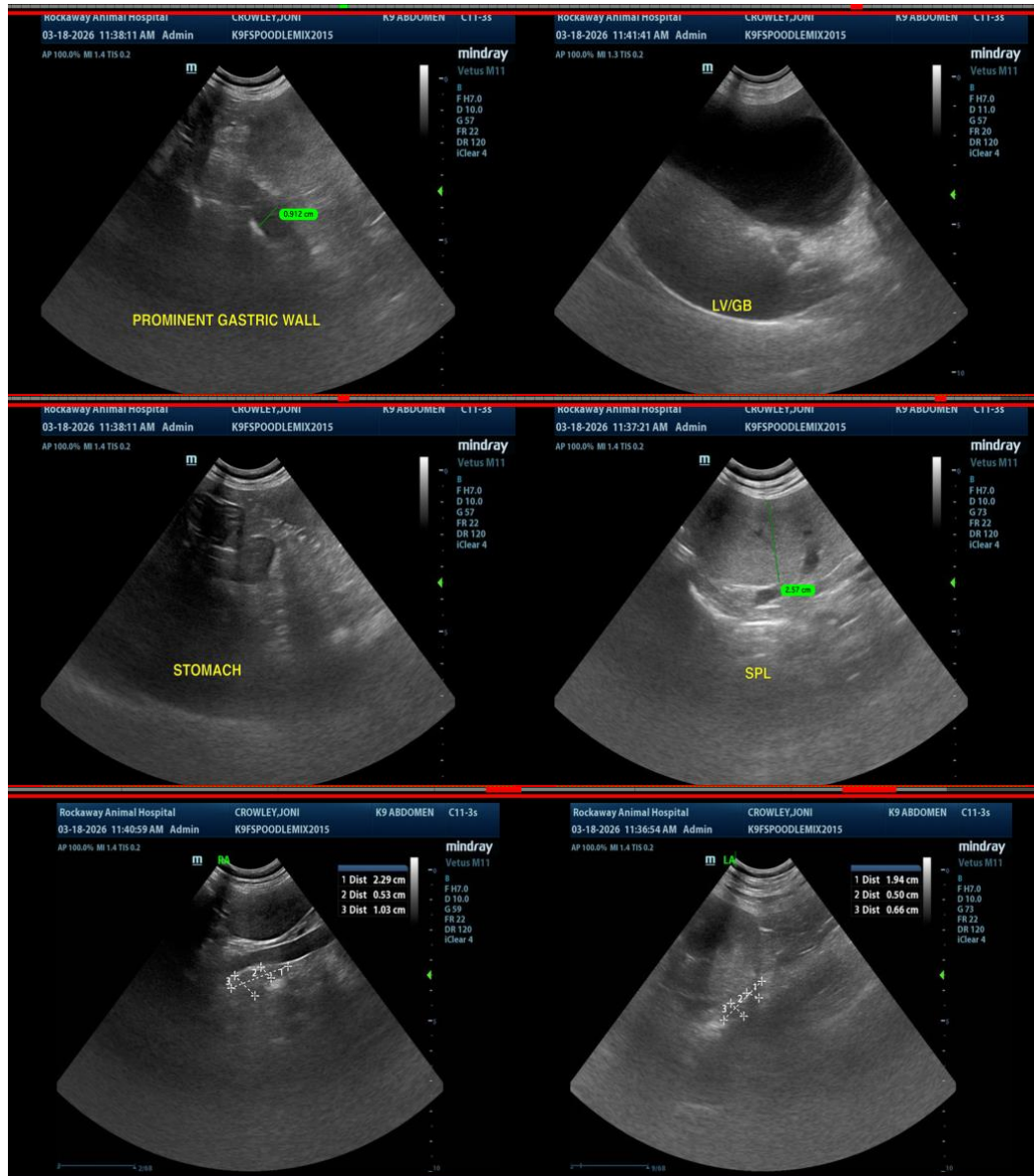
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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