



PATIENT

Stella Velazquez

SPECIES

Canine

BREED

Shih Tzu

SEX

Intact Female

AGE

9 Months

WEIGHT

8.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Naihomie
Rodriguez

INVOICE

73800

DATE

3/18/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to increased renal values. Px originally visited rDVM due to vomiting and was hospitalized for 2 days. Vomiting has stopped, no diarrhea, no coughing, no lethargy. Px is starting on a renal diet today

Abnormal PE/Chem/CBC/UA Results: Bloodwork and Urinalysis attached below for your reference

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 left kidney is small (2.88 cm) and slightly irregular in shape, with severely decreased corticomedullary distinction. The cortex is increased in echogenicity. There are occasional cortical cysts, and significant pyelectasia at 0.41 cm. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is small (2.67 cm) and slightly irregular in shape, with severely decreased corticomedullary distinction. The cortex is increased in echogenicity. There are occasional cortical cysts, one of which measures 0.33 cm, and pyelectasia at 0.31 cm. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.38 cm at the cranial pole and 0.38 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 0.52 cm at the cranial pole and 0.40 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 (1.0 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.

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 0.35 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 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. Duodenum wall measures 0.38 cm. Jejunum wall measures 0.36 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 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. No significant lymphadenopathy noted. A visualized mesenteric lymph node measures 0.35 cm. The omentum is of normal echogenicity.

Other

A normal uterine body is visualized. The left and right ovaries are visualized and appear normal. The left ovary measures 1.28 cm, right measures 1.55 cm.

ULTRASONOGRAPHIC FINDINGS

- Bilateral renal changes consistent with advanced chronic renal disease/renal dysplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys are small and hyperechoic with severely reduced/absent corticomedullary distinction and pyelectasia. These changes would be most consistent with renal dysplasia in this age and breed of dog. If not already done, recommend a urinalysis, culture, blood pressure +/- urine protein to creatinine ratio as a baseline, and recommend treatment for chronic renal failure.

Renal dysfunction will progress over time. The rate cannot be predicted. Pets with renal dysplasia tend to be tolerant of the severe azotemia. Safety with anesthesia cannot be predicted. If an anesthetic episode is pursued, recommend diuresis for a short period prior to and during anesthesia.

The adrenals are borderline small. I suspect this is normal for this small dog. You could consider a baseline cortisol to screen for Addison's.



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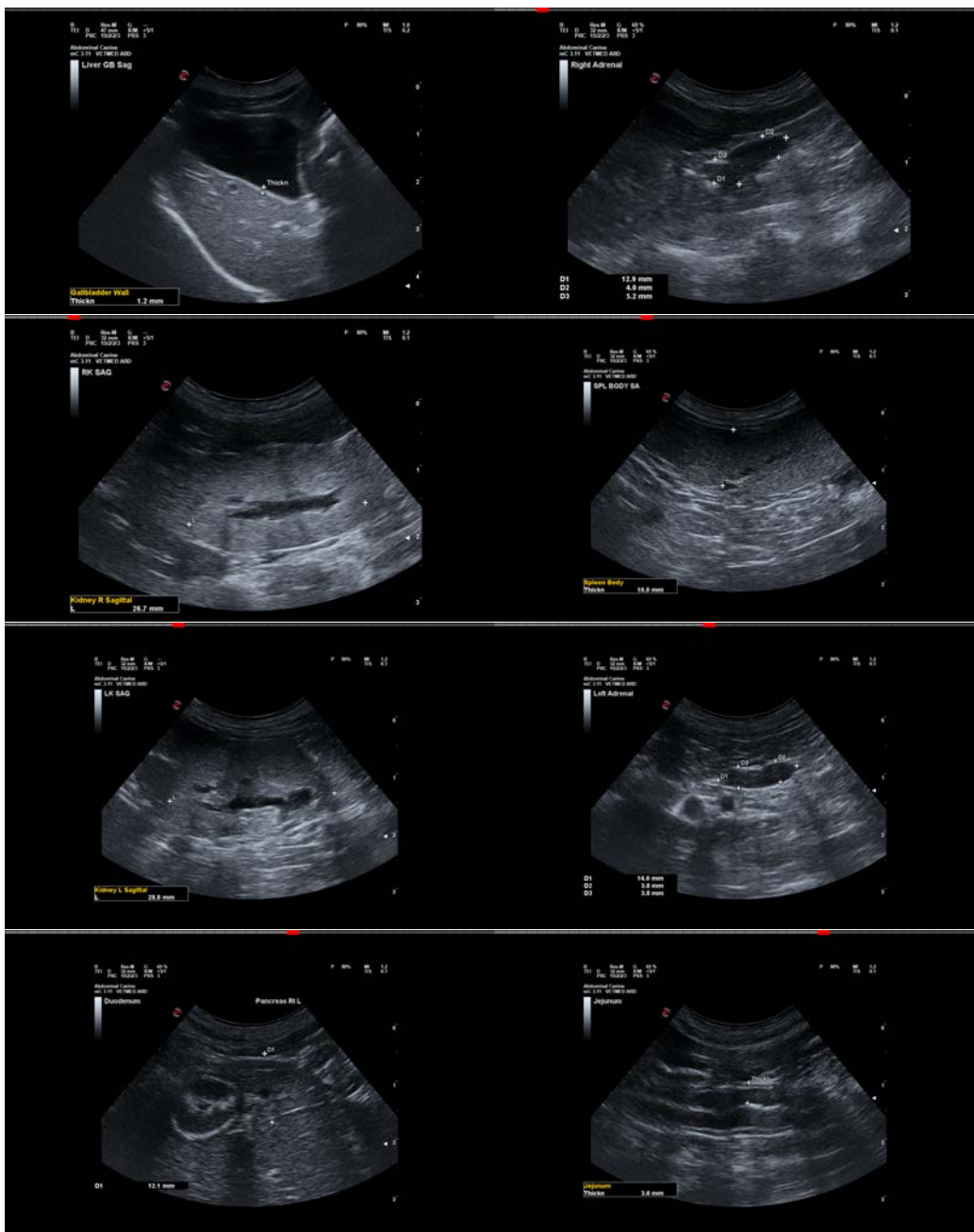
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com