



PATIENT

Cleo Sauder

SPECIES

Canine

BREED

American Bulldog

SEX

Spayed Female

AGE

10 Years

WEIGHT

73 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jack Reese

HOSPITAL NAME

Willow Run Veterinary
Clinic

REFERRING VET

Jessica Latham, VMD

INVOICE

73837

DATE

3/19/26

PRESENTING CLINICAL SIGNS

Hx MCT - removed in December 2025. Hx allergic dermatitis - controlled on cyclosporine/ketoconazole. Recent history of gastrointestinal symptoms (vomiting, diarrhea, decreased appetite) - decreased frequency of cyclosporine/ketoconazole dosing, but symptoms persisted and seemed to worsen. Evaluated 3/9/26 - abdominal radiographs, labwork unremarkable; supportive care initiated - maropitant, Fortiflora, metronidazole. P presented 3/19/26 for persistent symptoms (primarily diarrhea) with suppressed appetite - further diagnostics recommended as part of plan

Abnormal PE/Chem/CBC/UA Results: Labwork 3/9/26: Lymphocytes 0.82 (1.05 - 5.10 K/ μ L) Potassium 3.4 (3.5 - 5.8 mmol/L) Chloride 108 (109 - 122 mmol/L)

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 has a normal shape and size (6.36 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 (6.58 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 in size but slightly abnormal in appearance, measuring 0.58 cm at the cranial pole and 0.77 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that it is somewhat curved in position.

The right adrenal gland is normal in size measuring 1.28 cm at the cranial pole and 0.58 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 (1.78 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. Gastric wall is borderline thick, measuring 0.88 cm with intact wall layering. 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.

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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 0.62 cm. Jejunum wall measures 0.40 cm. Visualized peristalsis appears appropriate. The small intestine has a slightly “ropey” appearance with some areas exhibiting a prominent muscularis layer.

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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 area 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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- Prominent/mildly thickened gastric wall with intact wall layering – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.
- 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).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Jessica Latham, VMD

The changes observed on today’s scan are mild. The stomach wall appears slightly prominent/mildly thickened with intact wall layering. Findings could include anatomic variation or mild gastritis. An underlying neoplastic process seems much less likely. Additionally, the small intestine appears somewhat thickened with intact or slightly prominent wall layering. These changes could be consistent with an underlying inflammatory type condition. No focal lesions are visualized associated with the GI tract.

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Consider the following for further evaluation of a primary gastrointestinal issue:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)



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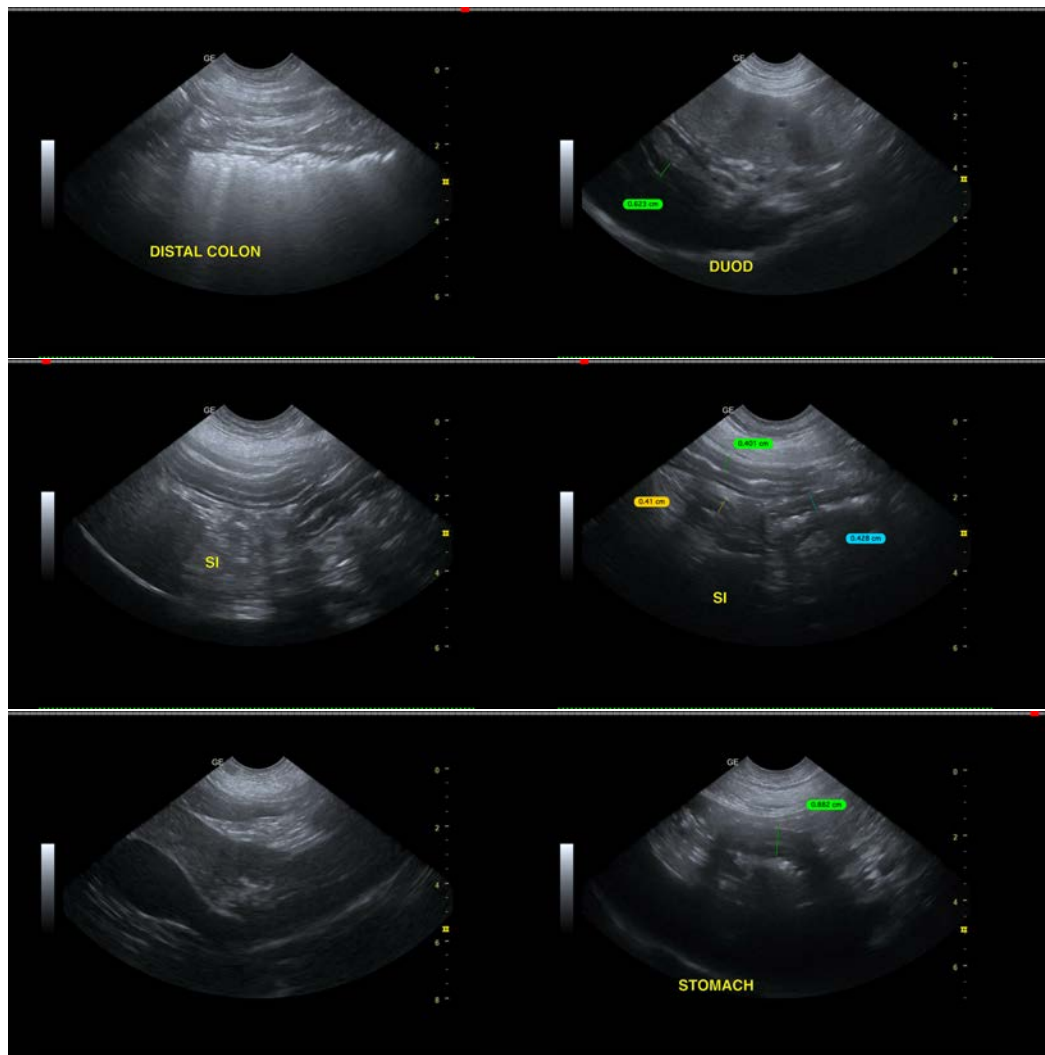
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- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.
- Consider screening for infectious causes of diarrhea.
- If not already done, recommend parasite screening and empirical deworming.

If symptoms are persistent, ultimately biopsies of the GI tract may be warranted. Prior to this you could consider discontinuing Cyclosporin/Ketoconazole for a period of time to ensure this is not contributing to the GI symptoms reported (seems unlikely). Additionally, you could consider repeat imaging in the future, looking for progression of today's lesions.





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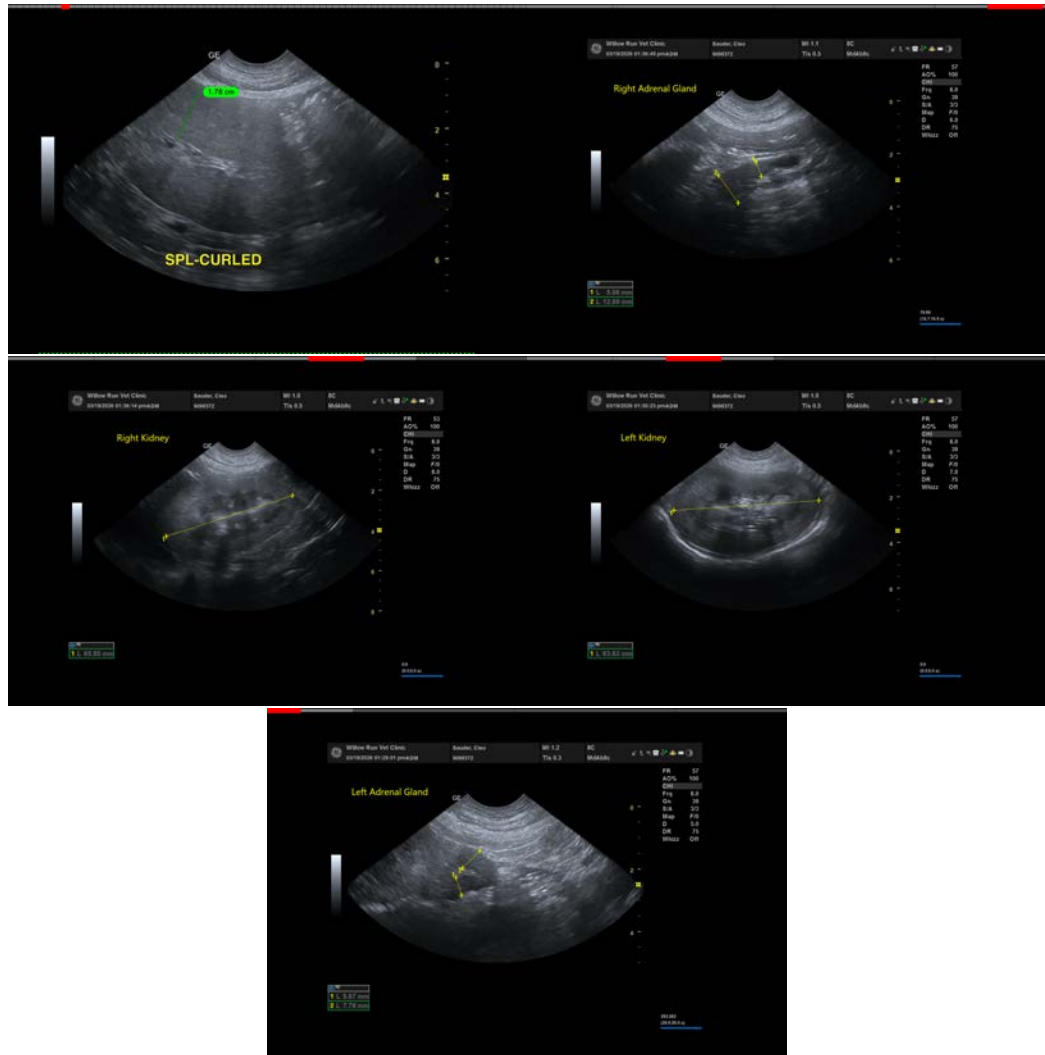
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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