



## PATIENT

Izzy Long

## SPECIES

Canine

## BREED

Australian Shepherd x

## SEX

Spayed Female

## AGE

7 Years

## WEIGHT

49 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sheldon

## HOSPITAL NAME

Advanced Pet Care of  
Oakland

## REFERRING VET

Dr. Sopoliga

## INVOICE

73840

## DATE

3/19/26

## PRESENTING CLINICAL SIGNS

Recheck after hospitalization for colitis/pancreatitis. Had ultrasound at ER and the following was noted. Colonic wall thickening: r/o colitis vs IBD vs neoplasia. Gallbladder sediment with suspected cholecystolithiasis. Splenic nodule: r/o extramedullary hematopoiesis vs lymphoid hyperplasia vs emerging neoplasia. Chronic renal remodeling. Pet is overall doing well but still PU/PD with dilute urine, USG 1.006. Still vomits bile occasionally.

## 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 (5.16 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 (5.56 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 measuring 0.56 cm at the cranial pole and 0.60 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 0.92 cm at the cranial pole and 0.77 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 (1.75 cm in width at the level of the hilus), 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, ill-defined, hypoechoic nodule visualized at the periphery of the spleen measuring 0.41 cm. A transverse view of a vessel in this region cannot be ruled out.

### 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. There is a moderate amount of non-organized echogenic debris. Some of the debris is hyperechoic and shadowing, most consistent with mineralized sandy debris or a cholelith. The cystic and common bile ducts are normal/not visible.

**Gastrointestinal**

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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. Jejunum wall measures 0.26 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. The descending colon wall appears slightly prominent, measuring at 0.27 cm with intact wall layering.

**Pancreas**

The pancreas is visible/mildly mottled. 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**

- Suspect small 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.
- Moderate gallbladder debris with some mineralization – 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.
- Mildly thickened colon wall with intact wall layering – Findings could be consistent with inflammatory type change.
- Visible/mildly mottled pancreas – Findings could be consistent with mild pancreatic remodeling.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes observed on today's scan are mild and somewhat subjective. There is a small nodule



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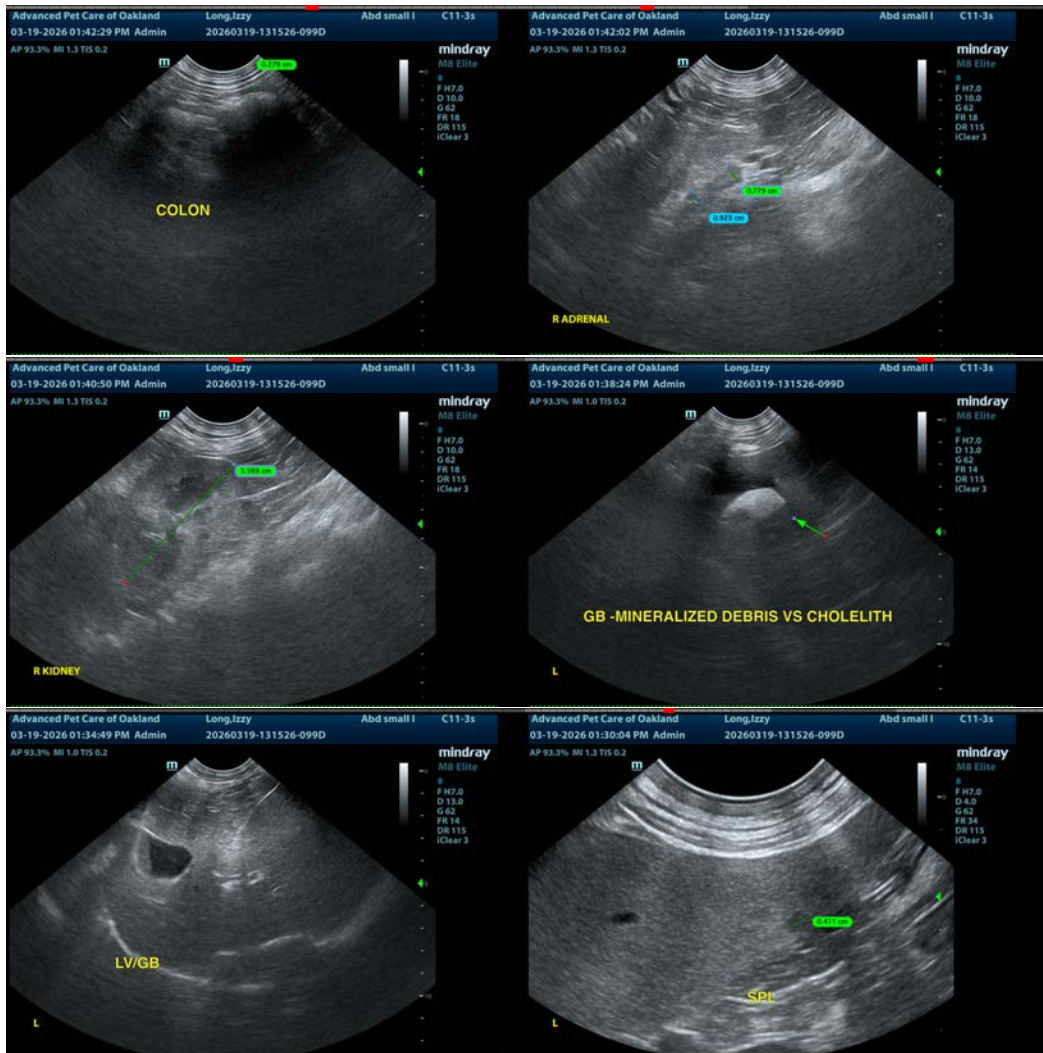
3/19/26

towards the periphery of the spleen. Power doppler evaluation would be necessary to definitively ruled out a transverse view of a vessel. The general appearance trends towards a benign lesion, although an early neoplastic lesion cannot be ruled out. Consider continued monitoring with ultrasound (likely too small to sample at this time).

There is a moderate amount of debris visualized in the gallbladder with some associated shadowing possibly consistent with some mineralized debris or a cholelith. There is no associated inflammation or wall thickening. Recommend continued monitoring at this time.

The majority of the colon is not visible on today's exam. There is a small area of visible colon wall that appears slightly thickened with intact wall layering, possibly consistent with mild inflammation.

Depending on the amount of time that has passed since the illness episode reported, some of these changes could represent resolving lesions. Similarly, the PU/PD could be resolving after fluid therapy, etc. If this is more persistent, further workup may be warranted including full lab work, urine culture, possibly screening for Leptospirosis, etc.





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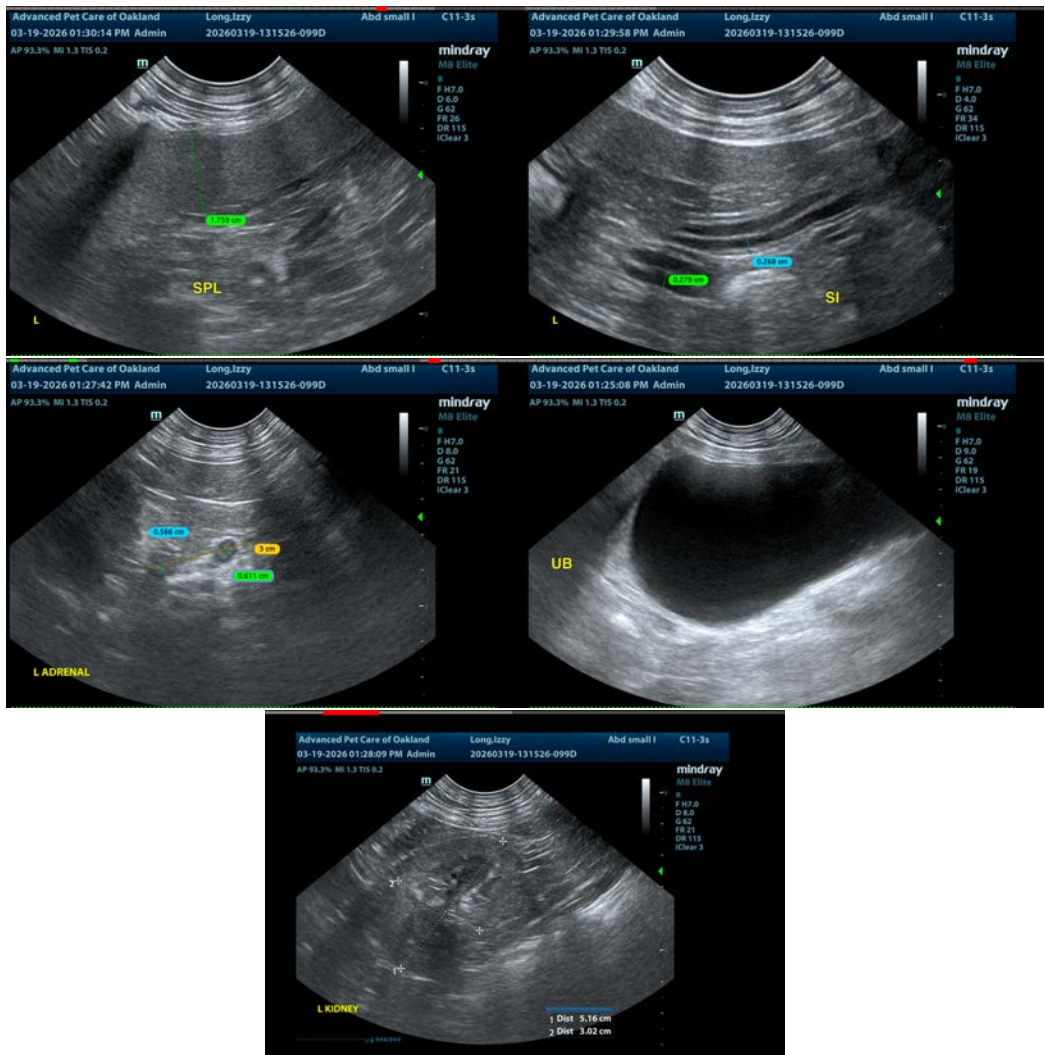
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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