

**PATIENT**

Milo Rodriguez

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Male

**AGE**

9 Years

**WEIGHT**

22 lbs

**INTERPRETED BY**Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)**IMAGING  
PERFORMED BY**

Julia Bakker, DVM

**HOSPITAL NAME**Orange Blossom  
Veterinary Imaging**REFERRING VET**

Kristen Hillard, DVM

**INVOICE**

73839

**DATE**

3/19/26

**PRESENTING CLINICAL SIGNS**

History of antibiotic responsive, chronic colitis. Fecal PCR negative and labwork unremarkable - results attached.

**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 prostate is large and hyperechoic, measuring 2.5 cm in height in the sagittal view.

The left kidney has a normal shape and size (4.86 cm) with occasional pinpoint cortical mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.78 cm) with rare pinpoint cortical mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.55 cm at the cranial pole and 0.44 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 0.98 cm at the cranial pole and 0.44 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 (1.2 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 mild fluid and ingesta. 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. Duodenum wall measures 0.37 cm. Jejunum wall measures 0.28 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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**

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**

- Large, hyperechoic prostate – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis. Recommend a urinalysis +/- culture to look for any evidence of prostatitis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No significant lesions were visualized associated with the GI tract to explain the chronic large bowel diarrhea reported. Unfortunately, antibiotic responsive diarrheas can be challenging and often represent a combination of dysbiosis, inflammation, and other factors. Recommend dietary therapy with a hydrolyzed protein prescription diet (avoid ZD as this is primary chicken based). Royal Canin has a combination ultra low-fat hydrolyzed protein prescription diet, and Purina's HA would also be a reasonable option. Additionally, addition of supplemental fiber can help some individuals, although it can make others worse. This must be on a trial basis. Additionally consider the following:

- 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. This will screen for exocrine pancreatic insufficiency and other markers for concurrent small intestinal disease.
- Consider screening for GI parasites and empirical deworming (I believe this was already done?).
- Consider screening for other infectious causes of chronic large bowel diarrhea (clostridium, etc.). I suspect this was already done.
- Consider fecal transplant. This is a safe and easy procedure and can be successful for some individuals.



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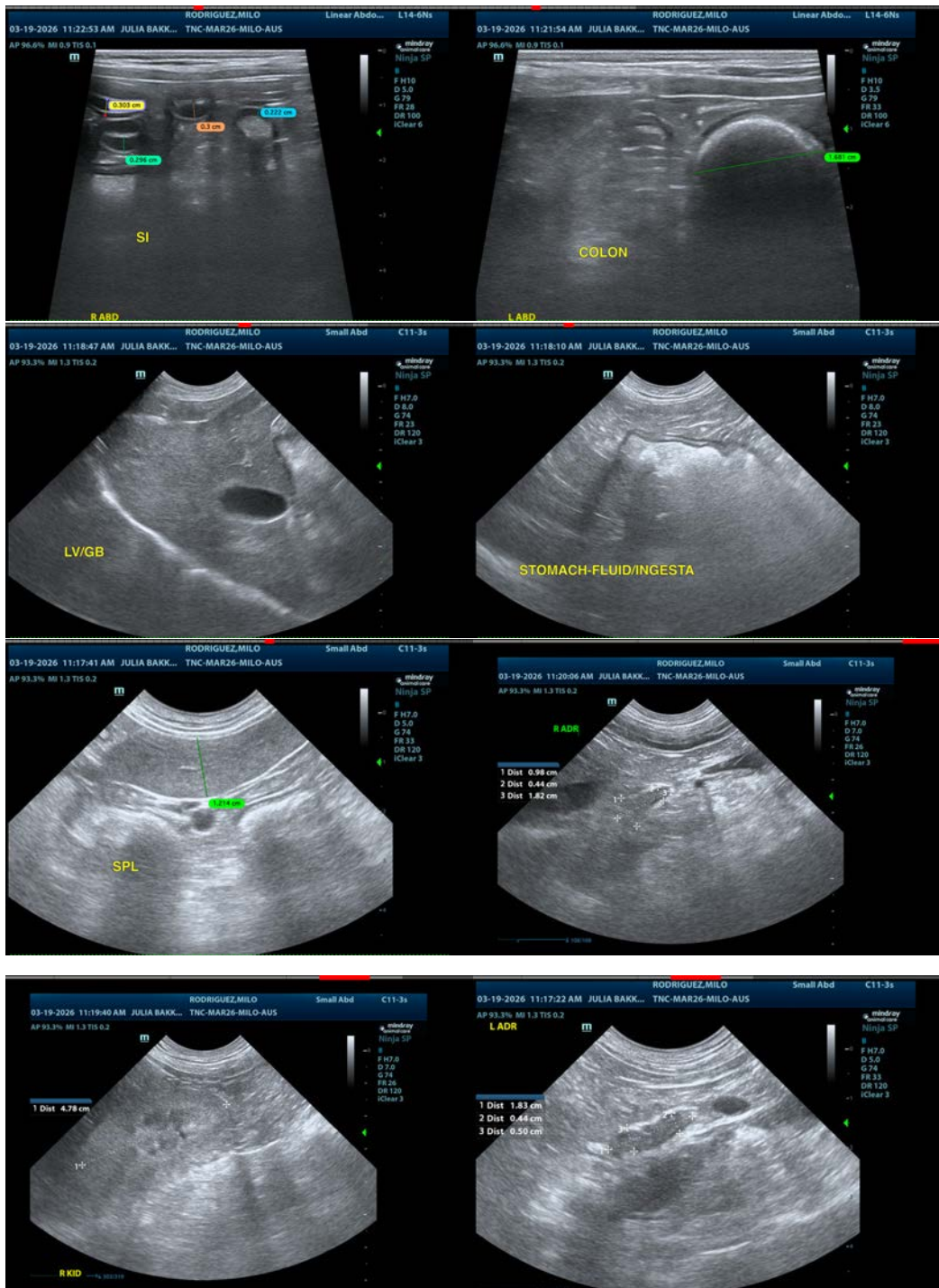
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If these steps are taken and symptoms are persistent, ultimately biopsies of the small and large bowel may need to be considered.





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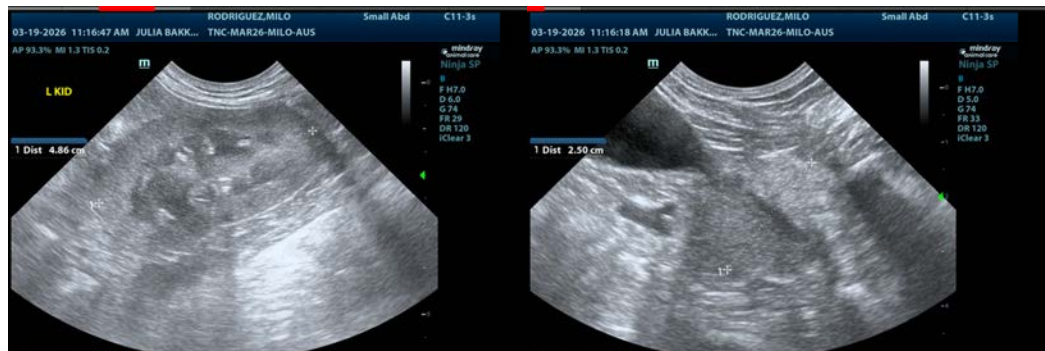
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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