



PATIENT

Charlie DeBona

SPECIES

Canine

BREED

Shih Tzu x

SEX

Neutered Male

AGE

13 Years

WEIGHT

6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Westoak Animal
 Hospital

REFERRING VET

Dr. Kohlmaier

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DATE

3/26/26

PRESENTING CLINICAL SIGNS

Vomiting, enlarged liver. Current Medications: Prednisone 5mg - 1/2 tablet every other day

Abnormal PE/Chem/CBC/UA Results: Labs attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The majority of the bladder wall appears of normal thickness. The apical wall appears somewhat thickened and irregular, measuring at 0.50 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The prostate is normal in size (1.09 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.14 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (4.44 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.52 cm at the cranial pole and 0.49 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 1.0 cm at the cranial pole and 0.41 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 (1.21 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 large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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 a large amount of shadowing 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. There is a large shadowing structure visualized within the gastric lumen, concerning for a possible gastric foreign body measuring 2.72 cm. This could also be atypical ingesta, etc.

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Some of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal to moderate fluid and gas distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.47 cm. Jejunum wall measures 0.33 cm. Visualized peristalsis appears appropriate. The proximal duodenum appears thickened and somewhat corrugated with some intraluminal fluid, possibly consistent with focal duodenitis. Distally the jejunum has some areas with mild gas and fluid distention and some non-obstructive shadowing material. Findings are most consistent with severe enteritis. A focal partially obstructive lesion cannot be ruled out.

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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.

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Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy. The omentum is hyperechoic in the cranial abdomen and in the region of the pancreas.

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ULTRASONOGRAPHIC FINDINGS

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- Thickened, irregular apical wall of the urinary bladder – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.

REFERRING VET

Dr. Kohlmaier

- Age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with mild pancreatitis of both limbs.

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- Large, heterogeneous liver – Findings are most consistent with a steroid hepatopathy. Other hepatopathies are possible.

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- Focal shadowing structure visualized within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, this could represent ingested foreign material, persistent ingesta/delayed gastric emptying, etc. A definitive obstruction is not visualized at this time.



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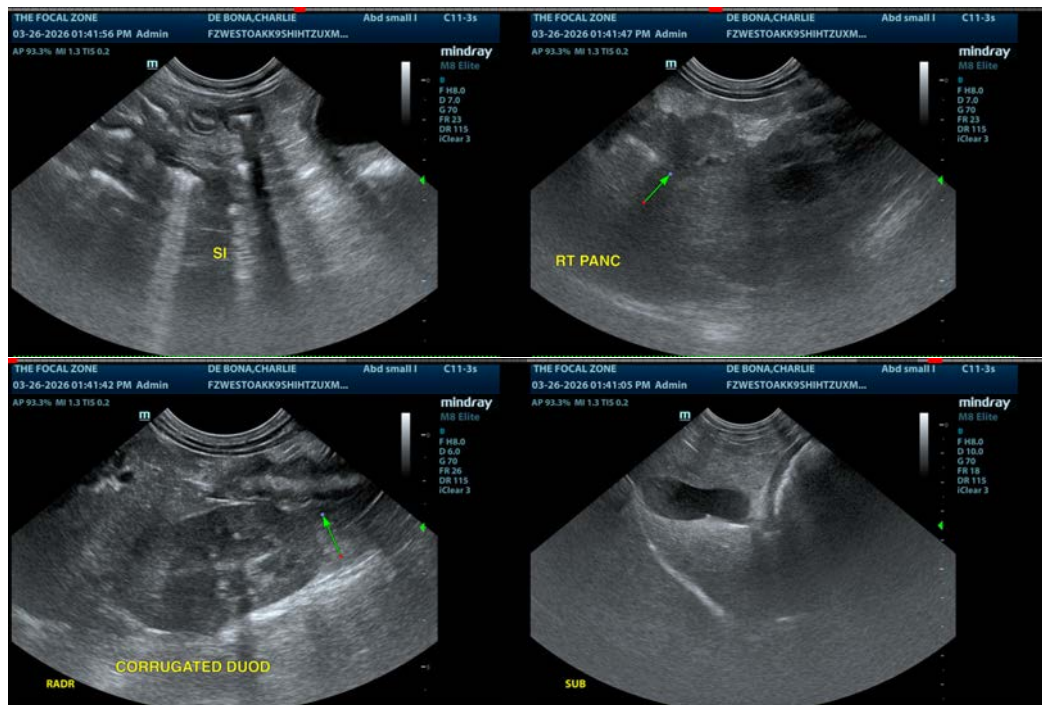
- Enteritis type pattern with variably fluid and gas distended intestine and corrugation of the duodenum.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large focal shadowing structure visualized within the gastric lumen. This could represent gastric foreign material, a focus of ingesta, etc. Correlate with radiographs and feeding history. Additionally, the proximal duodenum appears mildly fluid distended and corrugated, most consistent with significant duodenitis/enteritis. A small amount of passing foreign material cannot be ruled out. Additionally, the pancreas is prominent in both limbs, suggestive of mild pancreatitis.

Recommend continued treatment for gastroenteritis/pancreatitis and correlate with abdominal radiographs. You could consider a more prolonged fast and repeat radiographs to see if there is persistent material in the stomach. If this is the case, then endoscopy may be warranted to further evaluate the gastric contents.

I cannot definitively rule out a focal partially obstructive small intestinal lesion or similar, although none was seen. If this is a concern and there is gastric foreign material, surgical evaluation may be warranted. Alternately, you could consider serial imaging.





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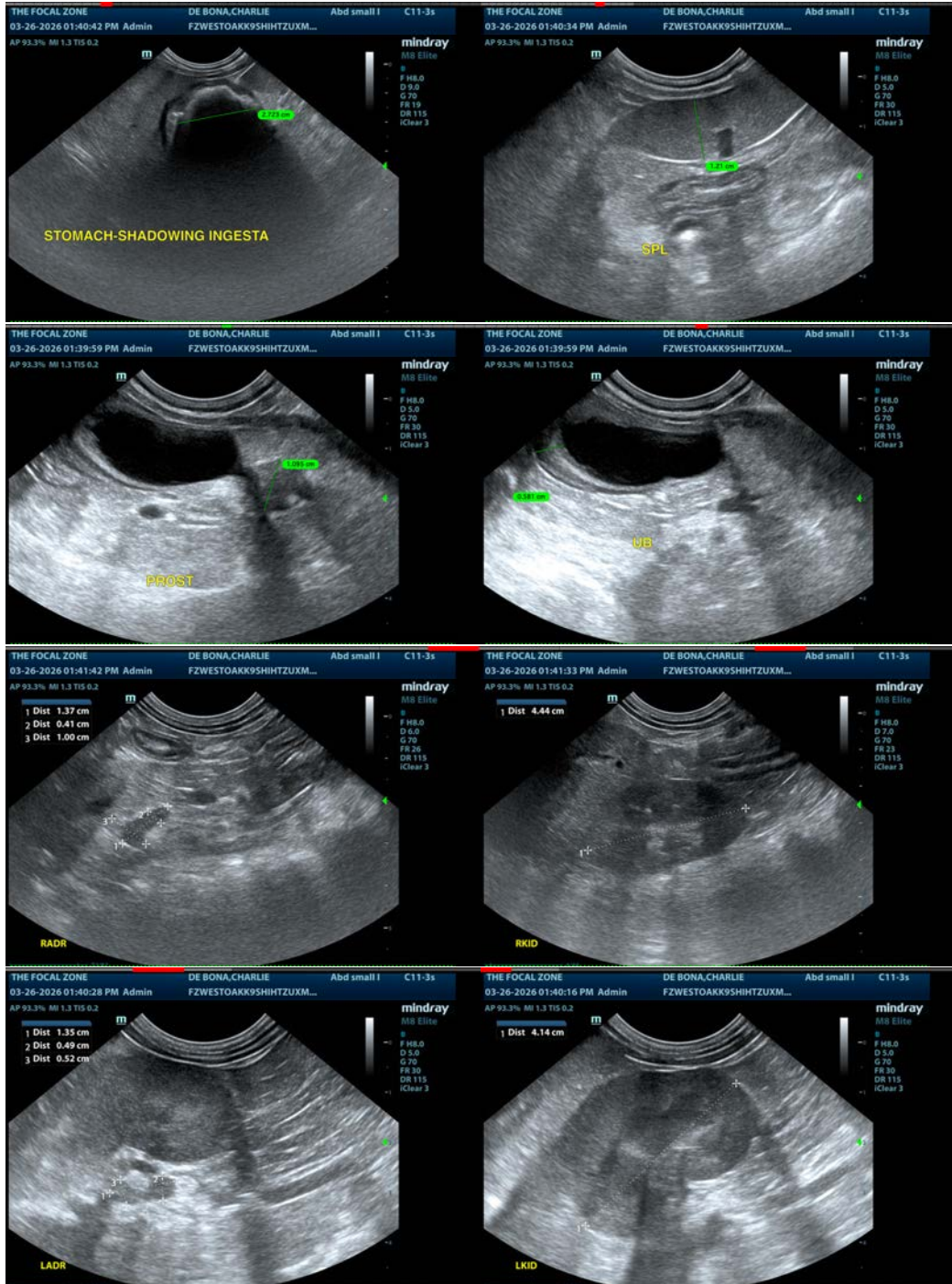
Dr. Kohlmaier

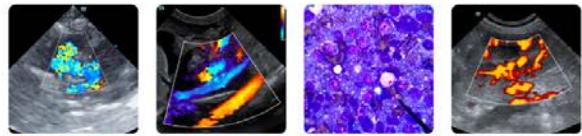
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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