



PATIENT

Giselle Jacobs

PRESENTING CLINICAL SIGNS

Recheck from yesterday, dog has been fasted.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Frenchie

The urinary bladder is mildly distended with anechoic urine. The Bladder wall appears mildly thickened, measuring at 0.56 cm in the apical region with a smooth mucosal surface. The visualized areas of trigone, ureteral papillae and proximal urethra appear within normal limits.

SEX

Spayed Female

The left kidney has a normal shape and size (4.61 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.

AGE

7

The right kidney has a normal shape and size (4.95 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.

WEIGHT

24

Adrenal Glands

The left adrenal gland is “plump” measuring 0.64 cm at the cranial pole and 0.64 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 “plump” measuring 0.85 cm at the cranial pole and 0.81 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.

INTERPRETED BY

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IMAGING PERFORMED BY

Jenn

Spleen

The spleen is subjectively normal in size (1.76 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.

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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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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74014

Gastrointestinal

DATE

3/26/26

The stomach contains mild 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 less fluid visualized within the stomach



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today, but persistent focal shadowing material measuring 1.46 cm. No evidence of an obstruction is visualized.

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 0.43 cm. Jejunum wall measures 0.27 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 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

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

- Mildly thickened urinary bladder wall – 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.
- Bilaterally “plump” adrenal glands – Findings could be consistent with anatomic variation or mild hyperplasia.
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Moderate gallbladder debris – 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.
- Persistent shadowing ingesta visualized within the gastric lumen – No evidence of an obstruction is visualized at this time.
- Prominent/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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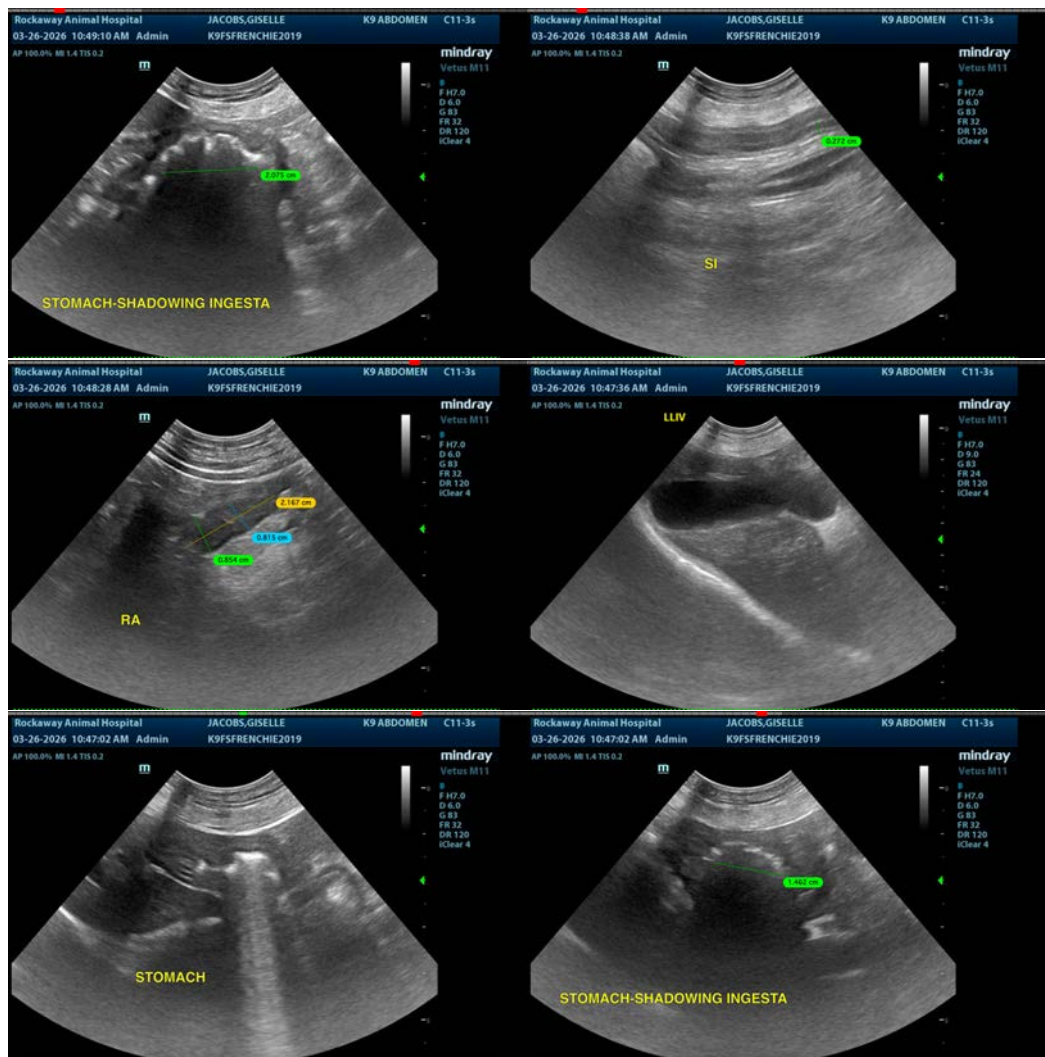
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3/26/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The previously described shadowing material visualized in the stomach is persistent. There appears to be less fluid and possibly less shadowing material(?) but this is difficult to say definitively. No evidence of an obstruction is visible at this time. Correlate with clinical findings. If this is asymptomatic, you could consider close continued monitoring and reassessment in a week or two in hopes that this represents digestible material that can be broken down over time. Otherwise, if significant clinical symptoms are present and this is confirmed on radiographs, you could consider upper GI endoscopy to further investigate. The nature of this material is unknown.

The changes described involving the liver, gallbladder, adrenals, and small intestine are stable and persistent as described in the previous exam yesterday, 3/25/26.





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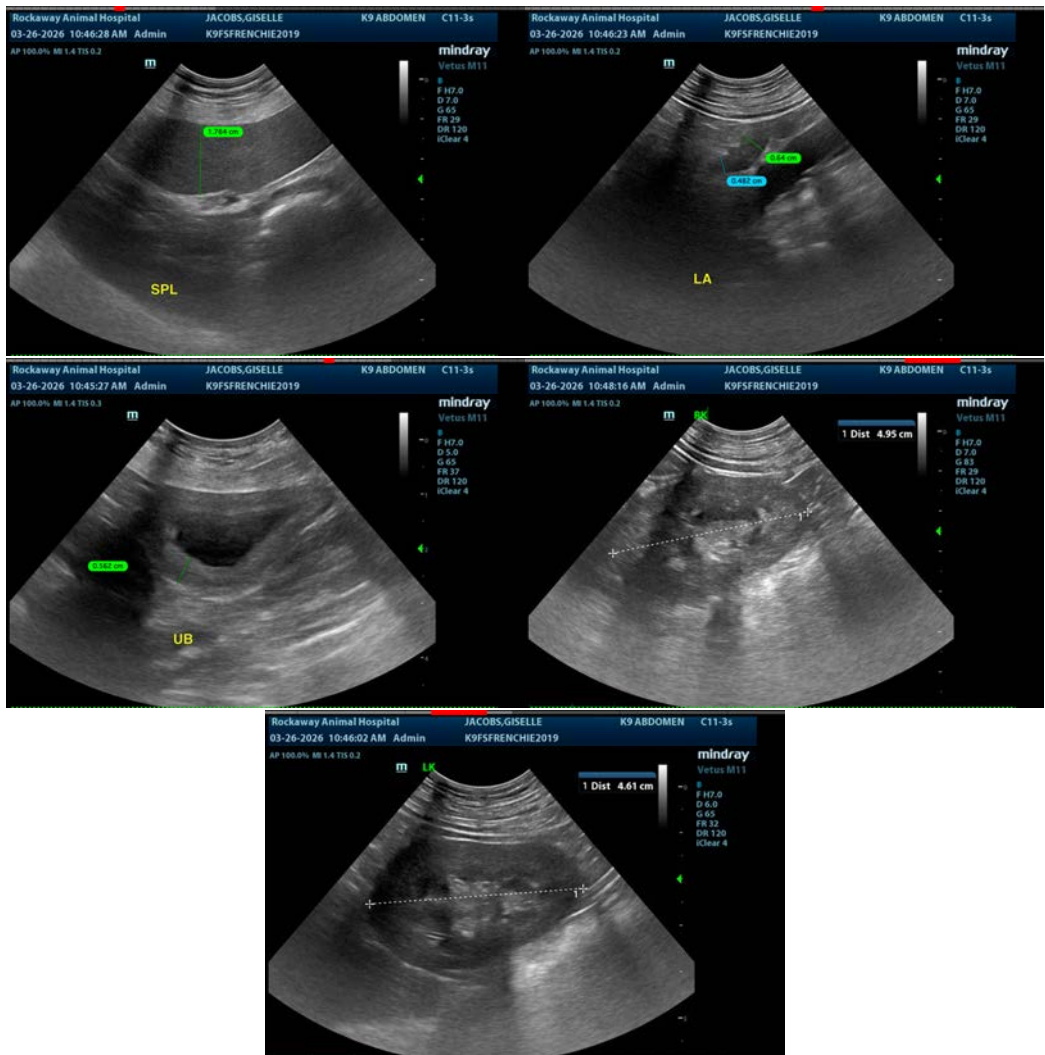
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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