



PATIENT

Phantom Van Wyk

SPECIES

Canine

BREED

Cattle Dog x

SEX

Neutered Male

AGE

7 Years

WEIGHT

54 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Judy Schroeder, DVM

HOSPITAL NAME

Animal Health
Associates

REFERRING VET

Noah Hoffman, DVM

INVOICE

74062

DATE

3/26/26

PRESENTING CLINICAL SIGNS

History of GI issues, intermittent diarrhea, nausea, diet sensitivity. In past 6 months recurrent bouts of diarrhea with blood and mucus, abdominal pain on palpation. Negative fecal testing.

Abnormal PE/Chem/CBC/UA Results: Tenderness on cranial abdominal palpation during recent diarrhea bout. Globulins 4.5 g/dl, Albumin 2.9 g/dl A:G ratio decreased Cholesterol mildly elevated 355 mg/dl Spec cPL normal. Fecal negative for parasites/giardia USG 1.029, 2-5 WBC/hpf (free caught)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately to mildly distended with anechoic urine. The Bladder wall appears mildly thickened, measuring 0.36 cm, with a smooth mucosal surface. The 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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (6.42 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 (6.56 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 0.60 cm at the cranial pole and 0.62 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 0.54 cm at the cranial pole and 0.73 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 (2.17 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 rounded margins. The parenchyma is subjectively 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.



PATIENT

Phantom Van Wyk

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.

SPECIES

Canine

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.

BREED

Cattle Dog x

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 0.47 cm. Jejunum wall measures 0.34 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Neutered Male

AGE

7 Years

The descending colon has a significant amount of intraluminal gas. The visible areas of colon wall appear normal, measuring 0.21 cm with intact wall layering.

Pancreas

WEIGHT

54 lbs

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

INTERPRETED BY

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

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 heterogeneous, rounded 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. The significance of this is uncertain in the absence of liver enzyme elevations.

IMAGING PERFORMED BY

Judy Schroeder, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Animal Health
Associates

No focal gastrointestinal/colonic lesions are visualized on today's exam, although a small focal lesion cannot be ruled out. Unfortunately, there are many causes for diarrhea and nausea that cannot be definitively diagnosed by ultrasound alone. Consider the following:

REFERRING VET

Noah Hoffman, DVM

INVOICE

74062

DATE

3/26/26

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Recommend screening for infectious causes of diarrhea.
- 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.



PATIENT

Phantom Van Wyk

SPECIES

Canine

BREED

Cattle Dog x

SEX

Neutered Male

AGE

7 Years

WEIGHT

54 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Judy Schroeder, DVM

HOSPITAL NAME

Animal Health
Associates

REFERRING VET

Noah Hoffman, DVM

INVOICE

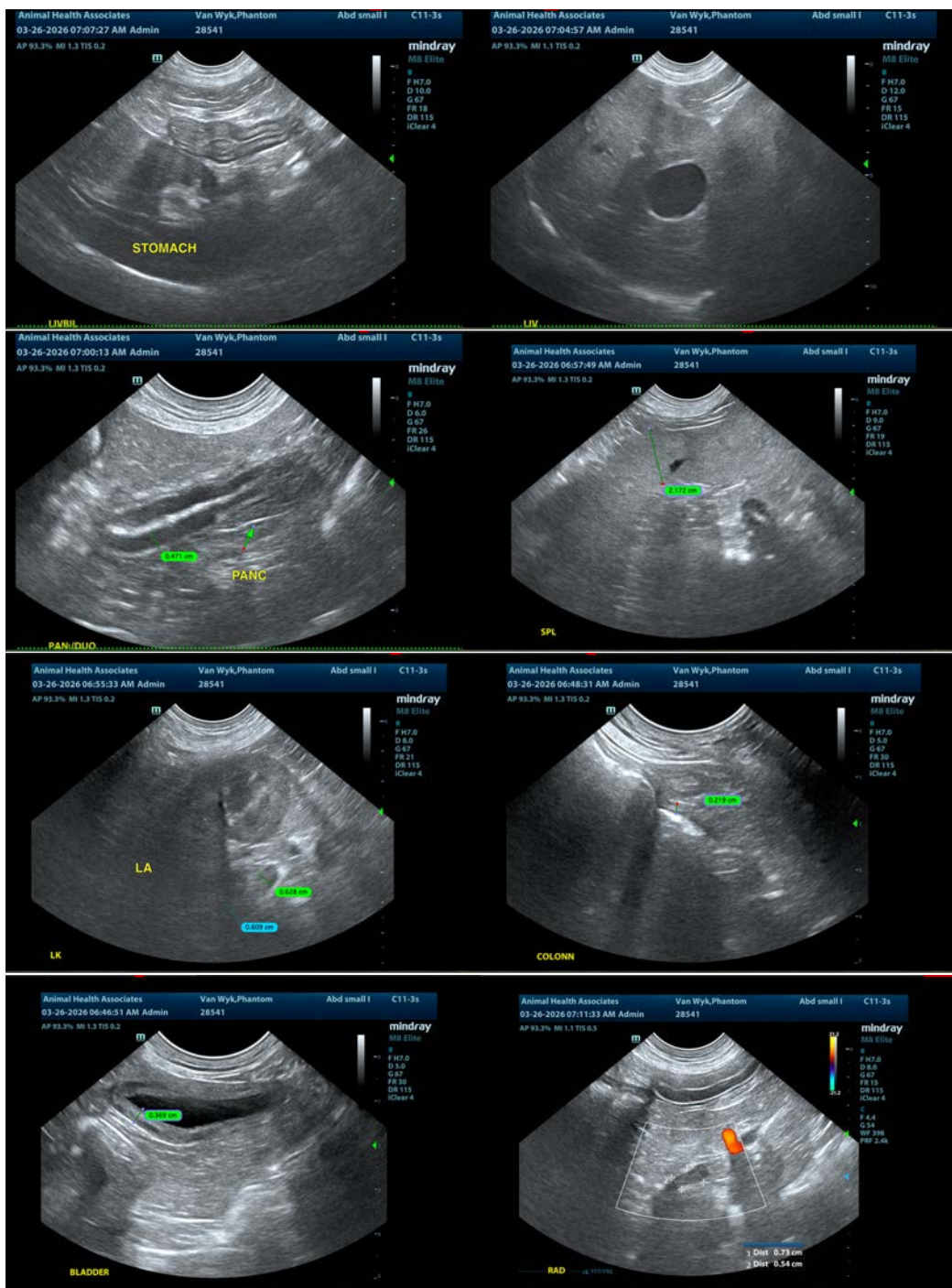
74062

DATE

3/26/26

- Recommend chronic probiotic therapy.

If symptoms are persistent despite making these changes, ultimately of the upper and lower GI tract may be warranted. If symptoms are progressing, you can consider repeat evaluation in the future, looking for the progression of today's lesions.





PATIENT

Phantom Van Wyk

SPECIES

Canine

BREED

Cattle Dog x

SEX

Neutered Male

AGE

7 Years

WEIGHT

54 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Judy Schroeder, DVM

HOSPITAL NAME

Animal Health
Associates

REFERRING VET

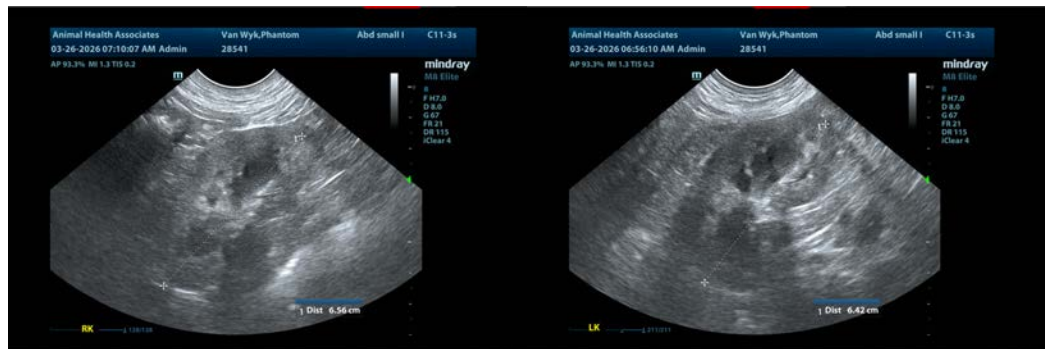
Noah Hoffman, DVM

INVOICE

74062

DATE

3/26/26



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