



**PATIENT**

Miles Dolack

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered Male

**AGE**

10 Years 7 Months

**WEIGHT**

56.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Woodcliff Lake  
Veterinary Hospital

**REFERRING VET**

Dr. Black

**INVOICE**

74429

**DATE**

4/14/26

**PRESENTING CLINICAL SIGNS**

Icterus, V+, anorexia, R/O infection, neoplasia, obstruction  
Abnormal PE/Chem/CBC/UA Results: Pending

**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 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 (5.8 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 (5.89 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 0.69 cm at the cranial pole and 0.65 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.

There is a structure in the region of the right adrenal gland measuring 0.89 cm possibly with some associated mineralization.

**Spleen**

The spleen is subjectively normal in size (1.85 cm), 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 hyperechoic nodule visualized in the parenchyma measuring 0.82 cm in diameter, most consistent with a benign myelolipoma.

**Liver**

The liver is subjectively normal in size, and 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.

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 bile duct is not clearly visualized. No significant pathology observed.



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***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. Duodenum wall measures 0.59 cm. Jejunum wall measures 0.38 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 right limb of 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 moderate pancreatitis.

***Free Abdomen***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy noted. The omentum is hyperechoic/reactive in the region of the right limb of the pancreas.

**ULTRASONOGRAPHIC FINDINGS**

- Pancreatic changes most consistent with moderate pancreatitis in the right limb.
- 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.
- Poorly visualized right adrenal gland – There is questionable enlargement and some mineralization in the region.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The right limb of the pancreas appears prominent and mottled with surrounding reactive mesentery, most consistent with moderate pancreatitis. It is possible that there is post-hepatic obstructive secondary to pancreatitis, although the bile duct is not clearly visible. Additionally, the liver itself appears mildly heterogeneous. Correlate with clinical signs and a PLI level. Recommend aggressive therapy for pancreatitis and correlation of these findings with clinical signs and current lab work, looking for possible differentials of pre-hepatic and post-hepatic jaundice. If hepatic jaundice is suspected, you could consider a fine needle aspirate of the liver (provided coagulation parameters are normal). If the patient is not responding to treatment for pancreatitis as expected and bilirubin levels are continuing to rise, you could consider repeat imaging, looking for progressive dilation of the bile duct, etc. If clinically appropriate, screening for Leptospirosis could be considered.



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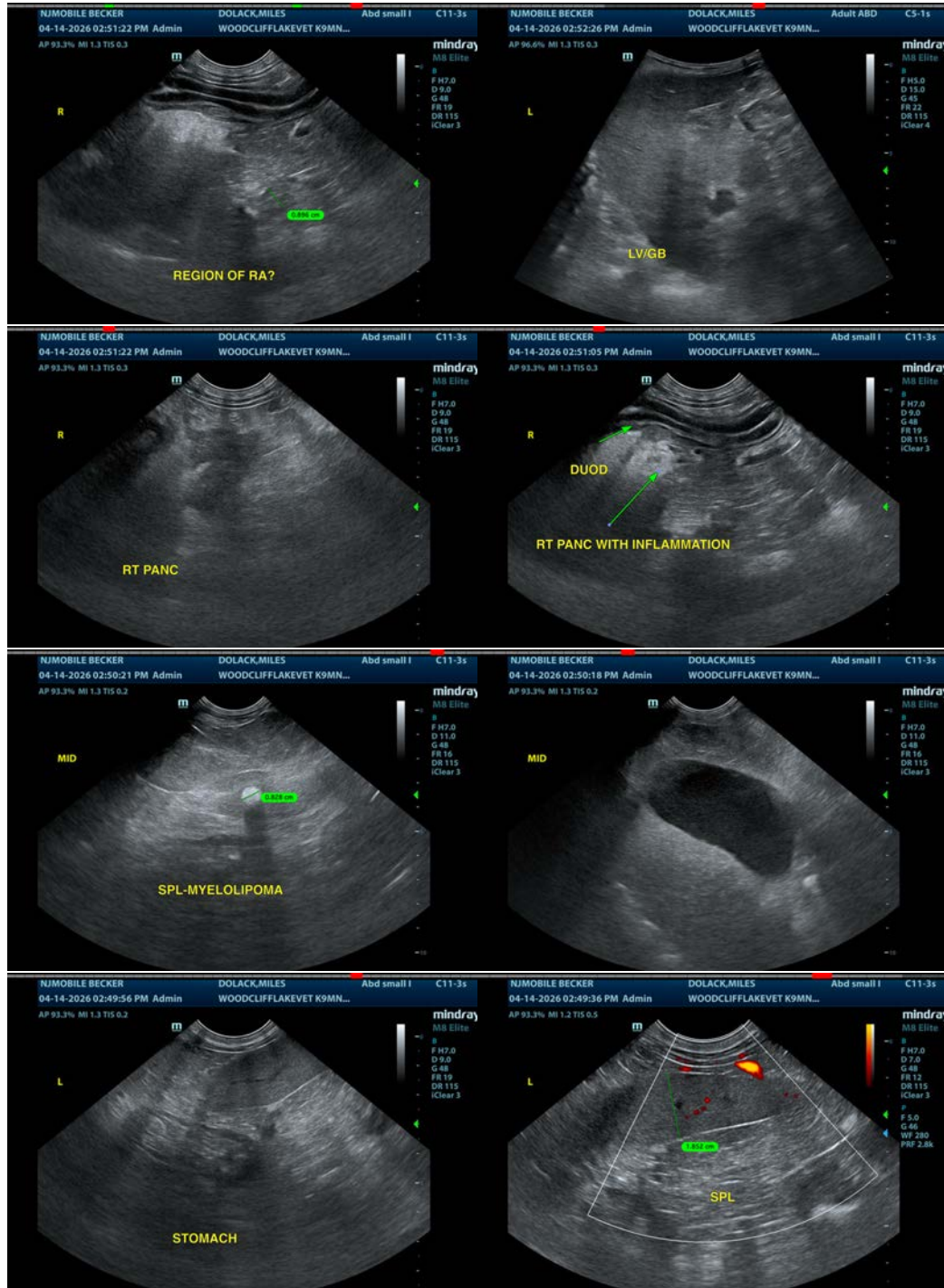
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The right adrenal gland is not clearly visualized. There is some questionable irregular mineralized tissue in this region. An abnormal right adrenal gland cannot be ruled out. This area could be re-imaged when the patient is more comfortable. Ultimately, a contrast CT scan of the region may be necessary if this cannot be visualized more clearly in the future.





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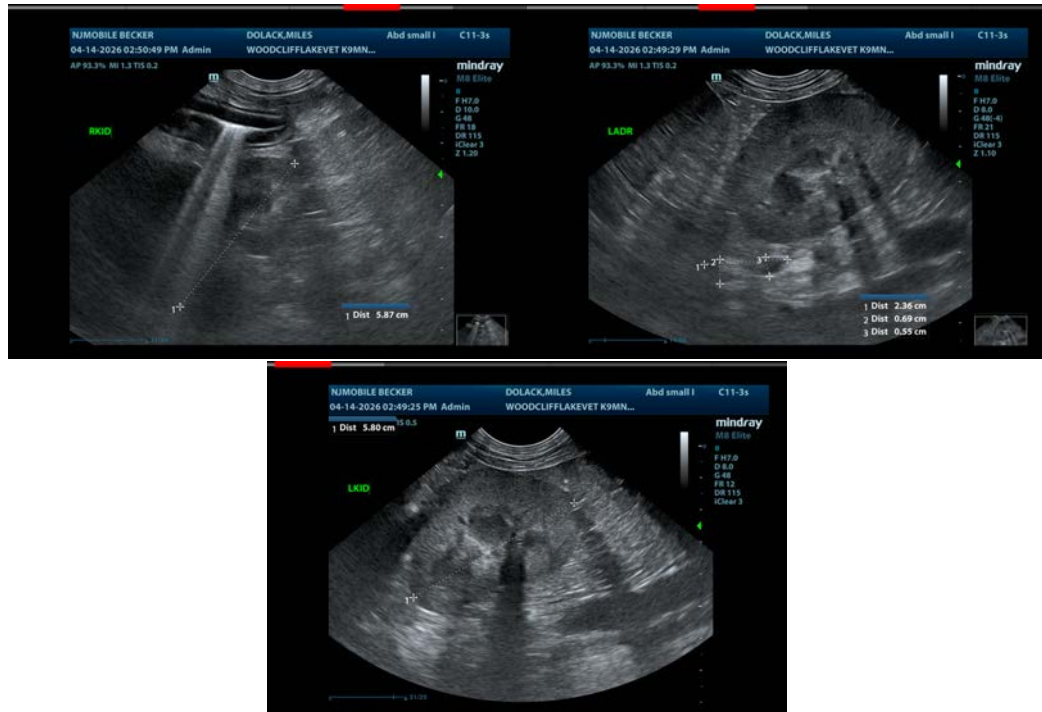
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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