



**PATIENT**

Rollins Richmond

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

60.2 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Pet Care Clinic of the  
 High Country

**REFERRING VET**

Dr. Sturgill

**INVOICE**

74470

**DATE**

4/15/26

**PRESENTING CLINICAL SIGNS**

P presented for US due to several months of intermittent vomiting, typically bilious or white foam, with otherwise normal appetite, energy, and consistently normal stools a recent episode occurred early morning prior to eating. Diet consists of Purina Pro Plan Weight Management with low-fat treats (green beans, sweet potatoes, occasional banana), and there is no known foreign material ingestion, though he will occasionally chew grass or sticks.

Abnormal PE/Chem/CBC/UA Results: CPL 270, Tbili 1

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is mildly to moderately distended with anechoic urine. The Bladder wall is slightly prominent/thickened with a smooth mucosal surface, measuring at 0.29 cm. 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 prostate is normal in size (1.03 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 (6.18 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/borderline "flat", measuring 0.45 cm at the cranial pole and 0.47 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 1.64 cm at the cranial pole and 0.60 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 (2.35 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.



**PATIENT**

Rollins Richmond

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

60.2 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Pet Care Clinic of the  
 High Country

**REFERRING VET**

Dr. Sturgill

**INVOICE**

74470

**DATE**

4/15/26

**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.

**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 0.56 cm. Jejunum wall measures 0.30 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 pancreas is visible/mildly mottled. 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. There is no significant lymphadenopathy. A sublumbar lymph node is prominent measuring 0.63 cm. The omentum is of normal echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

- Mildly prominent/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.
- Borderline “flat” adrenal glands – Recommend a baseline cortisol to screen for Addison’s.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes observed on today’s scan are very mild. An obvious cause for the vomiting reported is not observed. Unfortunately, there are many causes for vomiting that cannot be definitively diagnosed by ultrasound alone. Consider the following:

- Recommend a baseline cortisol to screen for Addison’s.
- If not already done, recommend parasite screening and empirical deworming.



**PATIENT**

Rollins Richmond

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

60.2 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Pet Care Clinic of the  
 High Country

**REFERRING VET**

Dr. Sturgill

**INVOICE**

74470

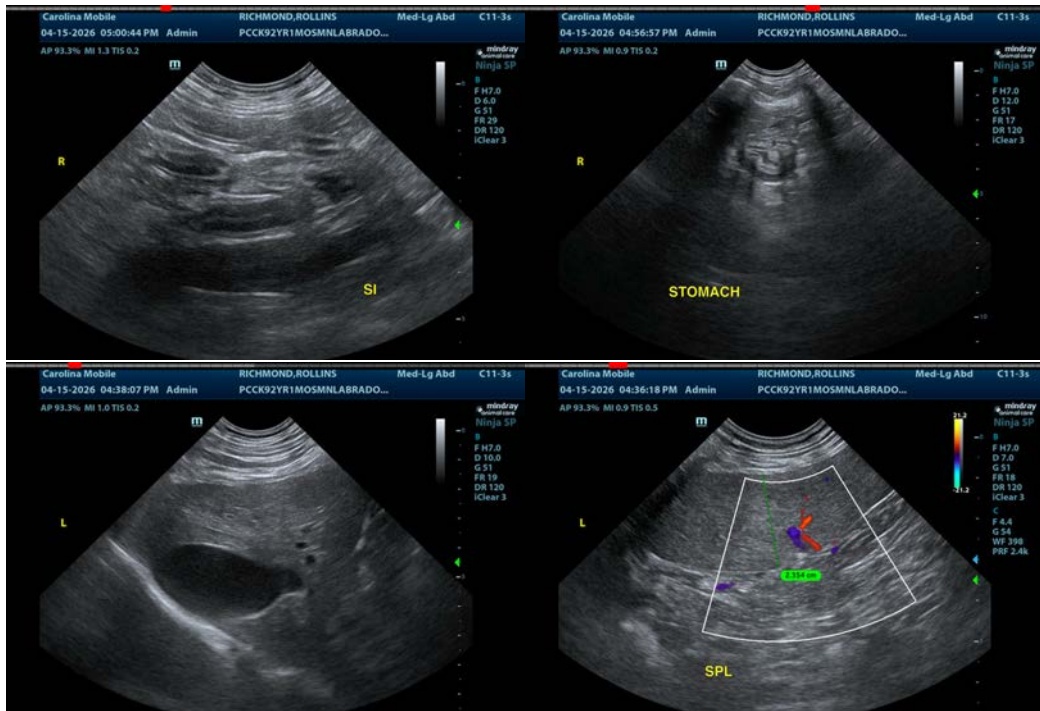
**DATE**

4/15/26

- If this is bilious vomiting, sometimes a small meal before bed will help to reduce episodes occurring on an empty stomach.
- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- 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.
- Consider probiotic therapy.

If episodes are persistent despite taking these measures, you could consider upper GI endoscopy to further evaluate and to obtain biopsies of the proximal GI tract. No focal lesions are visualized associated with the GI tract, but an unseen small focal lesion cannot be definitively ruled out. If symptoms are progressing, you could also consider repeat imaging, looking for the development of new lesions or the progression of today's lesions.

The changes in the pancreas are very mild. If pancreatitis is suspected based on the elevated in PLI, you could consider empirical treatment for pancreatitis. Recommend recheck evaluation of bilirubin on a non-hemolyzed sample. If the elevation is persistent or progressive, further evaluation may be warranted.





**PATIENT**

Rollins Richmond

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

60.2 lbs

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Pet Care Clinic of the  
 High Country

**REFERRING VET**

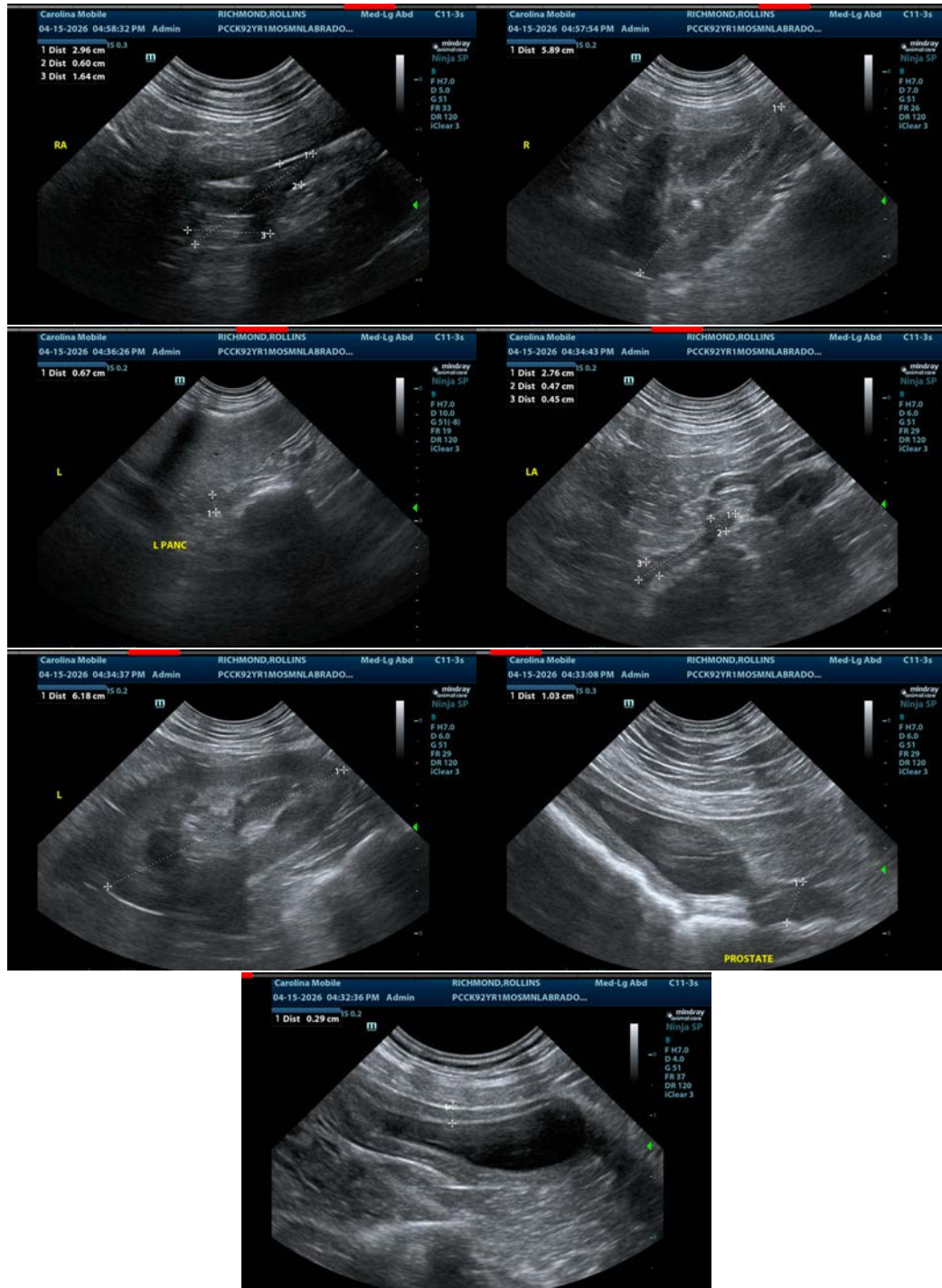
Dr. Sturgill

**INVOICE**

74470

**DATE**

4/15/26





**PATIENT**

Rollins Richmond

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

60.2 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Pet Care Clinic of the  
High Country

**REFERRING VET**

Dr. Sturgill

**INVOICE**

74470

**DATE**

4/15/26

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](mailto:info@sonopath.com)