



PATIENT

Osito Smith

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

7 years 3 months

WEIGHT

10 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

MountainView Animal
Hospital

REFERRING VET

Dr. Razia Sultana

INVOICE

11735

DATE

4/16/2026

PRESENTING CLINICAL SIGNS

Presented on 4/13 for acute vomiting, painful, tense abdomen on PE. Barium study performed to r/o foreign body. Responding well to treatment: gabapentin 150mg BID, metronidazole 150mg BID, cerenia 24mg SID, bland diet (i/d low fat), Provable DC.

Abnormal PE/Chem/CBC/UA Results: Abnormal SNAP cPL.

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 prostate is normal in size (1.02 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 (4.62 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 (4.88 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 0.5 cm at the cranial pole and 0.6 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.

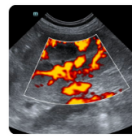
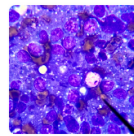
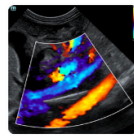
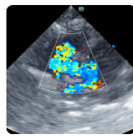
The right adrenal gland is normal in size measuring 0.45 cm at the cranial pole and 0.5 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.21 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible 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 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.



PATIENT

Osito Smith

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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. There is shadowing ingesta visualized within the pylorus. No evidence of an obstruction is evident at this time.

BREED

Terrier Mix

SEX

MN

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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (0.25 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

7 years 3 months

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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.

WEIGHT

10 kg

Pancreas

INTERPRETED BY

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

The pancreas is large and hypoechoic to surrounding mesentery. There is a rounded, mixed echogenicity, hypoechoic structure visualized measuring approximately 0.79 cm, most consistent with a fluid pocket, early abscess, or cystic structure. There is evidence of regional mesenteric inflammation. Consistent with moderate to severe pancreatitis in the right limb.

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes. A lymph node near the ileocecal junction measures 0.48 cm. The left iliac lymph node measures 0.57 cm. The omentum is severely hyperechoic around the inflamed right limb of the pancreas.

HOSPITAL NAME

MountainView Animal
Hospital

ULTRASONOGRAPHIC FINDINGS

REFERRING VET

Dr. Razia Sultana

- Severe pancreatitis in the right limb +/- a focal fluid filled structure.
- Moderate fluid/shadowing ingesta visualized within the gastric lumen. Correlate with the feeding/drinking history. Findings could be consistent with delayed gastric emptying, less likely retained foreign material. An obstruction is not evident at this time.
- Peritonitis and steatitis surrounding the pancreas with a mild mesenteric lymphadenopathy.

INVOICE

11735

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

4/16/2026

The right limb of the pancreas is large, hypoechoic and surrounded by highly reactive mesentery and steatitis. Most consistent with moderate to severe pancreatitis. There is a somewhat poorly defined focal fluid filled structure. Possibly consistent with a collection of fluid or an early abscess/cystic lesion. Recommend aggressive treatment for pancreatitis. If the patient is not responding appropriately



PATIENT

Osito Smith

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

7 years 3 months

WEIGHT

10 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

MountainView Animal
Hospital

REFERRING VET

Dr. Razia Sultana

INVOICE

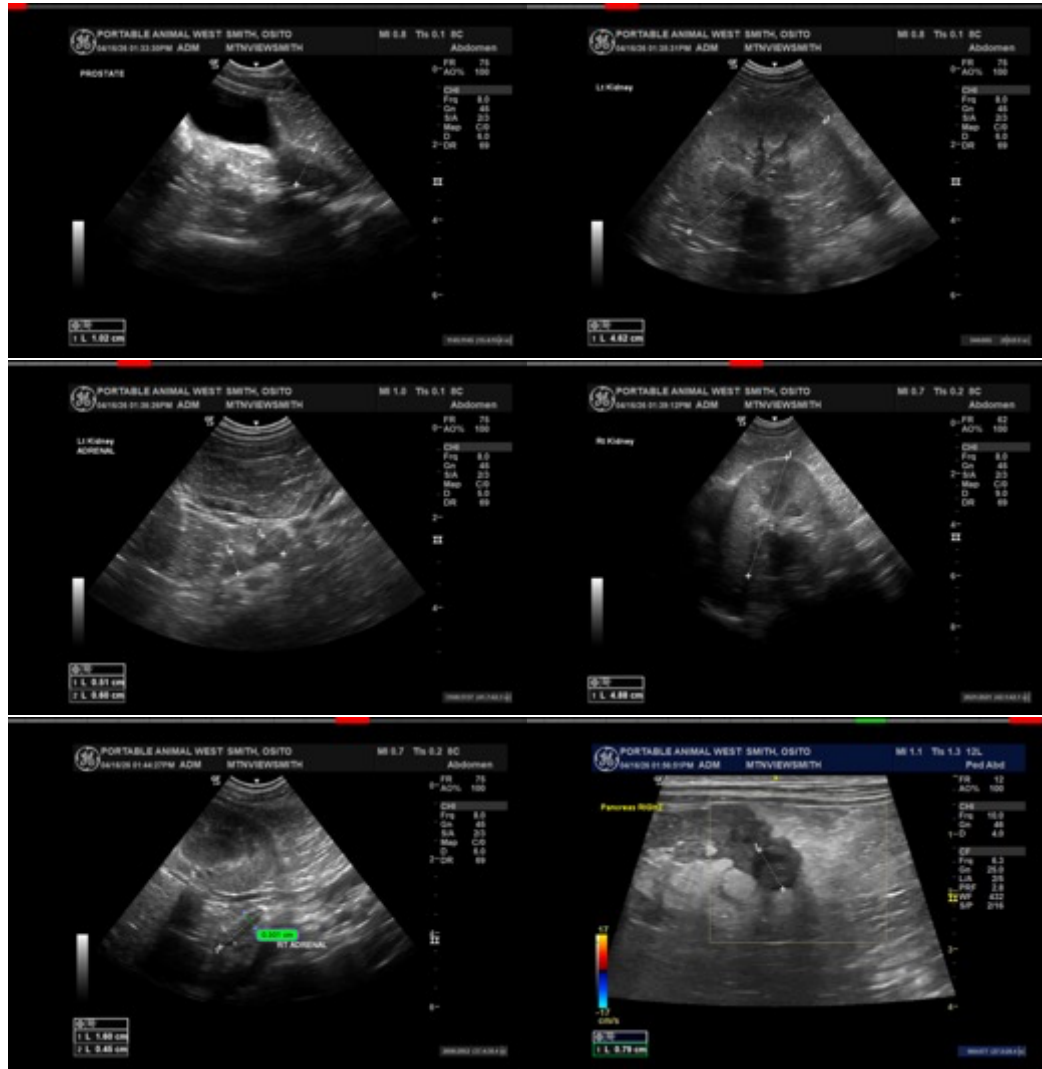
11735

DATE

4/16/2026

to therapy, then consider repeat imaging to reassess the fluid filled structure for progression. In some cases, these need to be drained.

There is fluid and some shadowing ingesta visualized within the gastric lumen and the region of the pylorus. This is suspected to represent gastric ileus and some ingesta/medication, etc. Similarly, if symptoms are persistent, consider reevaluation looking for evidence of an obstruction.





PATIENT

Osito Smith

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

7 years 3 months

WEIGHT

10 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

MountainView Animal
Hospital

REFERRING VET

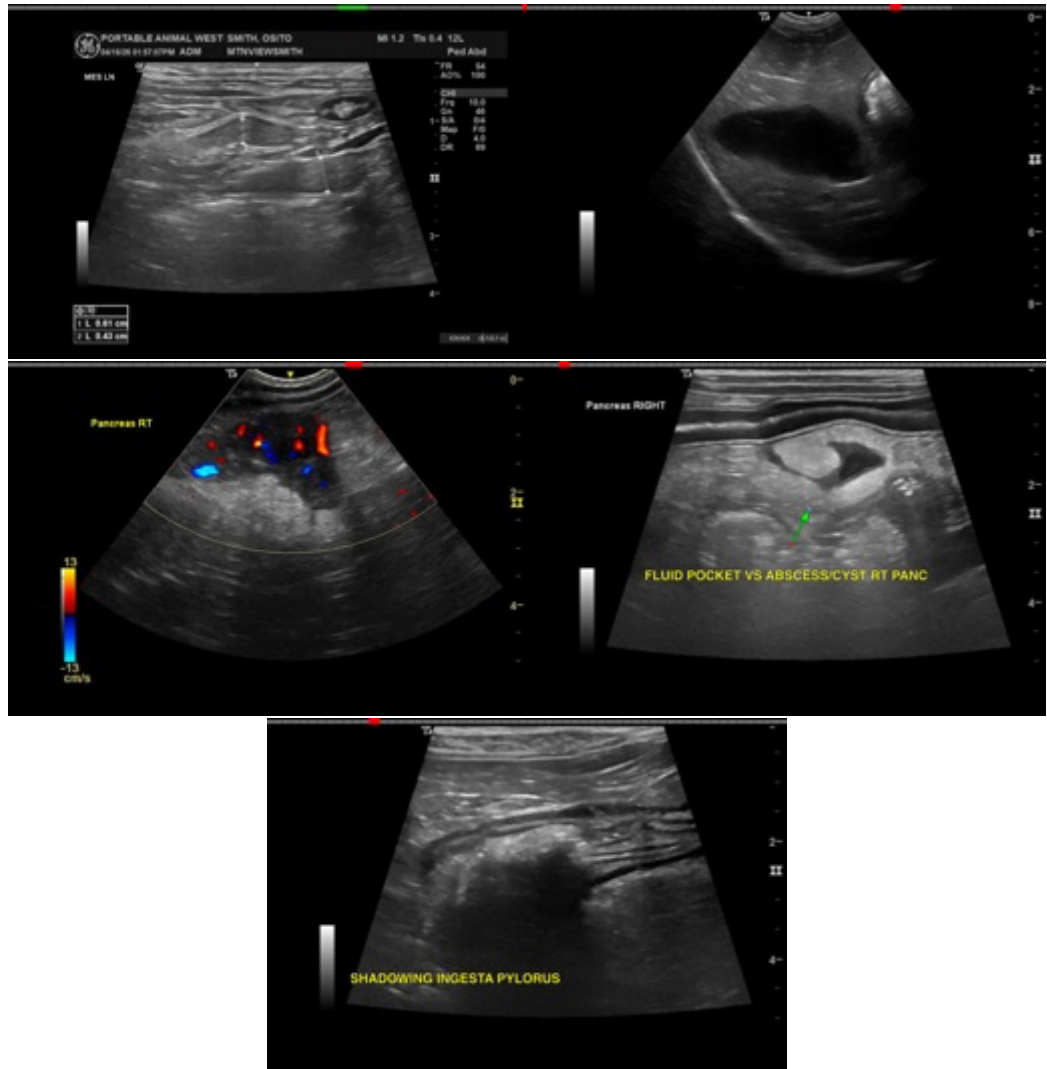
Dr. Razia Sultana

INVOICE

11735

DATE

4/16/2026



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