

PATIENT

Rory Francis

SPECIES

Canine

BREED

Toy Poodle

SEX

Intact Male

AGE

6 years

WEIGHT

6.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Petzoic Emergency

REFERRING VET

Dr. Poffenroth

INVOICE

11736

DATE

4/16/2026

PRESENTING CLINICAL SIGNS

ADR, shaking, tense abdomen on palpation.

Abnormal PE/Chem/CBC/UA Results: High lactate, ALB/TP. TB elevated as well. BW attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The prostate is large, and hyperechoic measuring 2.03 cm x 2.73 cm.

The left kidney has a normal shape and size (4.48 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 (4.55 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 0.5 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 0.71 cm at the cranial pole and 0.42 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 (1.19 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 borderline large 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.



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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.28 cm 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. The duodenum measured as normal (0.42 cm 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.

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.

Pancreas

The pancreas is prominent and mottled in the cranial right limb. 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 are occasional visible/mildly prominent mesenteric lymph nodes. A jejunal lymph node is visualized measuring 0.42 cm x 1.88 cm. A sub lumbar lymph node is prominent.

Other

The testicles are visualized and appear within normal limits.

ULTRASONOGRAPHIC FINDINGS

- Mild suspended echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture
- Hyperechoic, large prostate. The appearance is generally most consistent with benign prostatic hypertrophy. There are no focal lesions and no surrounding inflammation noted.
- Slightly prominent, hypoechoic right limb of the right cranial pancreas. Findings are most consistent with chronic pancreatic remodeling. Mild inflammation is possible.
- Subjectively large liver. No parenchymal abnormalities are noted. Correlate with current lab work.
- Occasional prominent mesenteric lymph nodes. Findings are most consistent with mildly reactive lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Changes observed on today's scan are relatively mild. An obvious cause for the possible abdominal



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pain is not readily apparent.

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There's a small amount of echogenic debris in the urinary bladder and the prostate is large, and hyperechoic as would be expected for an adult male dog. Correlate with a urinalysis and culture results looking for any evidence of prostatitis.

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The right limb of the pancreas is visible/mildly mottled with no overt inflammation noted. Correlate with a PLI level looking for evidence of active inflammation.

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The liver appears relatively normal, but the caudate lobe extends beyond the kidney. Possibly consistent with mild enlargement. Additionally, there's a mild elevation in ALT. If this is persistent or progressive, a fine needle aspirates could be considered. Leptospirosis screening could be considered if clinically appropriate.

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Consider possible extra abdominal causes for these symptoms, such as referred back pain, fever, etc. If symptoms are persistent/progressive, then repeat imaging could be considered looking for the development of new lesions or the progression of today's lesions.

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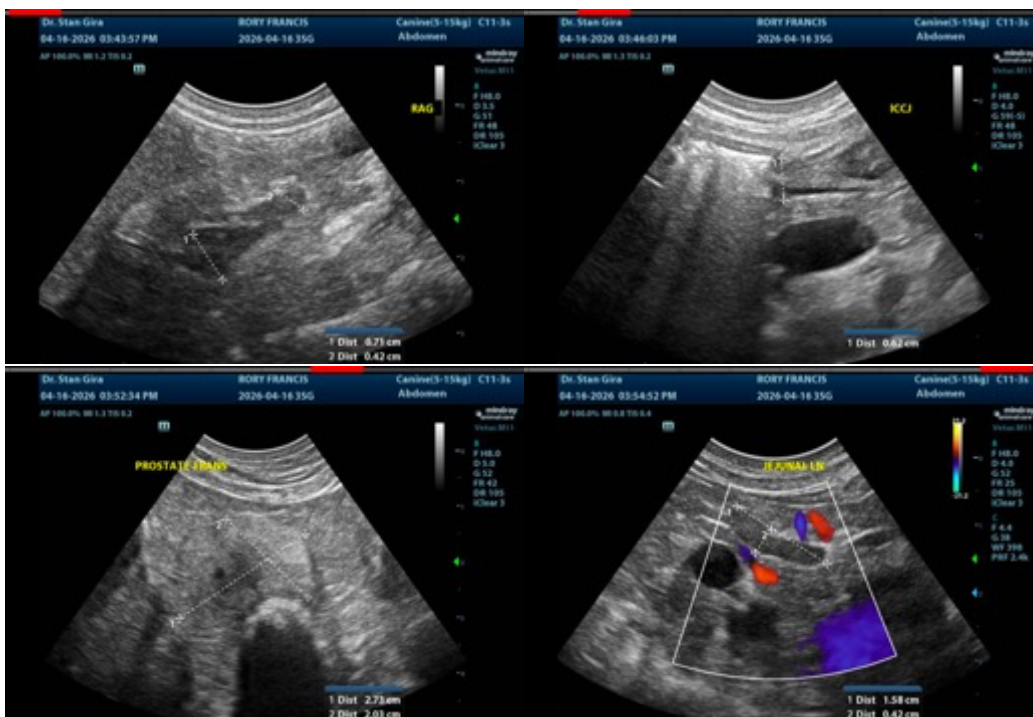
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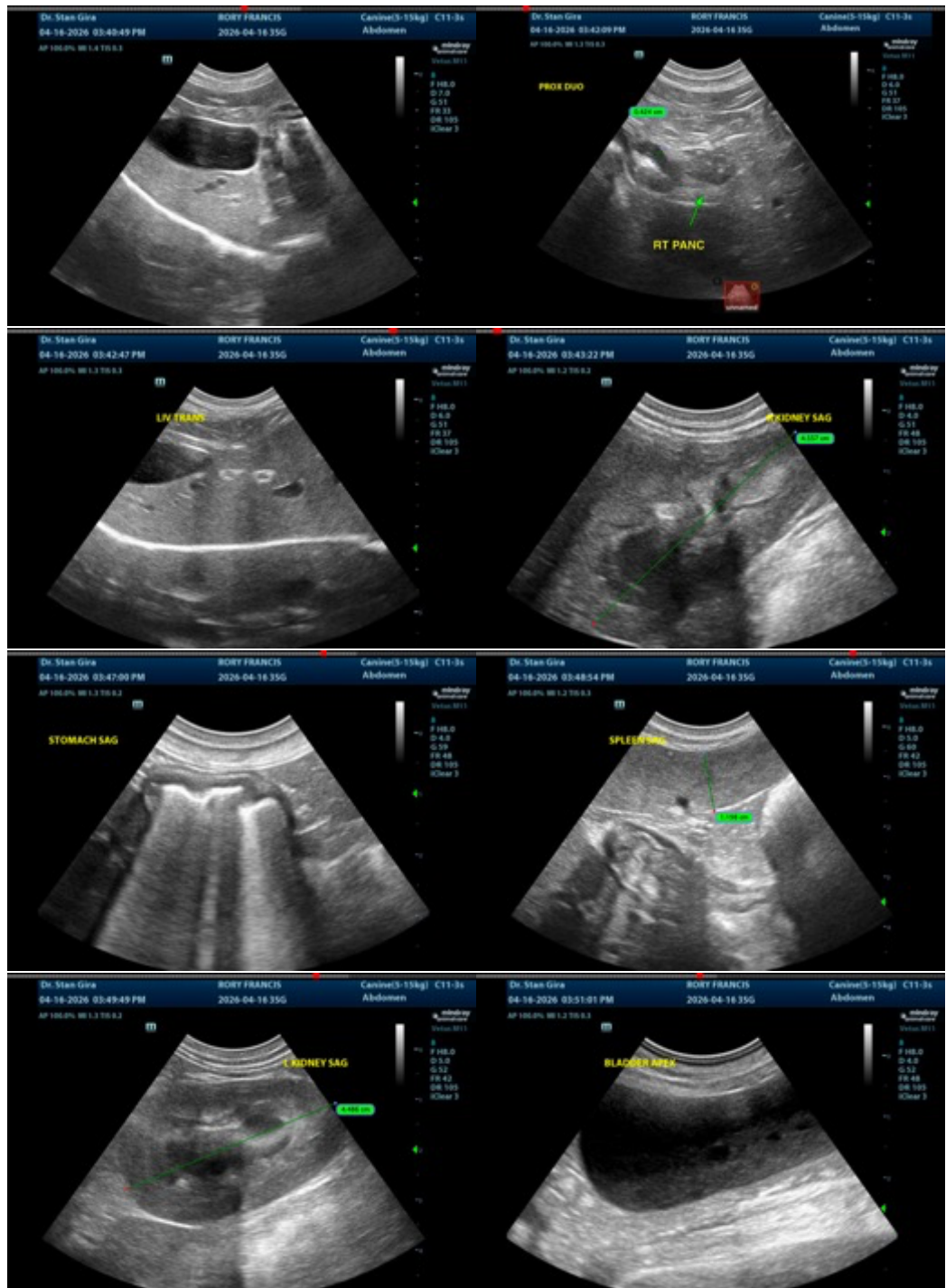
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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