



PATIENT

Rocky Myers

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

5 Years

WEIGHT

3.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Law

INVOICE

15163

DATE

04/17/26

PRESENTING CLINICAL SIGNS

History of intermittent sensitive stomach, bloody mucoid stools and vomiting for 3+ years. He is on HA diet since beginning of March, did well on Cerenia, and is now on Ondansetron and Famotidine and symptoms have resolved with one minor relapse of vomit on Wednesday. Eating and drinking normal but history of being a picky eater.

Abnormal PE/Chem/CBC/UA Results: Fecal was negative at rDVM. 3/18/26 HCT 66.1; HGB 23.9; RBC 9.34; CK 223

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 2.0 cm) 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 (3.38 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (3.54 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.41 cm at the cranial pole and 0.30 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 0.64 cm at the cranial pole and 0.40 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, 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. The spleen measured 1.01 cm.

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



PATIENT

Rocky Myers

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

5 Years

WEIGHT

3.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Law

INVOICE

15163

DATE

04/17/26

distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The duodenum wall measured 0.36 cm wall width. The jejunum wall measured 0.29 cm wall width.

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 and mildly mottled in the left limb compared to the surrounding isoechoic mesentery. 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, 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

- Visible/mildly mottled pancreas- findings could be consistent with mild pancreatic remodeling +/- mild pancreatitis.
- Subjectively prominent/ropey areas of small intestine- findings could be consistent with mild inflammatory type change (IBD, enteritis, etc.).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. No focal lesions are visually associated with GI tract to explain the intermittent GI symptoms reported. Unfortunately, there are many causes for vomiting and diarrhea, which cannot be definitively diagnosed by ultrasound alone.

You are currently feeding a hydrolyzed protein prescription diet, which is ideal. Some individuals will do better with specific brands, etc. Additionally, diets which also have different levels of fiber or fat can be tools to try and improve symptoms/stool quality.

If not already done, recommend a baseline cortisol to screen for Addison's.

Based on the chronicity of this patient's symptoms, I would consider upper and lower GI endoscopy to obtain biopsies to help come up with a more definitive plan for treatment and management.



PATIENT

Rocky Myers

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

5 Years

WEIGHT

3.8 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Law

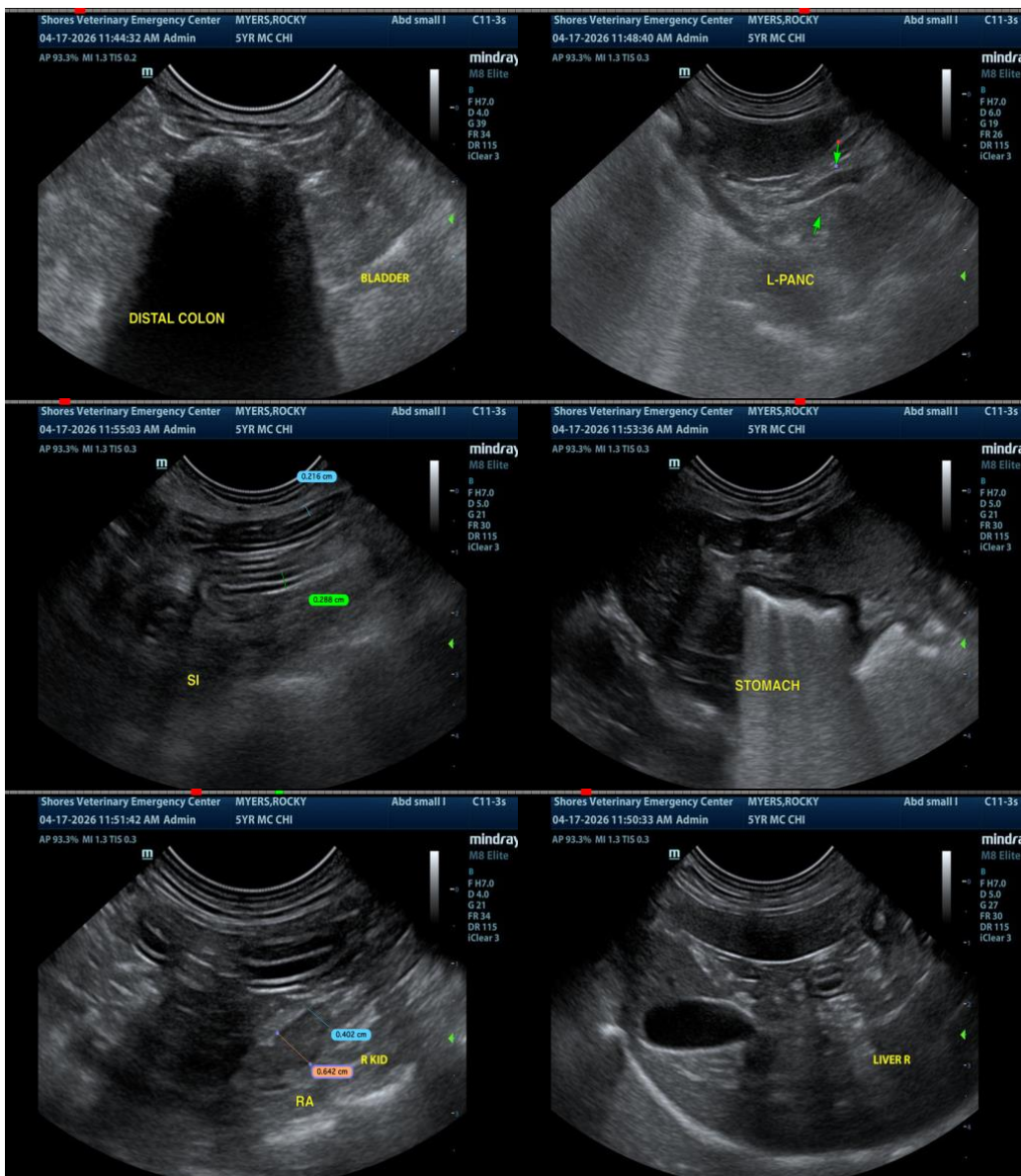
INVOICE

15163

DATE

04/17/26

The pancreas is visible in the left limb but not overtly inflamed. Correlate with a PLI level if intermittent pancreatitis is suspected.





PATIENT

Rocky Myers

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

5 Years

WEIGHT

3.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

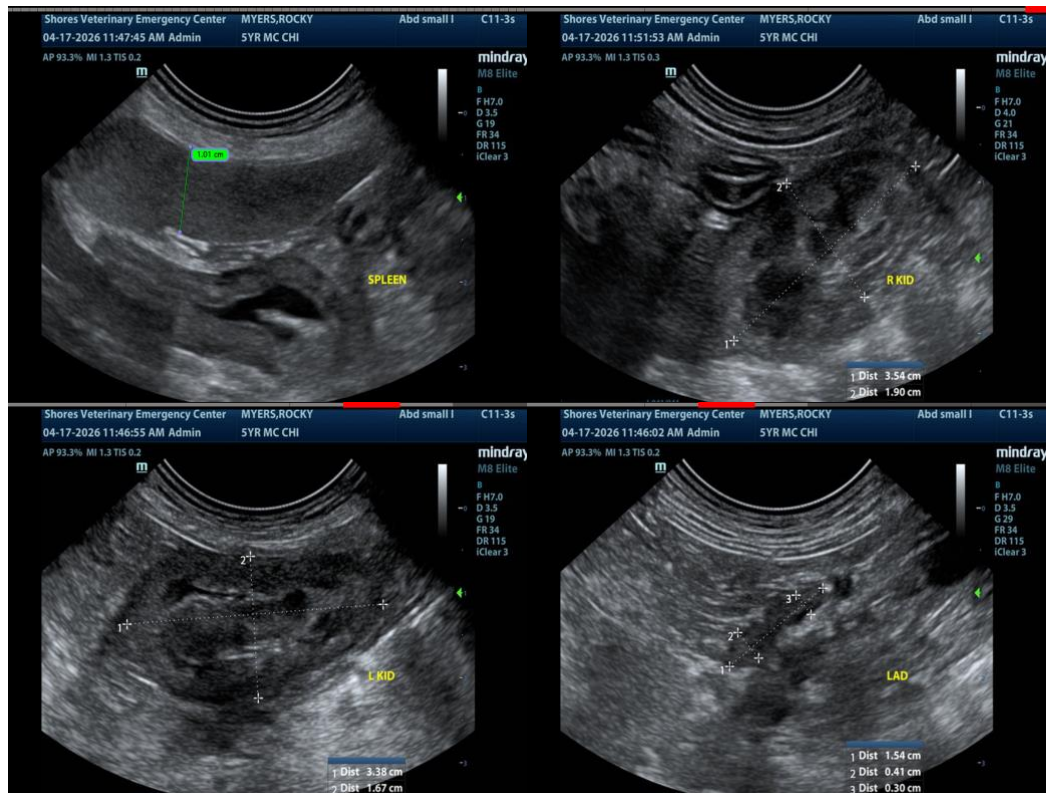
Dr. Law

INVOICE

15163

DATE

04/17/26



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