



PATIENT PRESENTING CLINICAL SIGNS

Abby Wallace

P presented for intermittent vomiting 1.5 weeks, otherwise acting normal. Today temp 102.6, intermittent licking on firm palpation of abdomen. Rads splenomegaly and concern for increased soft tissue opacity in region of sublumbar LN. Started on Doxycycline, Omeprazole and Cerenia. After clipping hair noticed small petechiations vs clipper burn, vs staph pyoderma- found them in areas that hadn't been shaved as well- concern for petechia and elected not to FNA lymph nodes.

SPECIES

Canine

BREED

Lab

Abnormal PE/Chem/CBC/UA Results: HCT 32%, non-regenerative, neutropenia(5), thrombocytopenia (105) ALKP 512 usg1.036, pro 1+ Fever Unknown Origin Panel: Pending.

SEX

FS

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.

AGE

3 years 6 months

The left kidney has a normal shape and size (6.48 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.

WEIGHT

53.7 lbs

The right kidney has a normal shape and size (5.02 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 cm at the cranial pole and 0.43 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.

IMAGING PERFORMED BY

Dr. Kathleen Byrnes

The right adrenal gland is normal in size measuring 0.4 cm at the cranial pole and 0.45 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.

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Animal Hospital of
 Lake Brandt

REFERRING VET

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Spleen

The spleen is subjectively normal in size (2.56 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.

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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.

DATE

4/2/2026



PATIENT

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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 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.

BREED

Lab

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 (0.35 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

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AGE

3 years 6 months

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

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Pancreas

The pancreas is prominent and hypoechoic in the left limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There's a mild lymphadenopathy. An iso- to slightly hypoechoic iliac lymph nodes are visualized measuring 1.0 cm x 3.18 cm and 1.26 cm x 2.55 cm. A mesenteric lymph node is visualized measuring 1.32 cm x 2.92 cm. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- Prominent, mottled left limb of the pancreas. Findings are most consistent with pancreatic remodeling +/- mild chronic pancreatitis.
- Mild/moderate lymphadenopathy. Findings could be consistent with highly reactive or early neoplastic lymph nodes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a moderate lymphadenopathy noted. Most of the lymph nodes observed are fairly isoechoic trending towards slightly reactive lymph nodes. Additionally, the left limb of the pancreas is somewhat prominent, possibly consistent with chronic pancreatic remodeling, but mild chronic pancreatitis cannot be ruled out. Correlate with a PLI level.

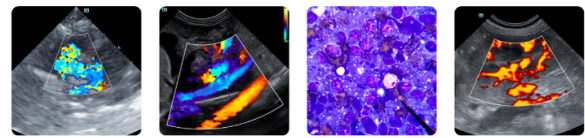
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It would be unusual to see petechiation with a mild thrombocytopenia. Consider the possibility of vasculitis playing a role. If a peripheral lymph node is prominent, you could consider a fine needle aspirate as the risk for significant hemorrhage should be very low. Your plan for treating with Doxycycline is appropriate. Consider testing for vector borne diseases as a long-term treatment plan could depend on the pathogen involved. Additionally, the left limb of the pancreas is prominent. You



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could see a vasculitis secondary to pancreatitis or a neoplastic process.

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Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

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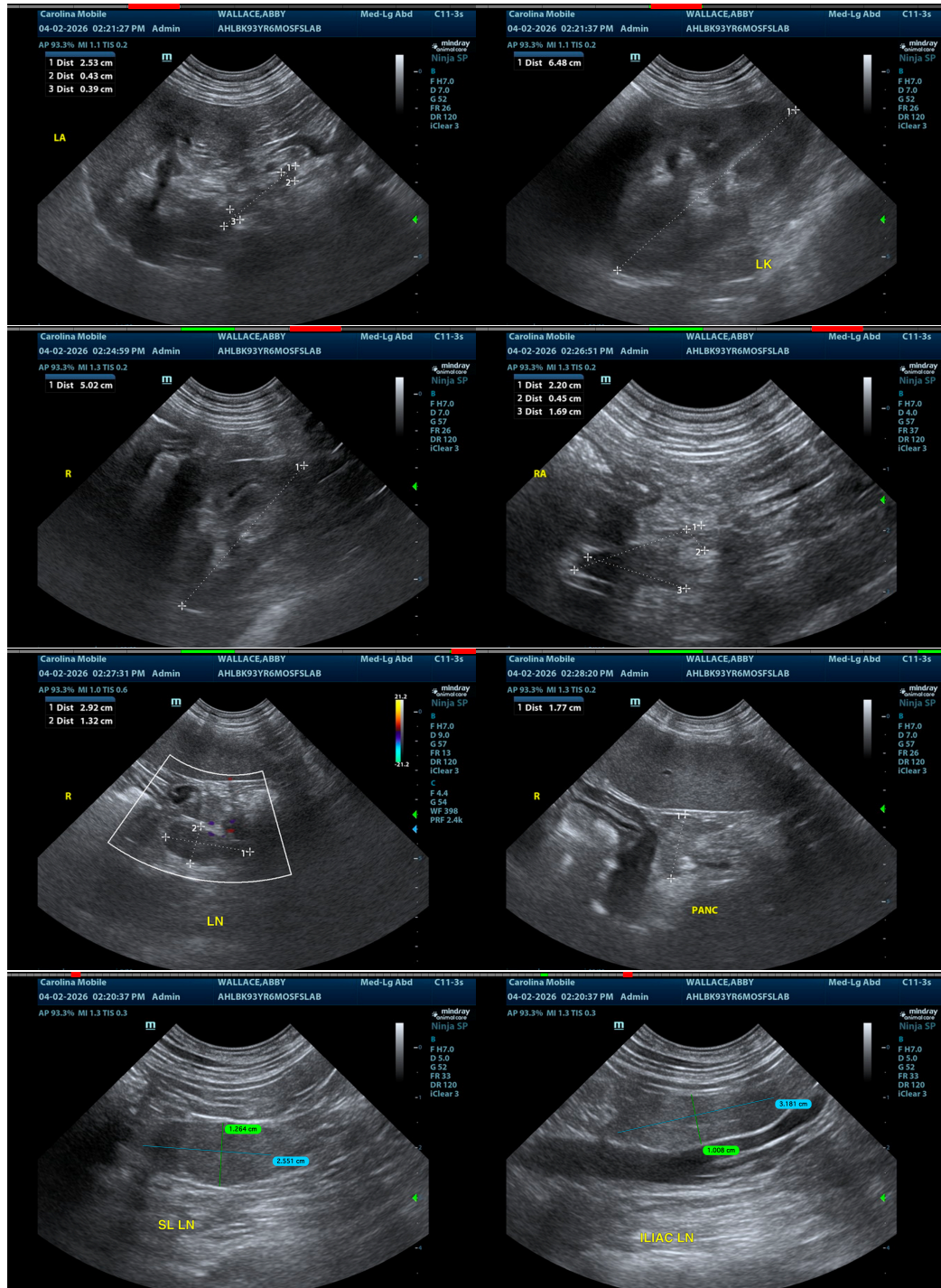
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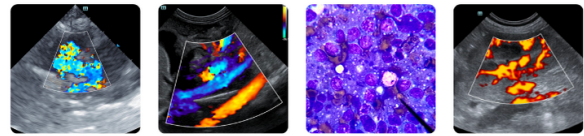
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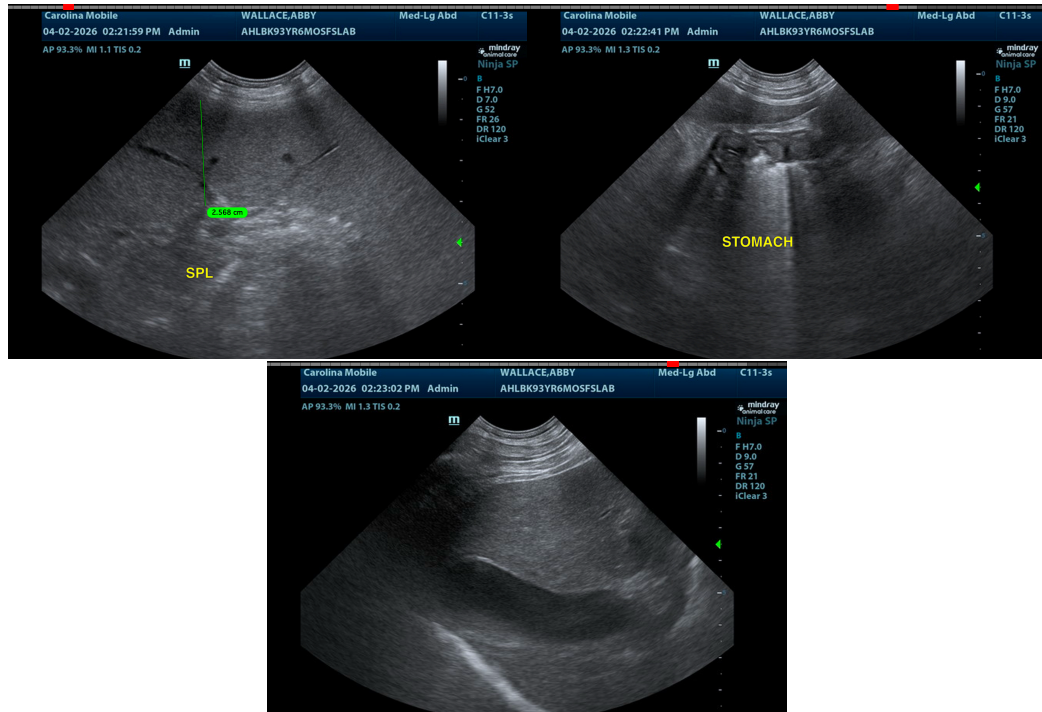
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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