



PATIENT

Alfie Warner

SPECIES

Canine

BREED

Shih Tzu

SEX

MC

AGE

8

WEIGHT

7.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Burns

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Sarah Burns

INVOICE

74121

DATE

4/2/26

PRESENTING CLINICAL SIGNS

Starting last night pet seemed uncomfortable, resting in a prayer position(this has been an ongoing issue for the last two years). pet seems painful per owner. Today/this evening pet has continued to be uncomfortable, panting, whining. No v/d, u/bm have been normal. Pet is normally on hydrolyzed diet(1 yr+) and got into housemates food after eating own food ~6p, unsure of how much he ate. Owners gave Benadryl this AM, Omeprazole and Tramadol this evening.

Abnormal PE/Chem/CBC/UA Results: WBC: 19.32 ALT: 210 ALP: 238 Cpl : 1,862

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 (0.88 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 (4.42 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 (4.38 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 0.36 cm at the cranial pole and 0.49 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (1.27 cm in width at the level of the hilus) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.



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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.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate fluid/gas/shadowing ingesta. It measures at a normal thickness of 0.54 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. Correlate with feeding/drinking history. If the patient was adequately fasted, this likely represents delayed gastric emptying/ileus. Ingested foreign material cannot be definitively ruled out but seems less likely. No evidence of an obstruction is visualized at this time.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid and gas 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 0.40 cm. Jejunum wall measures 0.29 cm. Visualized peristalsis appears appropriate. The proximal duodenum is mildly fluid distended, and some areas of small intestine appear to have mild fluid and gas, consistent with an enteritis type pattern.

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 body of the pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild/moderate pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy noted. There is hyperechoic mesentery in the right cranial abdomen in the region of the pancreas.

PRIMARY FINDINGS

- Pancreatic changes most consistent with moderate acute pancreatitis.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Fluid distended stomach with some intraluminal shadowing ingesta – Findings are suggestive of gastric ileus and gastritis. Ingested foreign material cannot be definitively ruled out.



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- Enteritis type pattern visualized associated with the small intestine.

SECONDARY FINDINGS

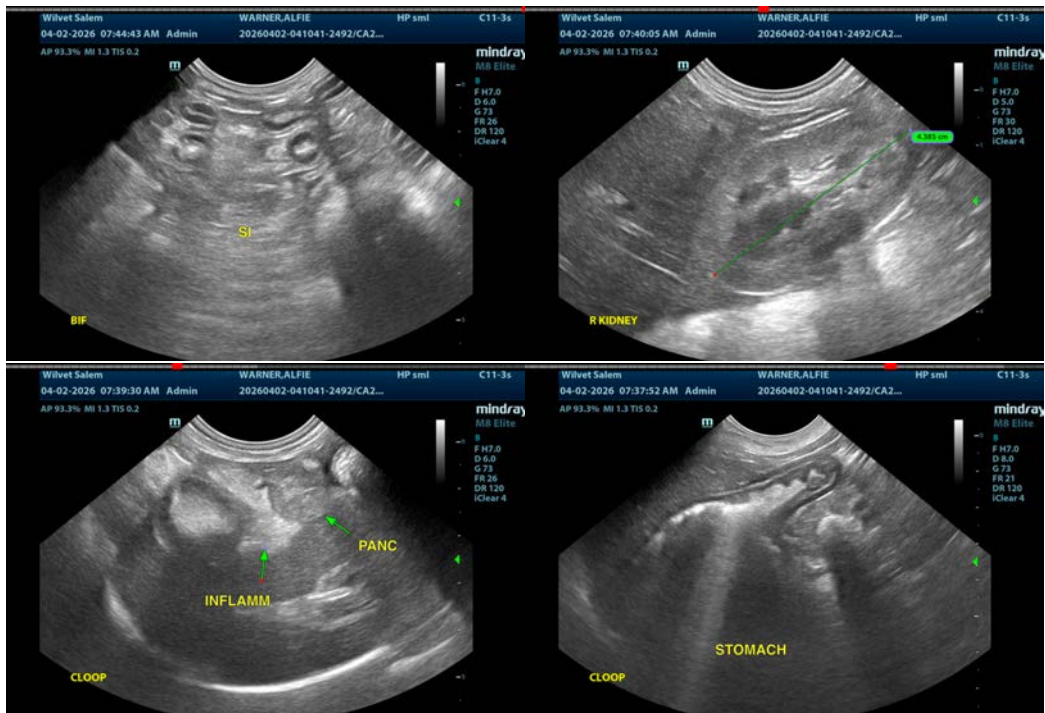
- Hyperechoic lesions in the spleen – Findings are most consistent with benign myelolipomas. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is mildly thickened and distended with fluid and gas. The pylorus appears clear at this time, so an obstruction is not strongly suspected. The pancreas (body/right limb) is hypoechoic and prominent with surrounding reactive mesentery, most consistent with pancreatitis. Gastric ileus secondary to pancreatitis is suspected. Recommend aggressive treatment and supportive care for pancreatitis and continued monitoring.

There are mild changes visualized associated with the small intestine consistent with associated enteritis. A small focal lesion cannot be definitively ruled out.

If the patient is not responding to appropriate treatment as would be expected, consider repeat imaging (radiographs +/- ultrasound) looking for the development of a new/more focal lesion or the progression of today's lesions.





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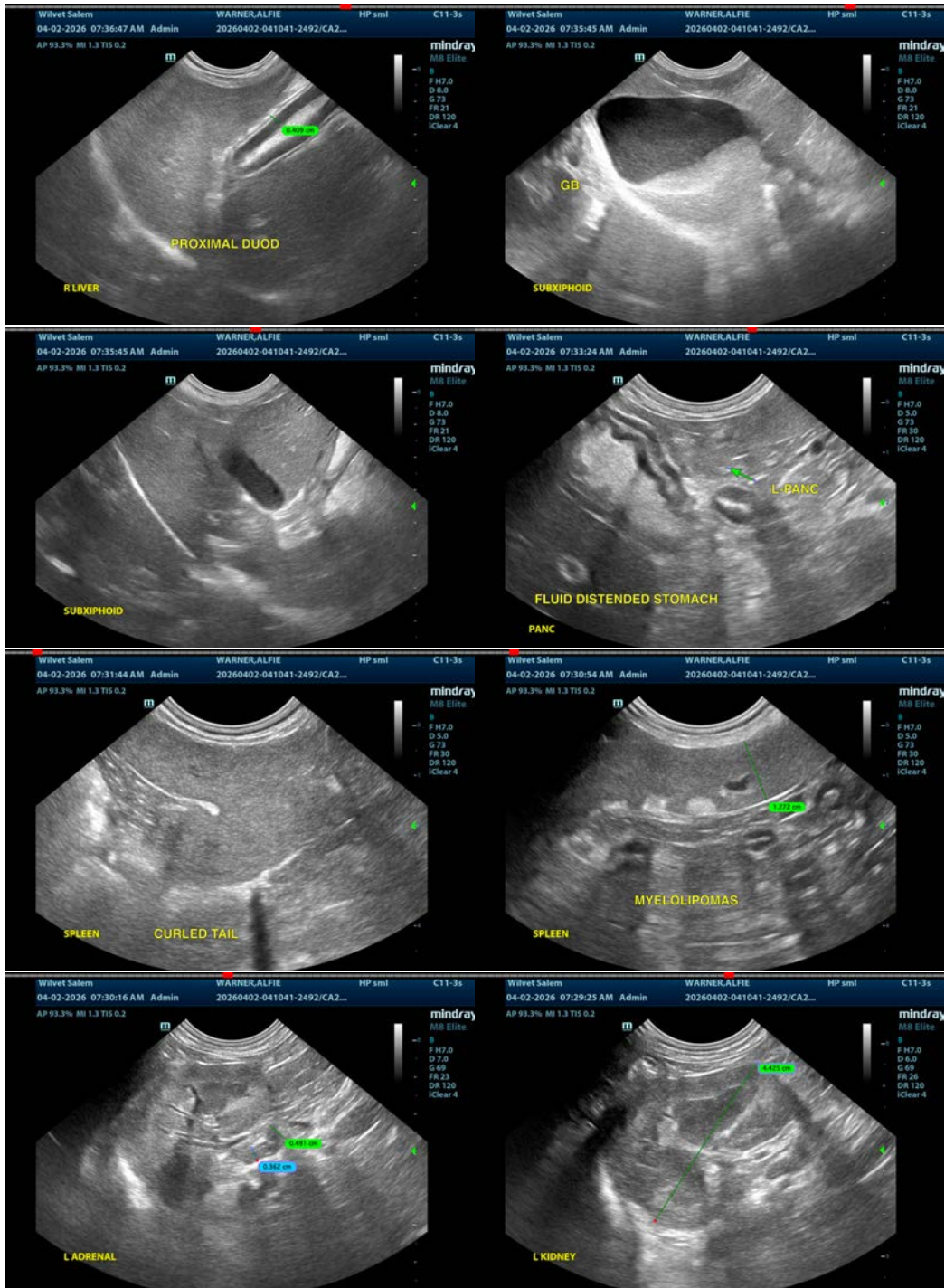
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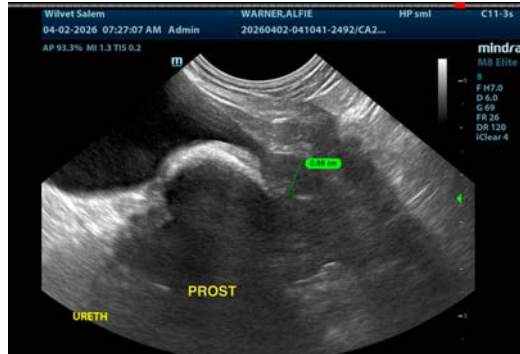
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com