



PATIENT

Rocky Rath

SPECIES

Canine

BREED

Australian Shepherd

SEX

Male

AGE

1 Year

WEIGHT

15 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Samuel Gabriel

HOSPITAL NAME

Central Jersey Animal
Hospital

REFERRING VET

Dr. Samuel Gabriel

INVOICE

14794

DATE

04/02/26

PRESENTING CLINICAL SIGNS

Vomiting and diarrhea, diarrhea is dark in color like tarry, eating but less for 3 days

Abnormal PE/Chem/CBC/UA Results: cbc,che,cpli : wnl fecal : pending x-ray of abdomen:
unremarkable

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 prostate is large and hyperechoic measuring 2.02 cm x 2.14 cm.

The left kidney has a normal shape and size (4.03 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 (4.72 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 0.49 cm at the cranial pole and 0.38 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 was not clearly visualized.

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 1.34 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 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



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The stomach contains moderate fluid. 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. There is a moderate amount of fluid visualized within the gastric lumen and a focal linear appearing shadowing structure (plant material, linear foreign body, etc.?)

Most of the areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate 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 (0.24 cm in wall thickness) and the jejunum measured as normal (0.2 cm) Visualized peristalsis appears appropriate. The proximal duodenum appears somewhat fluid distended and mildly corrugated.

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 mottled in both limbs (right greater than left) 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

There is no free fluid or significant lymphadenopathy. The omentum is hyperechoic in the right cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Visible/mottled pancreas- findings are concerning for resolving pancreatitis or mild active pancreatitis.
- Fluid distended stomach with linear shadowing material- findings could be consistent with a linear foreign body or other non-obstructive linear material such as plant material, etc.
- Fluid distended duodenum- findings could be concerning for a partial obstruction or duodenitis.
- Large hyperechoic prostate- findings are most consistent with benign prostatic hypertrophy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is moderately fluid distended and there's a focal linear appearing shadowing material which can be visualized leading up to the region of the pylorus. A definitive obstruction cannot be confirmed. The pyloroduodenal junction appears somewhat prominent and the duodenum is mildly fluid distended, although there is suspicion for a possible linear foreign body, this cannot be confirmed at this time.

The pancreas appears mildly prominent and mottled. There is inflammation in the right cranial abdomen which could be secondary to the pancreas or focal gastroenteritis.

Correlate with your radiographs and clinical impressions. If a linear foreign body is strongly suspected,



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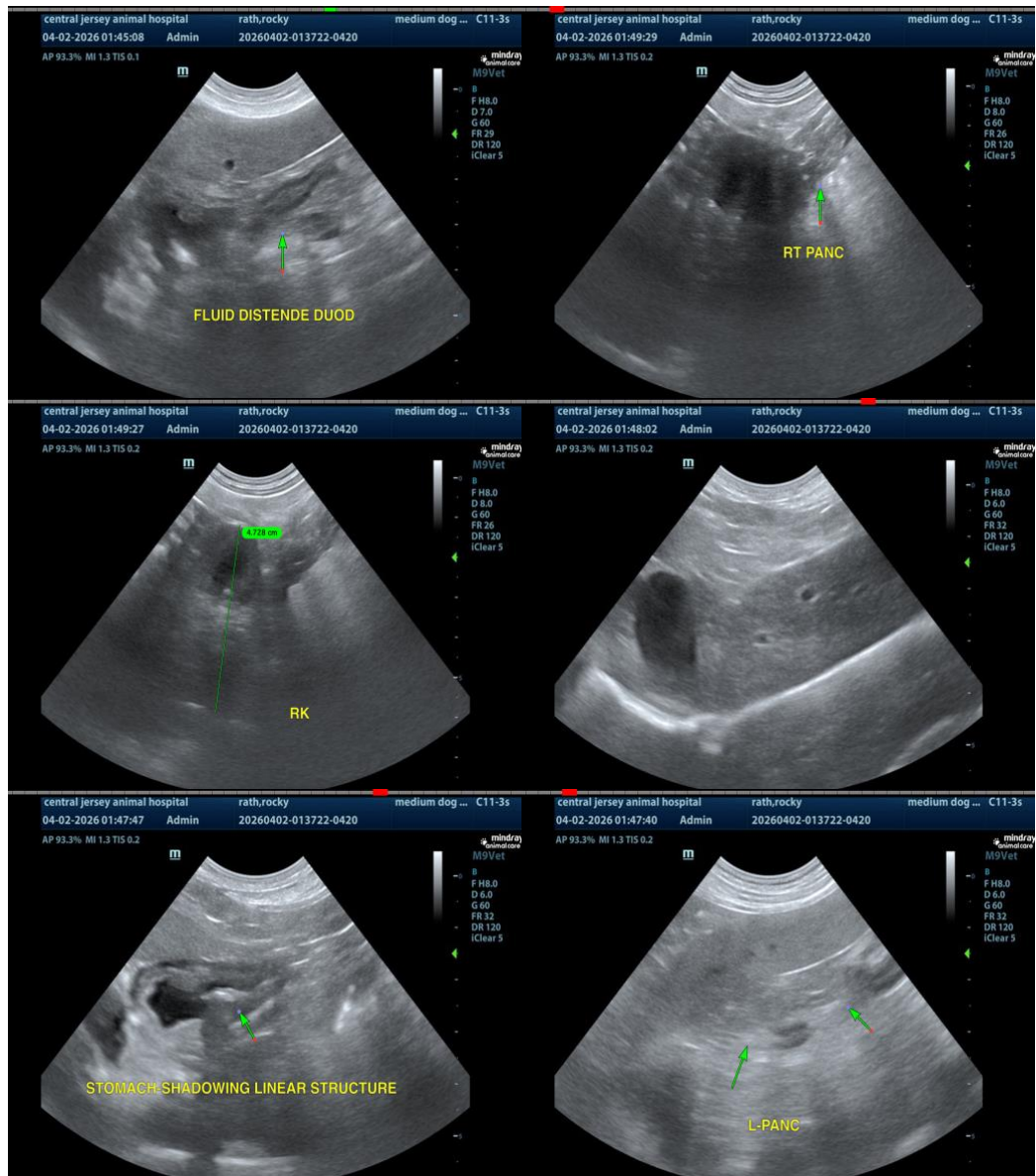
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consider explore or upper GI endoscopy to further evaluate. If this is still questionable, consider supportive care, hydration, etc. and re-evaluation with radiographs +/- ultrasound in 6-12 hours to look for the possible passing of the shadowing material or a more definitive obstruction.





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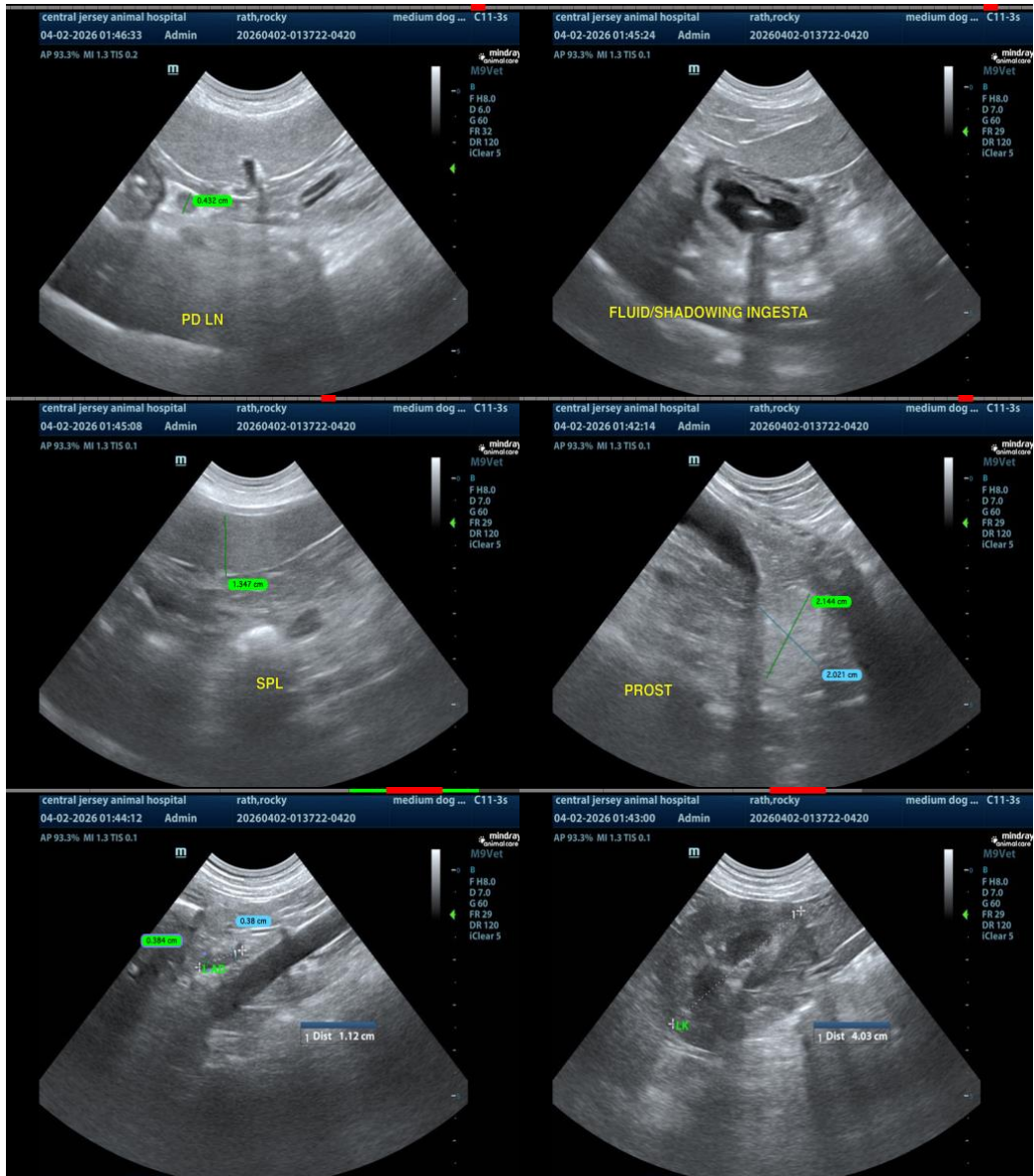
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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