



PATIENT

Dos Mauve

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male

AGE

8 Weeks

WEIGHT

4.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Karin Hinkle, DVM

HOSPITAL NAME

Yellow Dog Imaging

REFERRING VET

Karin Hinkle, DVM

INVOICE

74659

DATE

4/21/26

PRESENTING CLINICAL SIGNS

Acutely ill and presented with vomiting, lethargy, and anorexia 3 day duration. Developed hematemesis and hematochezia. Purchased 1 week ago and seemed healthy.

Abnormal PE/Chem/CBC/UA Results: Fecal - Giardia -Neg Parvo Bloodwork consistent with sepsis - BG 40, Lactate 14, Tbili 1.0, Alb 2.3WBC 40k. Patient is tachycardic and mildly hyperthermic.

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 (0.85 cm) and shape. 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 (4.65 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 (4.85 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 0.48 cm at the cranial pole and 0.46 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 0.41 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 (0.88 cm), 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.

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.



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The gallbladder is minimally distended and the wall is thickened, measuring 0.51 cm. No focal lesions are observed.

Gastrointestinal

The stomach contains a large amount of fluid. The gastric wall is prominent, measuring at 0.51 cm with intact wall layering. 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.

Most of the visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal/mild fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.42 cm. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. Some areas appear mildly thickened and mildly corrugated, most consistent with diffuse enteritis. An unseen focal lesion cannot be ruled out.

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 visible and mottled in the left limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a moderate amount of free abdominal fluid. There is no evidence of a significant lymphadenopathy. There are occasional prominent mesenteric lymph nodes. A large mesenteric lymph node measures 0.90 cm x 0.26 cm. A medial iliac lymph node measures at 0.45 cm.

ULTRASONOGRAPHIC FINDINGS

- Visible/mildly prominent left limb of the pancreas – I suspect the appearance is due to the free abdominal fluid. Mild inflammation cannot be ruled out.
- Thickened gallbladder wall – Findings are most consistent with significant edema in an empty gallbladder.
- Prominent/thickened gastric wall with significant fluid distention of the stomach – Findings are most consistent with gastritis and gastric ileus. An unseen focal lesion cannot be ruled out.
- Mildly thickened small intestine with some areas of mild corrugation and fluid distention – Findings are most consistent with an enteritis type pattern. An unseen focal lesion cannot be ruled out.
- Moderate free abdominal fluid with regional prominent mesenteric lymph nodes – Recommend fluid analysis and cytology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a moderate amount of anechoic free fluid in the abdomen. The small intestine appears diffusely mildly thickened. No definitive focal lesions are visualized, although there are some areas that appear



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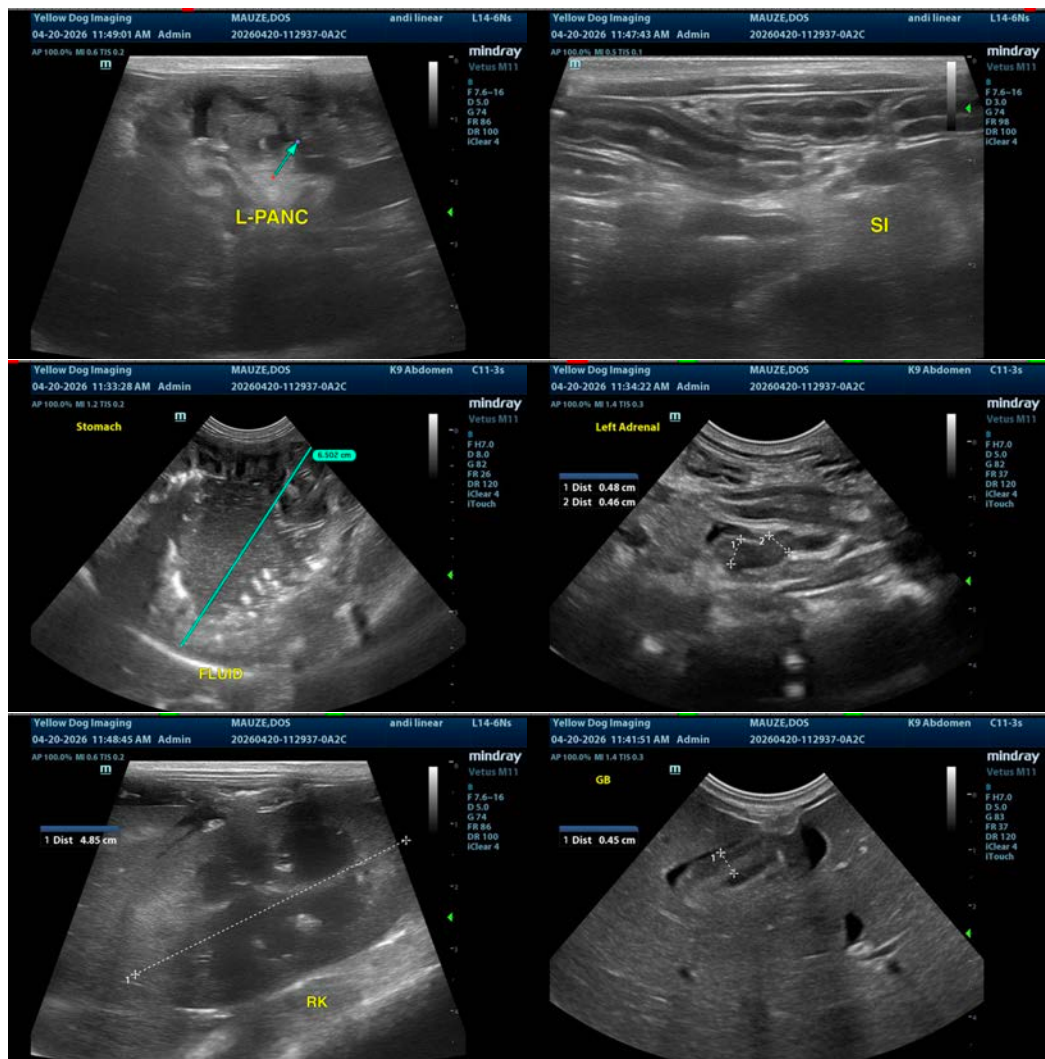
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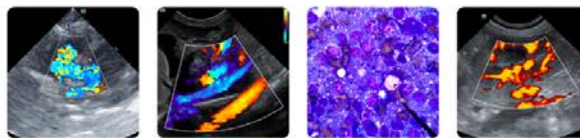
somewhat corrugated and mildly fluid distended. Additionally, the stomach has significant fluid distention and a prominent gastric wall with intact wall layering, most suggestive of significant gastric ileus and gastritis.

Findings are suggestive of diffuse severe gastroenterocolitis, although the free fluid is concerning. Correlate with albumin levels. Given the age of this patient, an unseen focal lesion would be a significant concern, so rapid evaluation of the free fluid looking for evidence of septic peritonitis is very important.

Keep in mind that liver failure could have a similar presentation, if this clinically makes sense.

There is the possibility of infectious disease. You could consider a diarrhea panel, looking for viral and bacterial causes of diarrhea, leptospirosis testing etc... If the fluid appears septic, exploratory surgery should be considered for lavage and explore, looking for an intussusception, foreign body, congenital lesion, etc. Additionally, recommend 3-view radiographs of the abdomen and thorax, looking for evidence of aspiration pneumonia, free abdominal air, etc.





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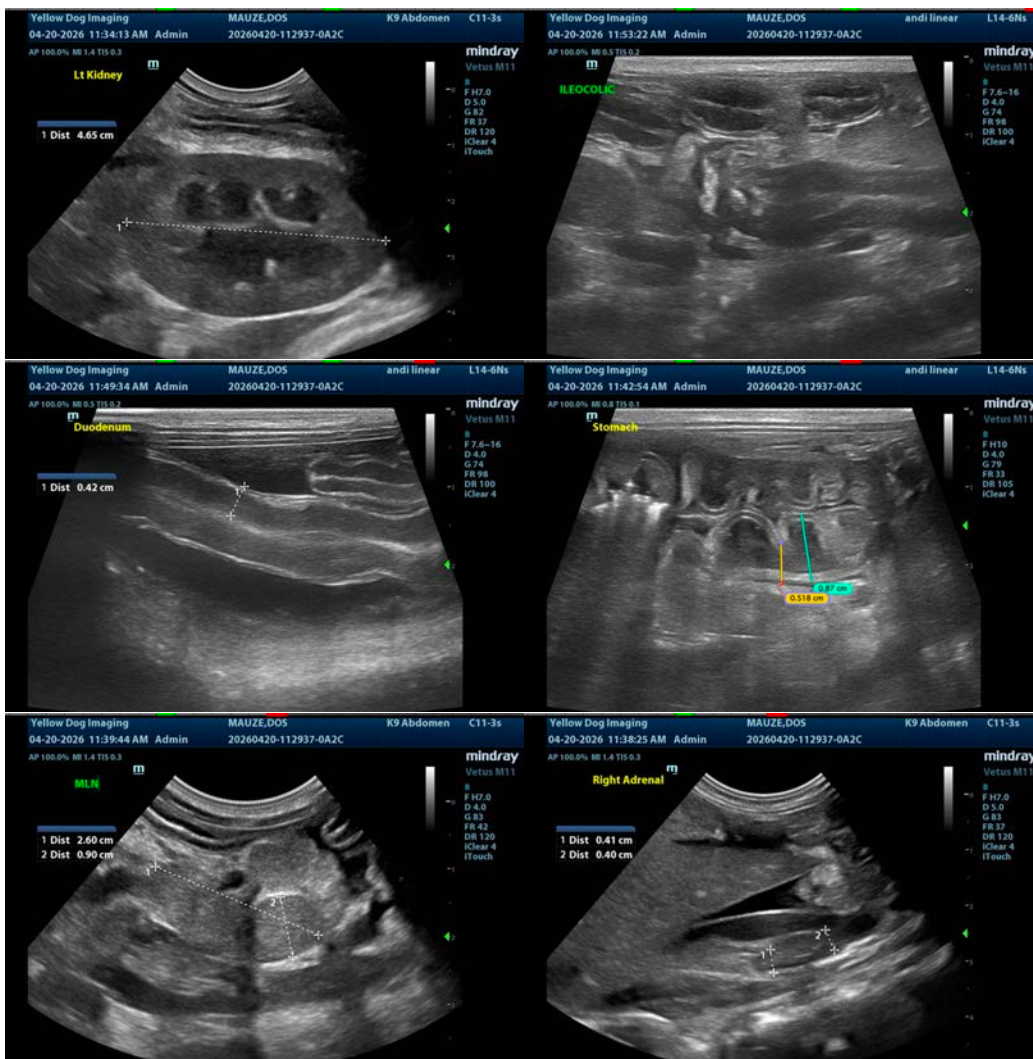
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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