



PATIENT

Snowball Baltazar

SPECIES

Canine

BREED

Maltese Mix

SEX

Male

AGE

8 years

WEIGHT

16.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

South Reno Vet

REFERRING VET

Dr. Schmitt

INVOICE

11841

DATE

4/30/2026

PRESENTING CLINICAL SIGNS

Owner reports no vomiting diarrhea coughing or sneezing. Eating and drinking normal. Activity normal. Patient continues to limp on right pelvic limb. Owner is giving glucosamine. RAD-Organomegaly that appears to be liver but cannot rule out that is from another organ. Also, other possible causes for a mass. Of note hepatic values on blood work in house and previous reference laboratories hepatic values were within normal limits. Sedated with Dex/Torb.

Abnormal PE/Chem/CBC/UA Results: ALB 3.5 2.5 4.4 g/dL ALP 25 20 150 U/L ALT 19 10 118 U/L AMY 830 200 1200 U/L TBIL 0.3 0.1 0.6 mg/dL BUN 16 7 25 mg/dL CA 10.5 8.6 11.8 mg/dL PHOS 4.1 2.9 6.6 mg/dL CRE 0.9 0.3 1.4 mg/dL GLU 94 60 110 mg/dL NA+ 145 138 160 mmol/L K+ 5.0 3.7 5.8 mmol/L TP 5.6 5.4 8.2 g/dL GLOB 2.1 L 2.3 5.2 g/dL CBC WNL.

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, or masses. At the cystourethral junction there's a small shadowing hyperechoic mineralization/stone measuring 0.22 cm in diameter.

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 (4.28 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. Numerous small cortical cysts are noted. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (5.08 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is a cortical cyst measuring 0.63 cm noted. 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 0.47 cm at the cranial pole and 0.52 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 0.71 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 (1.59 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. There's a hyperechoic foci/nodule visualized in the parenchyma measuring 0.29 cm, most consistent with a benign myelolipoma.



PATIENT

Snowball Baltazar

SPECIES

Canine

BREED

Maltese Mix

SEX

Male

AGE

8 years

WEIGHT

16.5 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

South Reno Vet

REFERRING VET

Dr. Schmitt

INVOICE

11841

DATE

4/30/2026

Liver

The liver is normal in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. 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 mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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.

Most of the visualized areas of duodenum (0.42 cm), jejunum (0.39 cm) 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. The small intestine appears mildly diffusely thickened. Some focal areas appear more significantly thickened measuring up to 0.51 cm with evidence of mucosal speckling and striations. The omentum is hyperechoic and reactive in these regions.

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 prominent and mottled in the right limb. There is no evidence of nodules or cystic lesions. There's some reactive mesentery in the region of some areas of the right limb of the pancreas.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent lymph nodes. There's a larger cystic appearing lymph node visualized measuring 0.98 cm x 2.59 cm. A jejunal lymph node is visualized measuring 0.38 cm. The omentum is hyperechoic in the region of the duodenum and some of the areas of thickened bowel

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

PRIMARY FINDINGS

- Small cystic calculi visualized at the cystourethral junction. Correlate with urinalysis, culture, and radiographs.
- Prominent mottled pancreas with some regional inflammation. Findings are consistent with chronic pancreatic remodeling +/- mild pancreatitis.



PATIENT

Snowball Baltazar

SPECIES

Canine

BREED

Maltese Mix

SEX

Male

AGE

8 years

WEIGHT

16.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

South Reno Vet

REFERRING VET

Dr. Schmitt

INVOICE

11841

DATE

4/30/2026

- Heterogenous liver. In the absence of liver enzyme elevations this may be consistent with age related remodeling.
- Thickened small intestine with some areas exhibiting more significant thickening and mucosal speckling/striations. The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease.) Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.
- Occasional prominent and cystic mesenteric lymph nodes. Findings are most consistent with reactive lymph nodes. Early neoplastic change cannot be ruled out.
- Mesenteric inflammation visualized around some areas of the small intestine. Findings are concerning for enteritis +/- pancreatitis.

SECONDARY FINDINGS

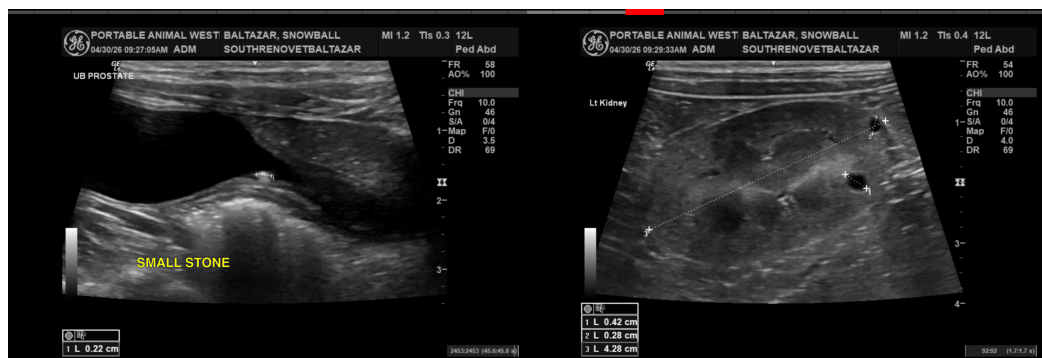
- Age related changes visualized associated with both kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are some loops of small intestine which appear somewhat thickened with mucosal speckling and striations. These changes could be consistent with IBD +/- lymphangiectasia or similar. The significance of this in the absence of low albumin levels or GI symptoms is uncertain. Consider further evaluation with a GI panel to Texas A&M for a qualitative PLI/TLI, Cobalamin, and Folate. If there is concern for an underlying enteropathy you could consider a combination ultra-low fat/hydrolyzed protein prescription diet (Royal Canin has one.) If symptoms develop or there is concern for progression, etc. ultimately, biopsies of the GI tract may be warranted.

Some of the inflammation observed on today's exam is in the region of the right limb of the pancreas. Correlate with a PLI level (this is in the GI Panel recommended.) if this is significantly elevated recommend concurrent treatment for pancreatitis.

There's a small amount of free abdominal fluid visualized. Albumin levels are normal so this is not due to a protein losing enteropathy, possibly secondary to inflammation from the reactive mesentery?



Imaging performed by



Portable Animal Wellness Sonography, Inc.
pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telectology
Educational Teleconsultation Services™

SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Snowball Baltazar

SPECIES

Canine

BREED

Maltese Mix

SEX

Male

AGE

8 years

WEIGHT

16.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

South Reno Vet

REFERRING VET

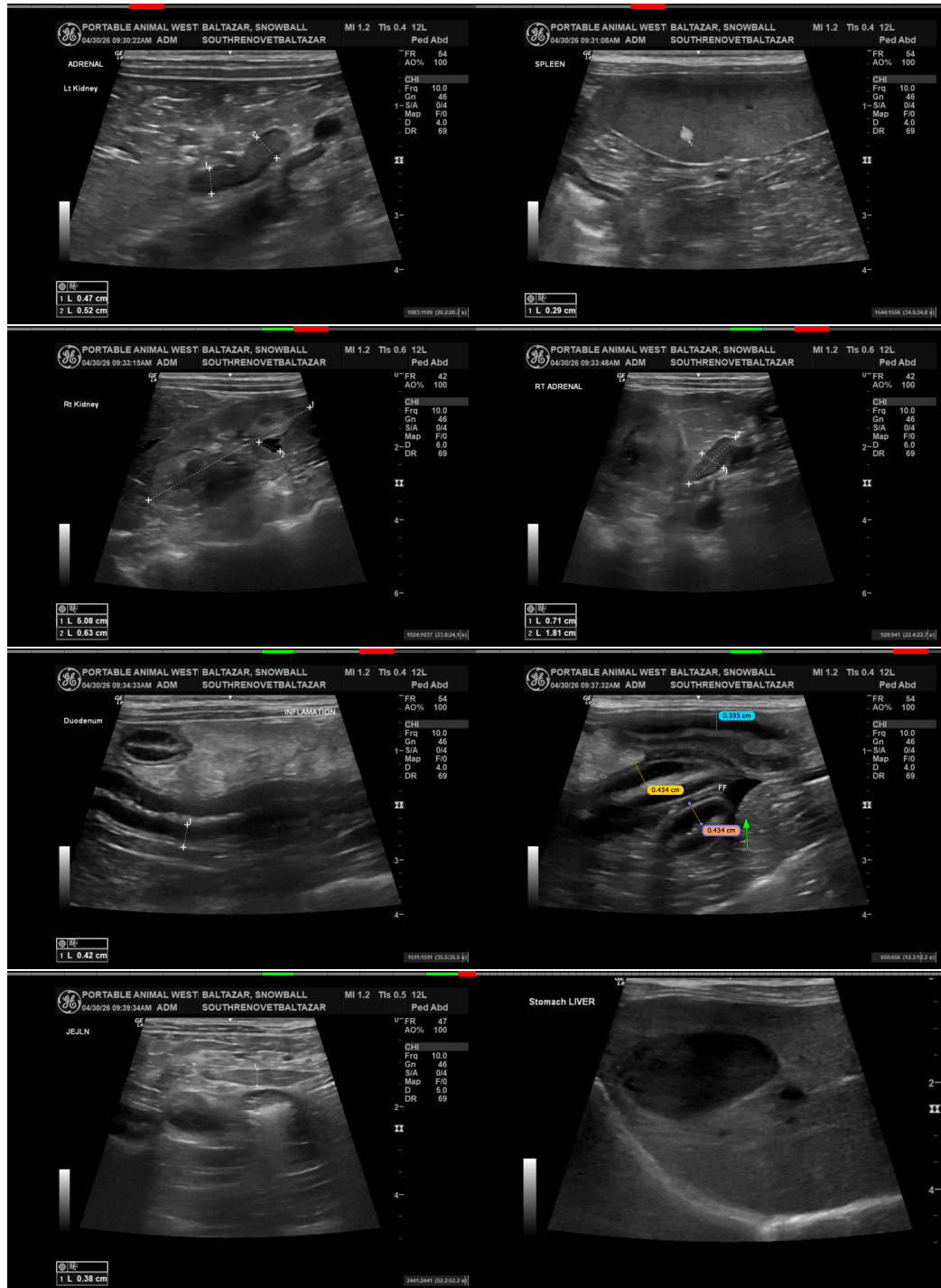
Dr. Schmitt

INVOICE

11841

DATE

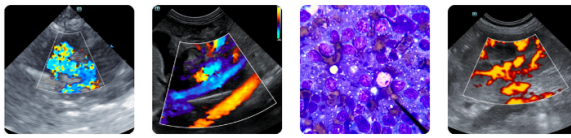
4/30/2026



Imaging performed by



Small Animal Veterinary Sonography, Inc.
pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telectology
Educational Teleconsultation Services™

SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Snowball Baltazar

SPECIES

Canine

BREED

Maltese Mix

SEX

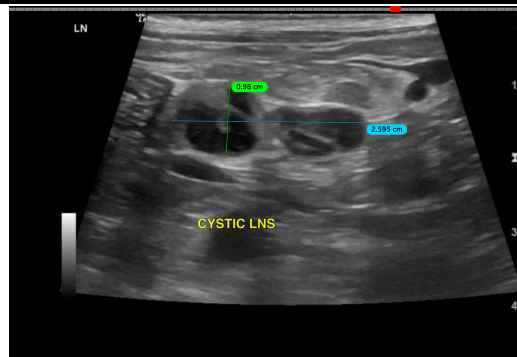
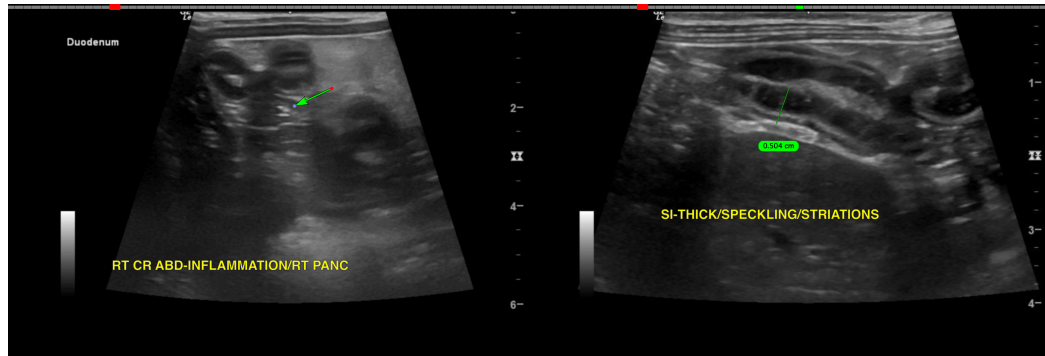
Male

AGE

8 years

WEIGHT

16.5 lbs



INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

South Reno Vet

REFERRING VET

Dr. Schmitt

INVOICE

11841

DATE

4/30/2026

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