



PATIENT

Bear Hammel

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

14 Years 1 Month

WEIGHT

14.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Rockaway Animal
 Hospital

REFERRING VET

Dr. Dubos

INVOICE

14948

DATE

04/08/26

PRESENTING CLINICAL SIGNS

Liquid diarrhea, potentially with blood, maybe got into housemates' meds.
 Clinical findings- dehydrated, enlarged liver vs mass effect in cranial abd. Lethargic
 Abnormal PE/Chem/CBC/UA Results: ALP 269, CPL 665

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 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 (4.96 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 no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.80 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 no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. Occasional small cortical cysts were present.

Adrenal Glands

The left adrenal gland is plump measuring 0.79 cm at the cranial pole and 0.89 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 plump measuring 1.2 cm at the cranial pole and 0.53 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, 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 1.52 cm.

Liver

The liver is subjectively large in size, and echogenicity and rounded. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous ill-defined nodules throughout the parenchyma.

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.



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Gastrointestinal

The stomach contains moderate gas. 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. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal/moderate fluid and gas. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured 0.50 cm in diameter and the jejunum measured 0.36 cm in diameter. Visualized peristalsis appears appropriate. There is mucosal speckling visualized associated with the duodenum.

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 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Borderline plump adrenals- findings could be consistent with anatomic variation, early hyperplasia, etc.
- Age-related changes visualized associated with both kidneys.
- Pancreatic changes consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Large heterogenous rounded liver with ill-defined hypoechoic nodules.
- Large, distended gallbladder with a large amount of debris and some debris adhered to the gallbladder wall.
- Mild gas distention in the stomach and some fluid/gas distention of the small intestine with mucosal speckling associated with the duodenum. Findings are suggestive of gastroenteritis. The mucosal speckling suggests the possibility of a concurrent enteropathy. Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the diarrhea reported. The



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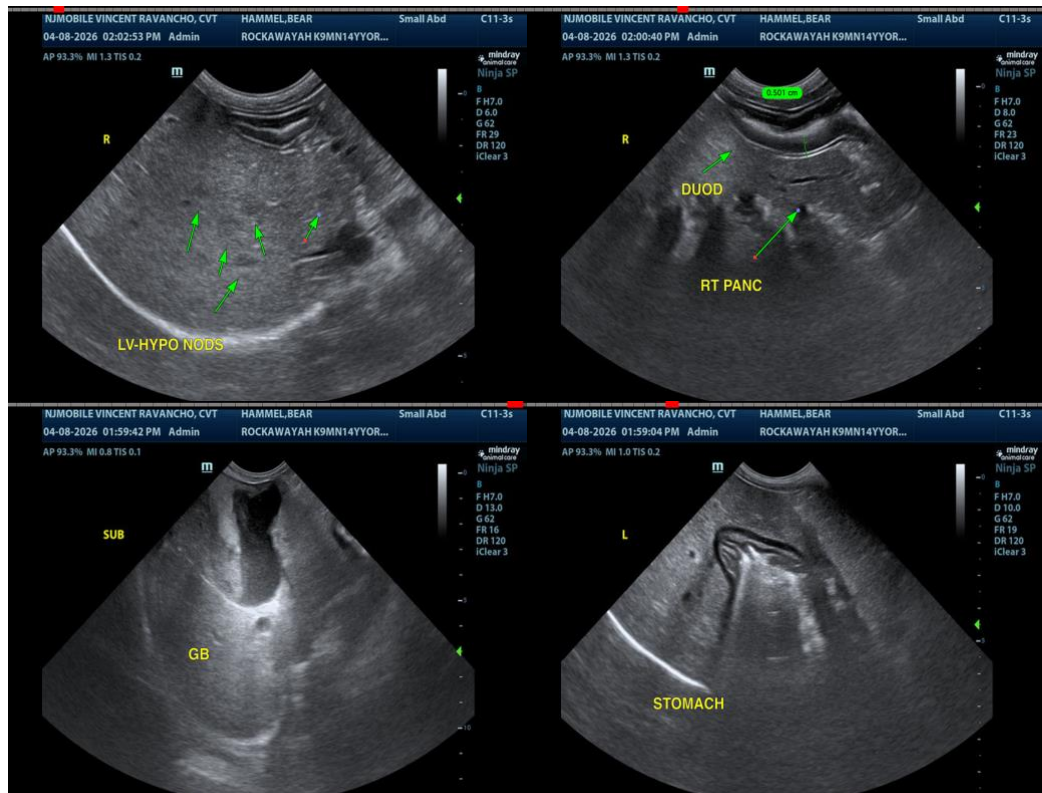
stomach and small intestine appear somewhat gassy and with mild fluid distention possibly consistent with gastroenteritis. Recommend nonspecific therapy for hemorrhagic gastroenteritis.

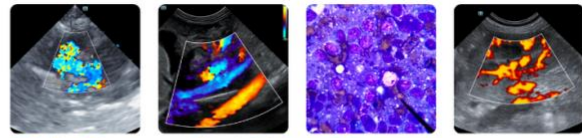
There are chronic age-related changes visualized associated with both kidneys and the adrenals appear plump.

The liver is heterogeneous and irregular. A discrete mass effect is not clearly visualized, although there are numerous small hypoechoic nodules, which generally have the appearance most consistent with a vacuolar hepatopathy and regenerative nodules, but a more significant hepatopathy and/or neoplastic nodules cannot be definitively ruled out. If further evaluation is desired, you could consider a liver function test and a fine needle aspirate.

There's a large amount of debris visualized associated with the gallbladder. Consider empirical treatment for possible cholecystitis with ursodiol and a course of antibiotics in the possible case that this is contributing to the GI symptoms reported.

Correlate findings with abdominal radiographs. If symptoms are persistent despite treatment for acute gastroenterocolitis and pancreatitis, then consider repeat imaging looking for the development of new lesions or the progression of today's lesions.





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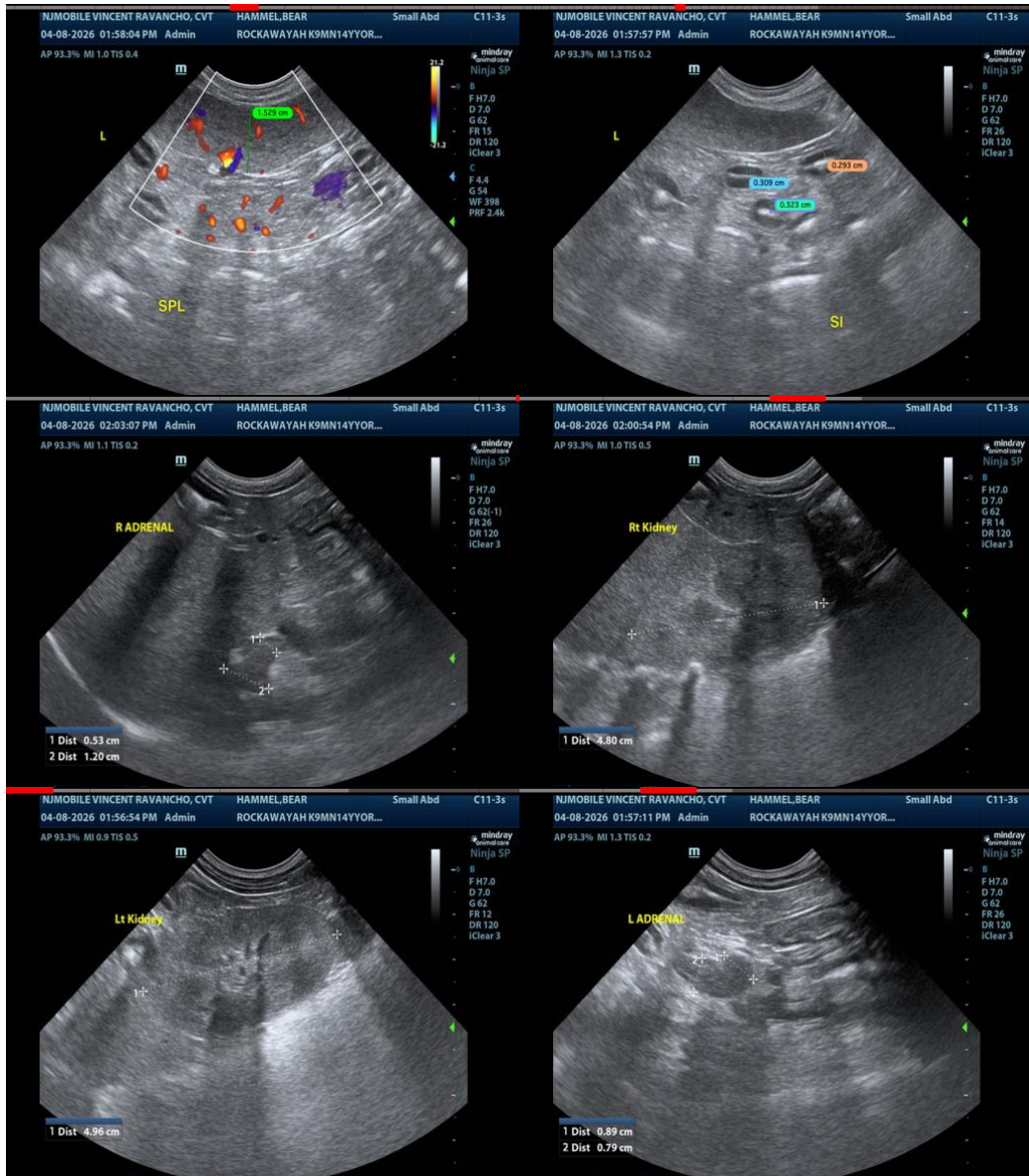
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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