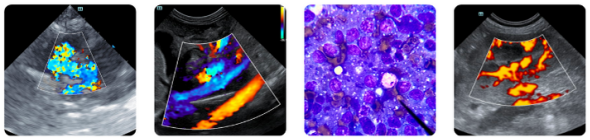


PATIENT

Oberon Kaye

SPECIES

Canine

BREED

American Staffordshire Terrier

SEX

MN

AGE

6 years 5 months

WEIGHT

20.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Marius Chmielinski

HOSPITAL NAME

Apex Veterinary Services Ltd.

REFERRING VET

Alpine 24/7 – ER Dr

INVOICE

11663

DATE

4/9/2026

PRESENTING CLINICAL SIGNS

Presented for acute onset fever (Tmax 40.2°C at home), lethargy, and restlessness, Reduced appetite, eating slower. Mild GI signs: Soft stool, “Burpy” behavior, Intermittent panting. Owner reports patient acting “off” for ~2 weeks.

Abnormal PE/Chem/CBC/UA Results: PE Temperature: 39.8°C , HR: 96 bpm, Pulse: 1:1, strong and synchronous, RR: 28/min, Respiratory effort: Normal, MM: Pink, slightly tacky, CRT: <2 sec, Mentation: QAR, Hydration: Adequate, BP: 122/84 (MAP 93) PRE-DISCHARGE: Temperature: 39.2°C (improving) CBC/Chem: Mild inflammatory leukogram, ALT elevated (259 U/L) Urinalysis: Pyuria, hematuria, suspected bacteria.

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 (0.87 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 (6.82 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 (7.03 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

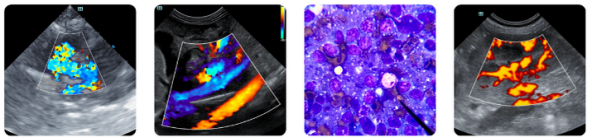
The left adrenal gland is normal in size measuring 0.5 cm at the cranial pole and 0.46 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.55 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 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 is a hypoechoic nodule visualized in the head of the spleen measuring 1.07 cm x 1.76 cm.

Liver



PATIENT

Oberon Kaye

SPECIES

Canine

BREED

American Staffordshire Terrier

SEX

MN

AGE

6 years 5 months

WEIGHT

20.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Marius Chmielinski

HOSPITAL NAME

Apex Veterinary Services Ltd.

REFERRING VET

Alpine 24/7 – ER Dr

INVOICE

11663

DATE

4/9/2026

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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. Findings are consistent with the patient's post-prandial status.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal 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 (0.41 cm in wall thickness) and the jejunum measured as normal (0.24 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 normal and isoechoic to surrounding 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. There is no significant lymphadenopathy. A jejunal lymph node is visualized measuring 0.39 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic nodule visualized in the head of the spleen. There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive source for the fever reported is not identified. There is a small hypoechoic nodule visualized in the head of the spleen. If a safe window for sampling is available, consider a fine needle aspirate and continued monitoring with ultrasound.

PATIENT

Oberon Kaye

SPECIES

Canine

BREED

American Staffordshire Terrier

SEX

MN

AGE

6 years 5 months

WEIGHT

20.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Marius Chmielinski

HOSPITAL NAME

Apex Veterinary Services Ltd.

REFERRING VET

Alpine 24/7 – ER Dr

INVOICE

11663

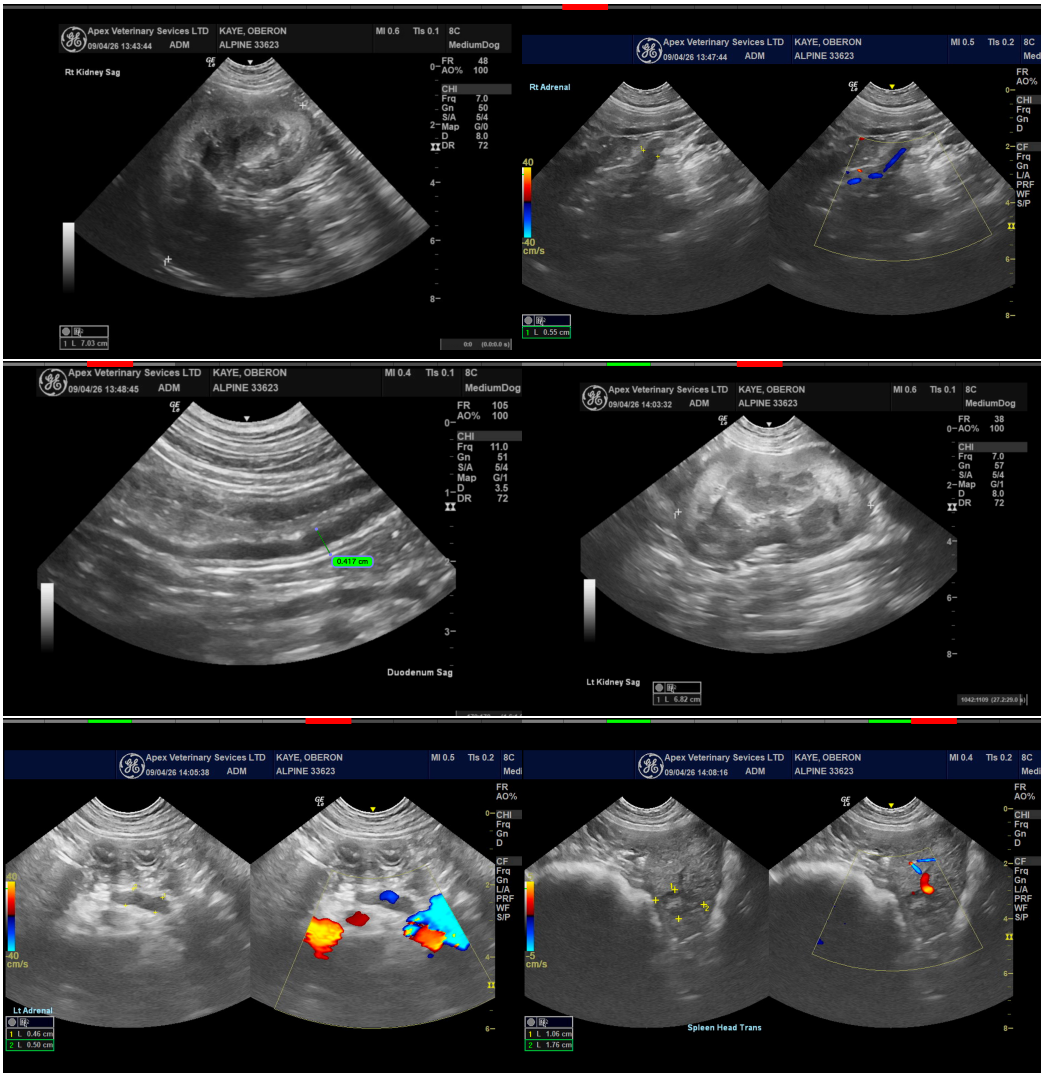
DATE

4/9/2026

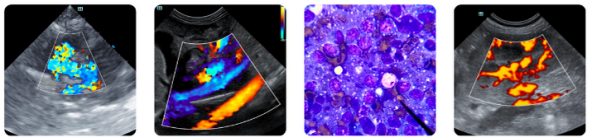
There's a moderate amount of debris visualized in the gallbladder, with no evidence of surrounding inflammation. Options would include continued monitoring +/- ursodiol therapy.

Recommend continued evaluation for a source of infection, inflammation, neoplasia, etc. Recommend a urinalysis and culture of the urine +/- vector borne disease testing (in this breed, recommend testing for babesia as well.) Evaluation for any joint or neck pain, a new heart murmur, etc. If not already done, recommend three view thoracic radiographs.

If liver enzymes are persistently elevated, a fine needle aspirate of the liver could be considered.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Oberon Kaye

SPECIES

Canine

BREED

American Staffordshire Terrier

SEX

MN

AGE

6 years 5 months

WEIGHT

20.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Marius Chmielinski

HOSPITAL NAME

Apex Veterinary Services Ltd.

REFERRING VET

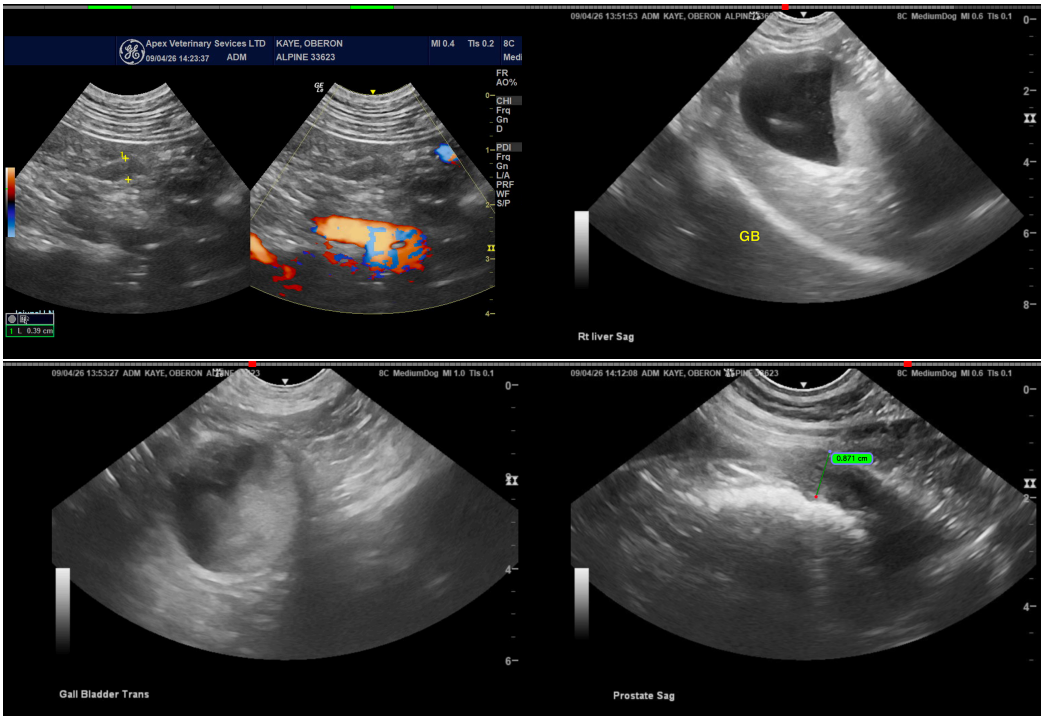
Alpine 24/7 – ER Dr

INVOICE

11663

DATE

4/9/2026



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