



PATIENT

Rocco Dipippa

SPECIES

Canine

BREED

Doodle

SEX

Neutered Male

AGE

4 Years 5 Months

WEIGHT

32 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Farview Animal Clinic

REFERRING VET

Dr. Mosaad

INVOICE

75066

DATE

5/12/26

PRESENTING CLINICAL SIGNS

Pancreatitis, inappetence, vomiting, n/i signs since Saturday. ABD discomfort on palp, rad WNL. Meds-pheno, butorph, maropitant, ondans, cerenia, dex, gaba, propractalin.

Abnormal PE/Chem/CBC/UA Results: RBC-9.04 hemo-20.6 glob-4.6 lipase 1,959 cpl-583

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 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 (4.65 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 (5.06 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 0.46 cm at the cranial pole and 0.48 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 0.94 cm at the cranial pole and 0.56 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 (1.85 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 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.

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Gastrointestinal

The stomach contains mild/moderate fluid. Some areas of the gastric wall appear normal with intact wall layering. Other areas appear somewhat thickened with the gastric wall measuring between 0.84-1.0 cm. 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.

BREED

Doodle

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. Duodenum wall measures 0.41 cm. Jejunum wall measures 0.35 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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Pancreas

The right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation on the right side.

WEIGHT

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Free Abdomen

There is no free fluid. No significant lymphadenopathy noted. The omentum is mildly hyperechoic on the right side in the region of the right limb of the pancreas.

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ULTRASONOGRAPHIC FINDINGS

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- Pancreatic changes most consistent with chronic pancreatic remodeling and chronic active pancreatitis in the right limb.
- Mild/moderate retained gastric fluid with questionable gastric wall thickening – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right limb of the pancreas is somewhat prominent with some mild surrounding inflammation. Findings are most consistent with pancreatitis and evidence of pancreatic remodeling. There is some fluid visualized within the stomach, likely consistent with ileus. In these areas the exact margins of the gastric wall is difficult to visualize, but some mild thickening is noted. This could be consistent with gastritis and ileus. If symptoms are persistent, consider reevaluation of the gastric wall (power doppler may help to differentiate the wall from the fluid), or even upper GI endoscopy to further evaluate.

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In some individuals there could be concern over an association between Phenobarbital and pancreatitis. Consider consultation with your veterinary neurologist regarding transitioning to an alternate anti-seizure medication. Phenobarbital should not be abruptly discontinued.



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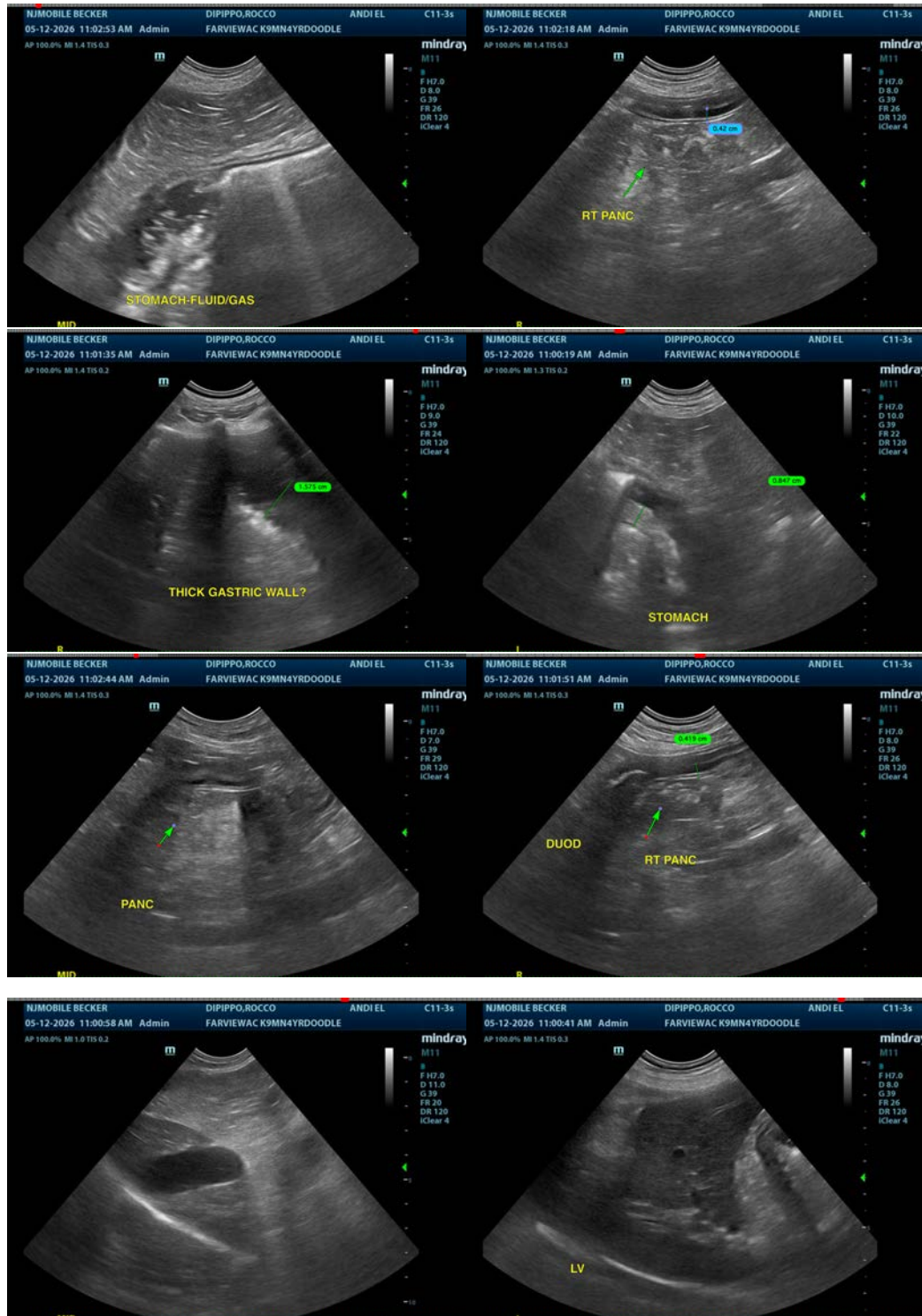
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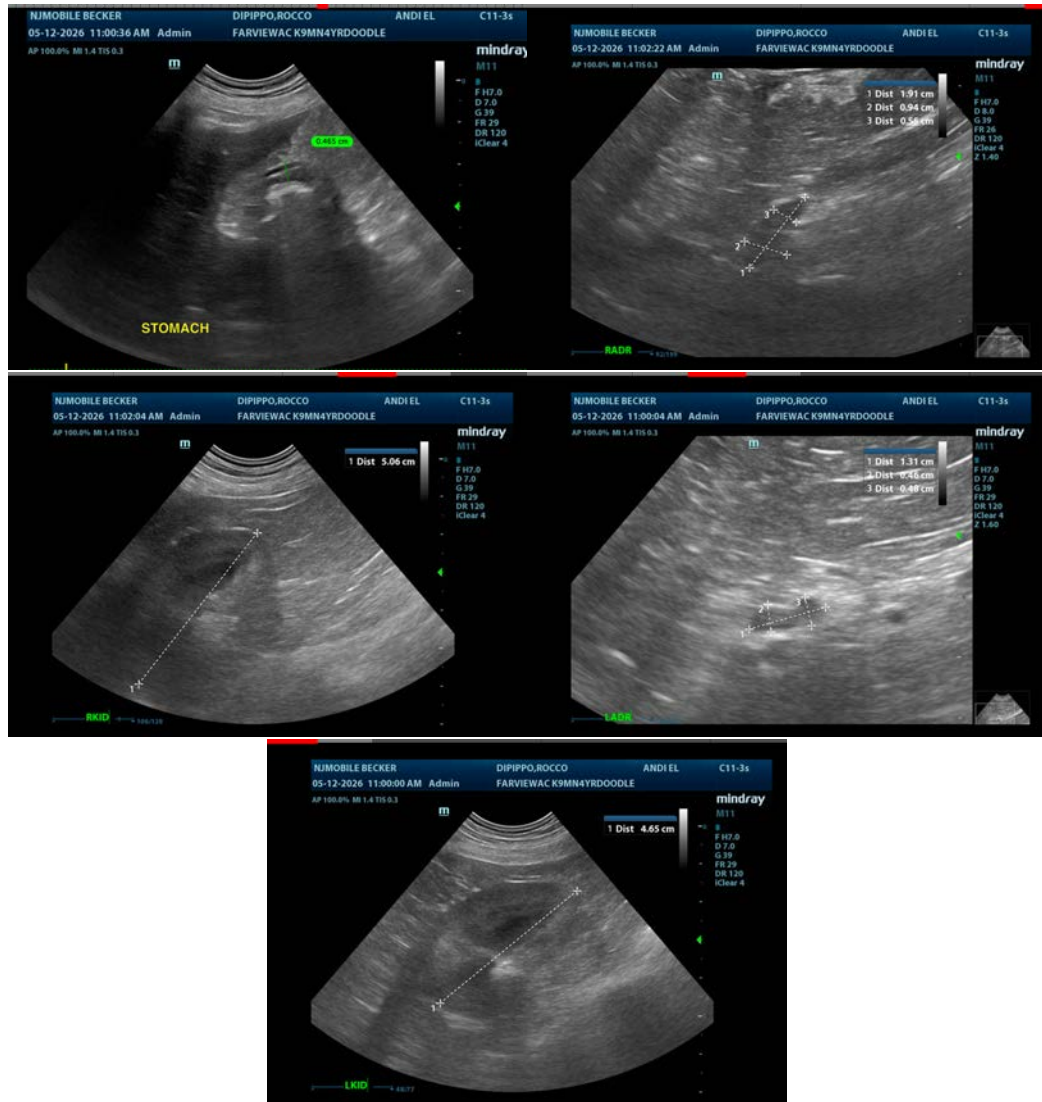
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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