



PATIENT

Benjamin Shero

SPECIES

Canine

BREED

Goldendoodle

SEX

MN

AGE

12 years

WEIGHT

73.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Dr. Kaye Morgan

INVOICE

12026

DATE

5/28/2026

PRESENTING CLINICAL SIGNS

Benjamin is presenting for an abdominal ultrasound due to recurrent rapid-onset vomiting and bloody stool (3 episodes over the last year, occurring 5-6 months apart). The last episode was milder and improved with double-dose probiotics and a 10-day course of flagyl from Dr. Morgan. Current medications include Gabapentin (for hind-end issues) and MovoFlex. Appetite and activity are normal on a diet of Purina Pro Plan Senior with a probiotic. He frequently eats grass outside, and potential exposure to rabbits/woodchuck is noted, although owners report no dietary indiscretion or stressors. History includes a suspected heart murmur requiring an echocardiogram 6 years ago.

CLINICAL SIGNS: Vomiting, Diarrhea, and bloody Stool.

MEDICATIONS: Metronidazole 500 mg 1.5 PO BID, Gabapentin 300 mg 1-2 PO BID, Movoflex, previously on and off carprofen.

Abnormal PE/Chem/CBC/UA Results: Lab works March 11, 2026 GGT 14 U/L HIGH Creatine Kinase 273 U/L HIGH Potassium 5.6 mmol/L HIGH Platelet 478 K/uL HIGH RDW 19.7% HIGH MCV 60 fL LOW Retic HGB 20.4 pg LOW Cholesterol 448 mg/dL HIGH Na/K Ratio 26 LOW MCH 19.9 pg LOW

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 (1.03 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 (6.44 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 and occasional mineralizations are noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.27 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 and occasional mineralizations are noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is large in size measuring 0.77 cm at the cranial pole and 1.0 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 0.66 cm at the cranial pole and 0.69 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the



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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 are two discrete, hypoechoic nodules in the parenchyma. One measures 0.81 cm and the other measures 0.79 cm in diameter.

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.

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 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. Shadowing ingesta interferes with evaluation of some areas of the stomach.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid and gas 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 (0.4 cm in wall thickness) and the jejunum measured as normal (0.35 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Several areas of transverse and descending colon appear to have gas and non-formed fecal material. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is visible/slightly 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

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.

Other



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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.

ULTRASONOGRAPHIC FINDINGS

- Large left adrenal. The significance of this is uncertain. This could represent anatomic variation, hyperplasia, an early mass effect, etc.
- Age related changes visualized associated with both kidneys.
- Two discrete hypoechoic nodules in the spleen. There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis
- Pancreatic changes consistent with mild pancreatic remodeling.
- Moderate fluid/ingesta visualized within the gastric lumen. Correlate with the feeding history, if the patient was adequately fasted this could represent delayed gastric emptying or an unseen partial outflow tract obstruction (none observed.)
- Some areas of mild fluid distension of the small intestine. The colon is moderately distended with gas and non-formed fecal material. Findings could be consistent with enterocolitis +/- mild ileus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized with the GI tract to explain the symptoms reported. There is a significant amount of fluid and shadowing ingesta visualized within the stomach and some areas of small intestine. Correlate with the feeding history. This could be normal for a post-prandial patient, otherwise this could represent a degree of enteritis, ileus, etc. An unseen small focal lesion cannot be definitively ruled out. Unfortunately, repeat bouts of enterocolitis/acute hemorrhagic diarrhea can be seen in some dogs. Some can be associated with stress, dietary indiscretion, etc. Ultimately, upper and lower GI endoscopy could be considered. Additionally, you could consider chronic dietary management by trying a hydrolyzed protein prescription diet, adjusting fiber supplementation, chronic probiotic therapy, stress management, etc.

There are two hypoechoic nodules in the spleen. This could represent benign or neoplastic lesions. If a safe window for sampling is available, consider a fine needle aspirate. Otherwise, recommend reevaluation in 8-12 weeks looking for the progression of these lesions.

The left adrenal is large. The significance of this is uncertain. Recommend continued monitoring. If symptoms consistent with Cushing's develop, consider reevaluation.

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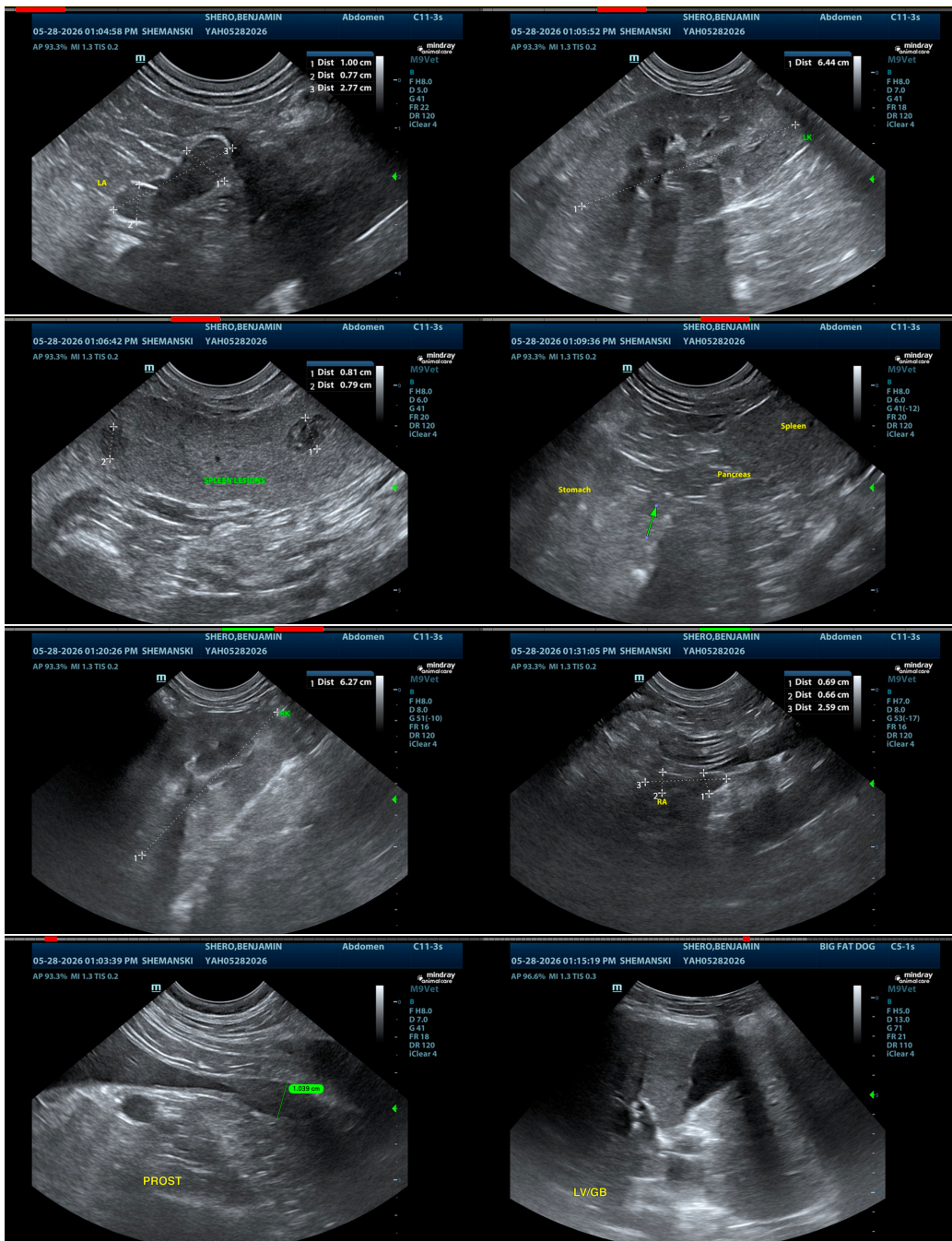
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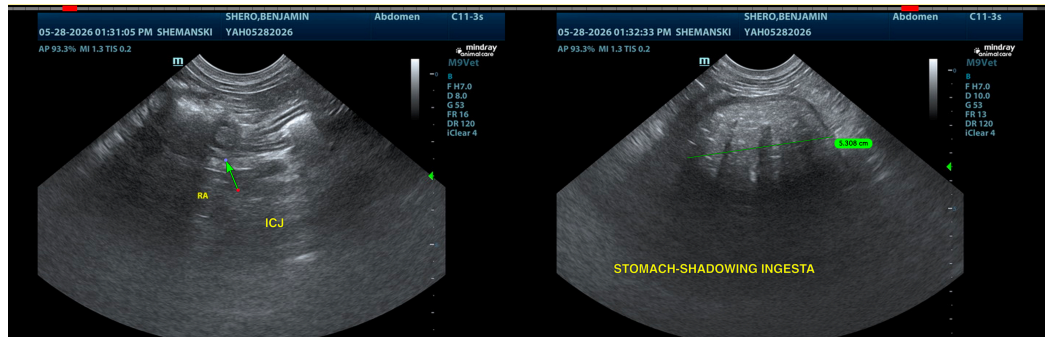
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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