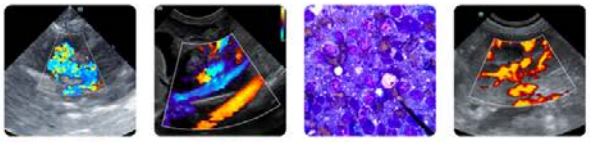


PATIENT

Meko Jarvis

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

11 Years

WEIGHT

21 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Justin Freeby

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

Dr. Justin Freeby

INVOICE

75481

DATE

5/28/26

PRESENTING CLINICAL SIGNS

P presented for <24 hour duration of vomiting, decreased appetite. On PE P had repeatable pain on cranial abdomen. P has history of PLN and hypertension. These have been stable and well controlled. Urine currently has no protein and Systlic bP avg is <150.

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. In the dependent portion of the urinary bladder there is a small hyperechoic shadowing focus most consistent with dependent mineralized debris or a small stone measuring 0.52 cm.

The left kidney has a normal shape and size (5.27 cm.). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (6.5 cm) with occasional small cortical mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline large and slightly irregular in shape, measuring 0.58 cm at the cranial pole and 0.93 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is slightly abnormal in that the caudal pole appears enlarged with a poorly defined hyperechoic region/nodule measuring 0.70 cm x 1.31 cm. No evidence of vascular invasion visualized.

The caudal pole right adrenal gland is visualized and appears “plump”, measuring at 0.95 cm. The cranial pole is not clearly visualized. There is no evidence of vascular invasion noted.

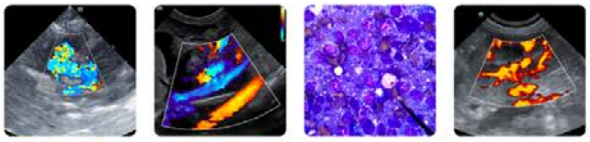
Spleen

The spleen is subjectively normal in size (2.05 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 large and rounded. The parenchyma is 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.



PATIENT

Meko Jarvis

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

11 Years

WEIGHT

21 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Justin Freeby

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

Dr. Justin Freeby

INVOICE

75481

DATE

5/28/26

Gastrointestinal

The stomach contains mild fluid. 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, jejunum and ileum have a relatively uniform diameter with minimal to mild 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 0.47 cm. Jejunum wall measures 0.40 cm. Visualized peristalsis appears appropriate. There are some sections of small intestine that appear mildly fluid and gas distended with a mild enteritis type pattern.

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 visible/mildly 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.

ULTRASONOGRAPHIC FINDINGS

- Mild age related changes visualized associated with both kidneys.
- Borderline bilateral adrenomegaly with an irregular caudal pole of the left adrenal – Findings could be consistent with bilateral hyperplasia or a nodule on the caudal pole of the left adrenal.
- Large, heterogeneous, rounded liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Mild enteritis type pattern visualized associated with the small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the acute vomiting reported. Findings are suggestive of acute gastroenteritis, although a small unseen focal lesion cannot be definitively ruled out.

The liver is heterogeneous and large. This is a non-specific finding, possibly consistent with mild vacuolar hepatopathy. Further evaluation could include pre- and post-prandial bile acids to assess liver function and a fine needle aspirate.

PATIENT

Meko Jarvis

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

11 Years

WEIGHT

21 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Justin Freeby

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

Dr. Justin Freeby

INVOICE

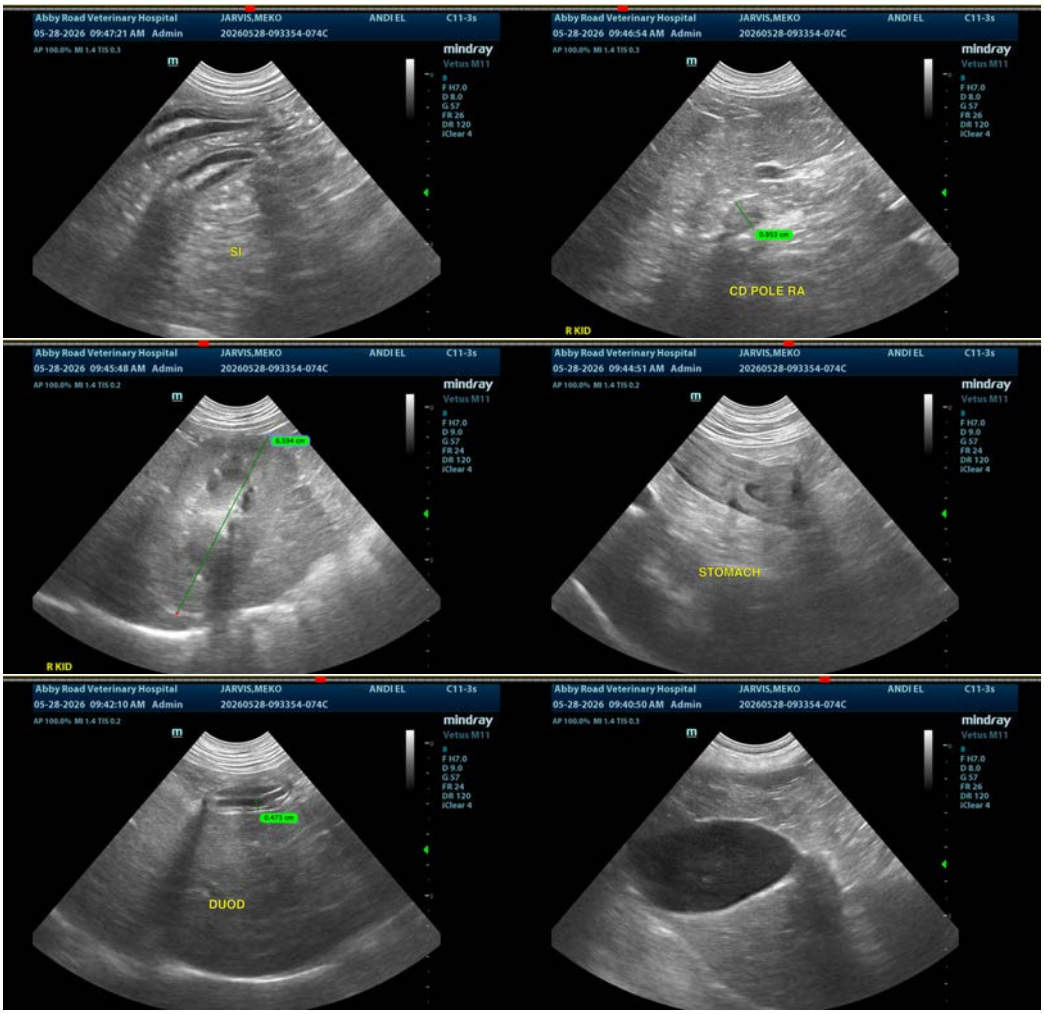
75481

DATE

5/28/26

The history reports azotemia. Urine is dilute, so this could represent true azotemia or prerenal azotemia. Recommend fluid therapy and reassessment. If the azotemia is persistent, an acute renal injury event is possible (or chronic renal disease with an acute component?). You could consider screening for Leptospirosis, a urine culture, etc. There is a small hyperechoic focus in the dependent portion of the urinary bladder, possibly consistent with mineralized debris or a small stone. Correlate with abdominal radiographs.

Both adrenals appear somewhat enlarged. Correlate with current clinical signs. If symptoms of Cushing's have been present, you could consider adrenal function testing when the patient has recovered. The caudal pole of the left adrenal appears somewhat irregular and poorly defined with a hyperechoic component. This could be focal hyperplasia, an early mass lesion, etc. Recommend continued monitoring (recheck in 2-3 months).



PATIENT

Meko Jarvis

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

11 Years

WEIGHT

21 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Justin Freeby

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

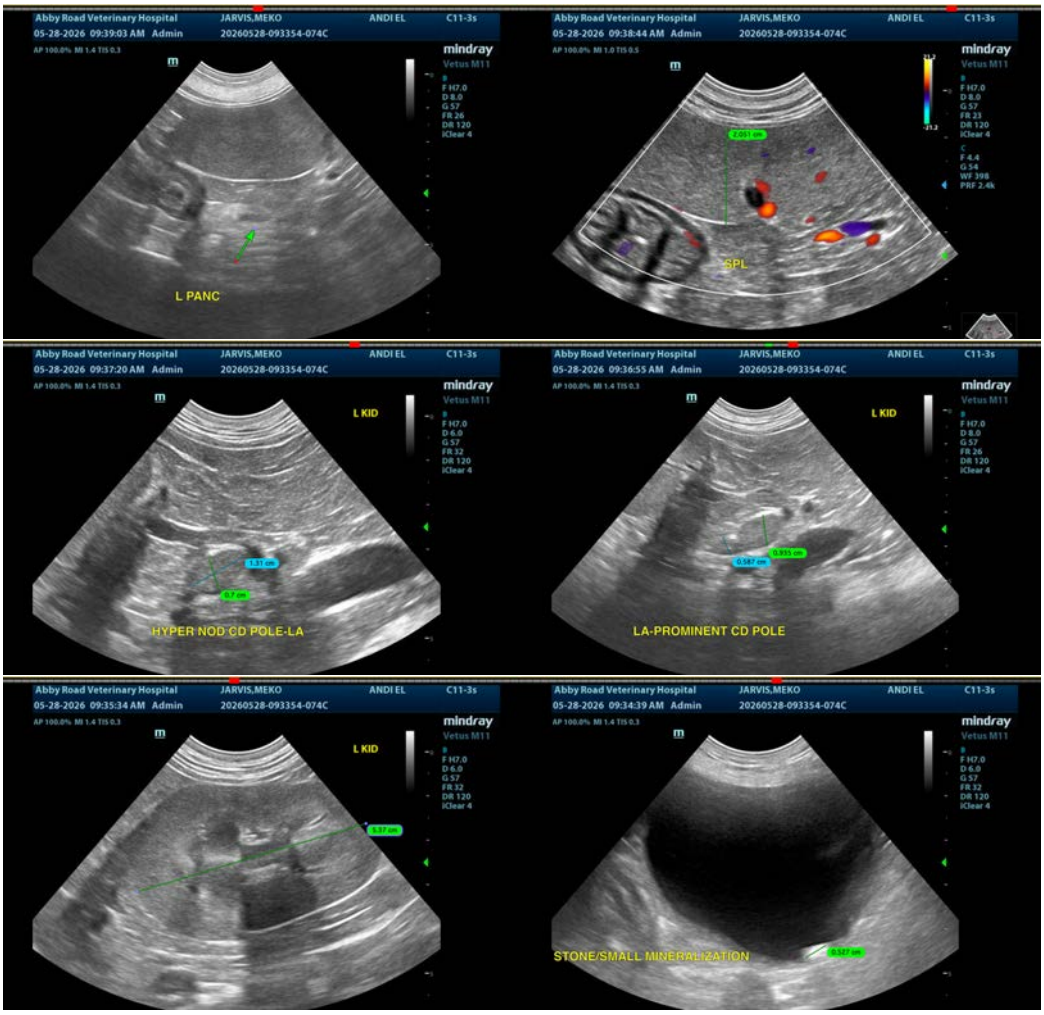
Dr. Justin Freeby

INVOICE

75481

DATE

5/28/26



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