



PATIENT

Cookie Stewart

SPECIES

Canine

BREED

Pitbull

SEX

FS

AGE

10 years 11 months

WEIGHT

52 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Striano-Kaplan

HOSPITAL NAME

Ramsey Veterinary
Hospital

REFERRING VET

Dr. Stewart

INVOICE

12032

DATE

5/29/2026

PRESENTING CLINICAL SIGNS

Hypothyroid, chronic vomiting and diarrhea for several months; vomiting has increased to daily for the past 2 weeks, mostly bile. Pet has been on home cooked diet consisting of yogurt and beef. ON Levothyroxine 0.4mg SID, liver supplement, carafate 1g and cerenia 24mg and cerenia 16mg. 1. Chronic vomiting and diarrhea: Consider d/t pancreatitis possibly secondary to diet vs inflammatory disease (IBD vs other) vs infectious vs neoplasia. 2. Suspect pancreatitis. 3. Intentional weight loss.

Abnormal PE/Chem/CBC/UA Results: PLI- 773 ALT 235, AMYLASE 2188, LIPASE 1018, USG 1.025.

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 left kidney has a normal shape and size (5.67 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 (5.6 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 0.67 cm at the cranial pole and 0.58 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.52 cm) 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. 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.

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

Cookie Stewart

SPECIES

Canine

BREED

Pitbull

SEX

FS

AGE

10 years 11 months

WEIGHT

52 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Striano-Kaplan

HOSPITAL NAME

Ramsey Veterinary
Hospital

REFERRING VET

Dr. Stewart

INVOICE

12032

DATE

5/29/2026

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. Fluid and ingesta interfere with full evaluation with some areas of the stomach.

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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (0.36 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with non-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 right 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

- Pancreatic changes in the right limb most consistent with chronic pancreatic remodeling +/- mild chronic pancreatitis.
- 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 a partial outflow tract obstruction (none visualized.)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. No focal lesions are visualized associated with the GI tract to explain the vomiting and diarrhea reported (a small unseen focal lesion cannot be definitively ruled out). Unfortunately, there are many causes for vomiting and diarrhea which cannot be definitively diagnosed with ultrasound alone.

Consider the following:

- Recommend a combination ultra-low fat/hydrolyzed protein prescription diet (Royal Canin has this) can address primary diarrhea issues and potentially IBD food allergy at the same time.
- If not already done recommend parasite screening and empirical deworming.
- Consider screening panel looking for infectious causes of diarrhea.



PATIENT

Cookie Stewart

- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

SPECIES

Canine

If symptoms are persistent despite taking these measures, consider obtaining biopsies of the GI tract for further evaluation. Additionally, you could consider repeat imaging looking for the progression of today's lesions or the development of new lesions.

BREED

Pitbull

SEX

FS

AGE

10 years 11 months

WEIGHT

52 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Striano-Kaplan

HOSPITAL NAME

Ramsey Veterinary Hospital

REFERRING VET

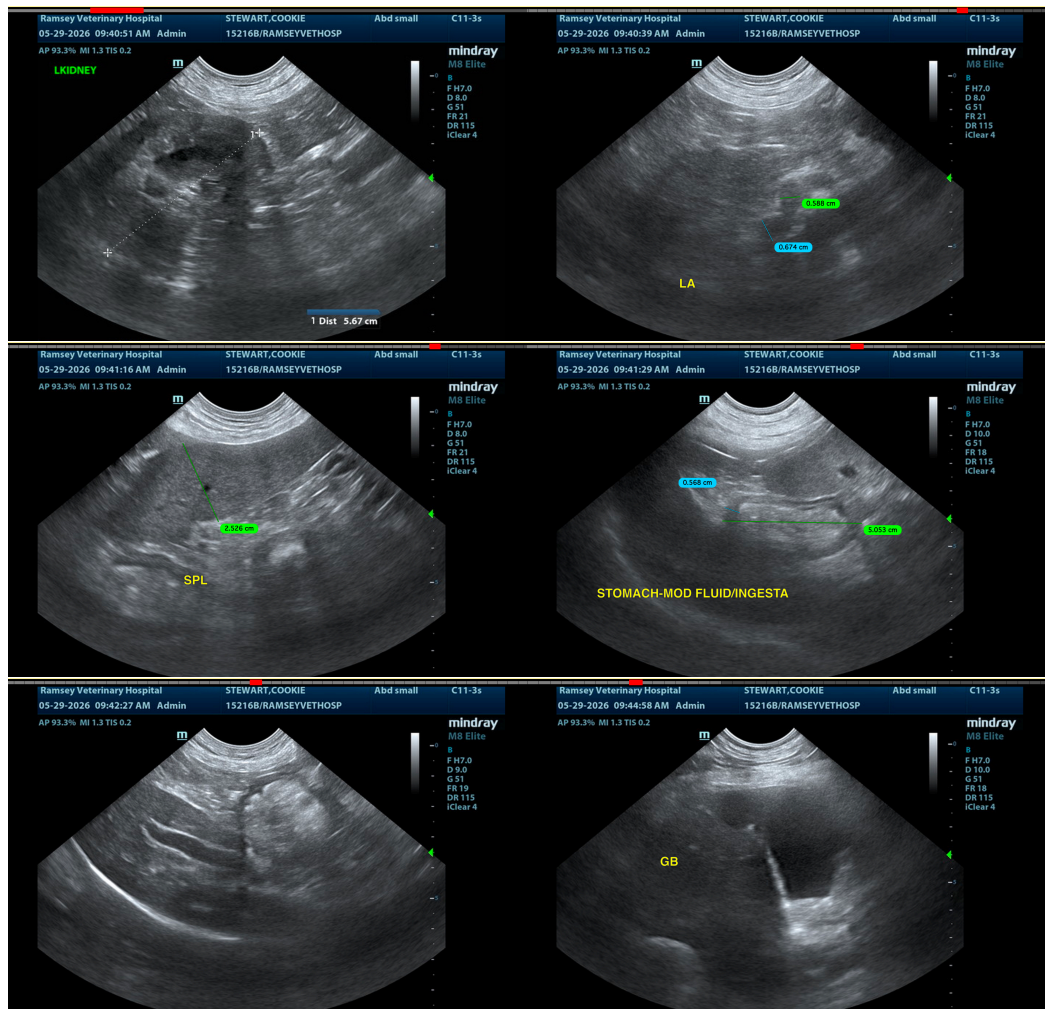
Dr. Stewart

INVOICE

12032

DATE

5/29/2026





PATIENT

Cookie Stewart

SPECIES

Canine

BREED

Pitbull

SEX

FS

AGE

10 years 11 months

WEIGHT

52 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Striano-Kaplan

HOSPITAL NAME

Ramsey Veterinary
Hospital

REFERRING VET

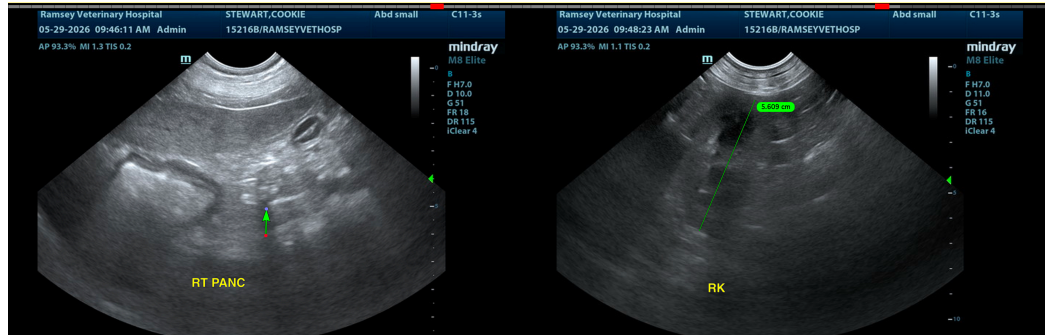
Dr. Stewart

INVOICE

12032

DATE

5/29/2026



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