

**PATIENT**

Gizmo Mattingly

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

29 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Northwood Animal  
Hospital

**REFERRING VET**

Dr. Sliyka

**INVOICE**

15802

**DATE**

05/05/26

**PRESENTING CLINICAL SIGNS**

P presented for US due to hypoalbuminemia/hyperglobulinemia on pre anesthetic bloodwork for dental. Abnormalities persisted at recheck bloodwork. Bilateral Cherry eye. No clinical signs

Abnormal PE/Chem/CBC/UA Results: 2/26 ALB 2.6, Glob 4.8 4/26 Alb 2.5, Glob 4.9 UP:UC 0.1

**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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (0.75 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 (4.63 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (4.67 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.71 cm at the cranial pole and 0.67 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.

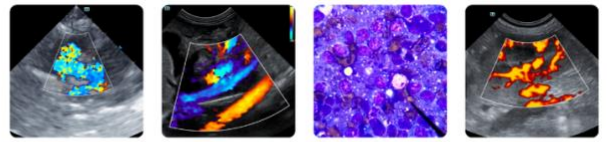
The right adrenal gland is normal in size measuring 0.45 cm at the cranial pole and 0.49 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**Spleen**

The spleen is subjectively normal in size, 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. The spleen measures 1.42 cm width.

**Liver**

The liver is subjectively normal/borderline small in size, with normal echogenicity and 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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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**Gastrointestinal**

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm 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.

**BREED**

Terrier Mix

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 (0.40 cm in wall thickness) and the jejunum measured as normal (0.32 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 pancreas is mildly prominent /visible in the right limb as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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**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.

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**ULTRASONOGRAPHIC FINDINGS**

- Pancreatic changes most consistent with mild pancreatic remodeling.
- Borderline small liver- findings could be consistent with anatomic variation, mild fibrosis/cirrhosis, dysplasia, shunt, etc. Correlate with radiographic size.
- 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.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

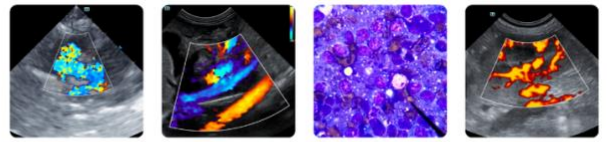
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A definitive source for the low albumin levels is not identified. Subjectively, the liver appears borderline small. Correlate with abdominal radiographs and consider pre- and postprandial bile acids to assess liver function. If liver function is significantly abnormal, biopsies the liver +/- advanced imaging for a shunt could be considered.

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No significant abnormalities were visualized associated with the small intestine. A protein losing



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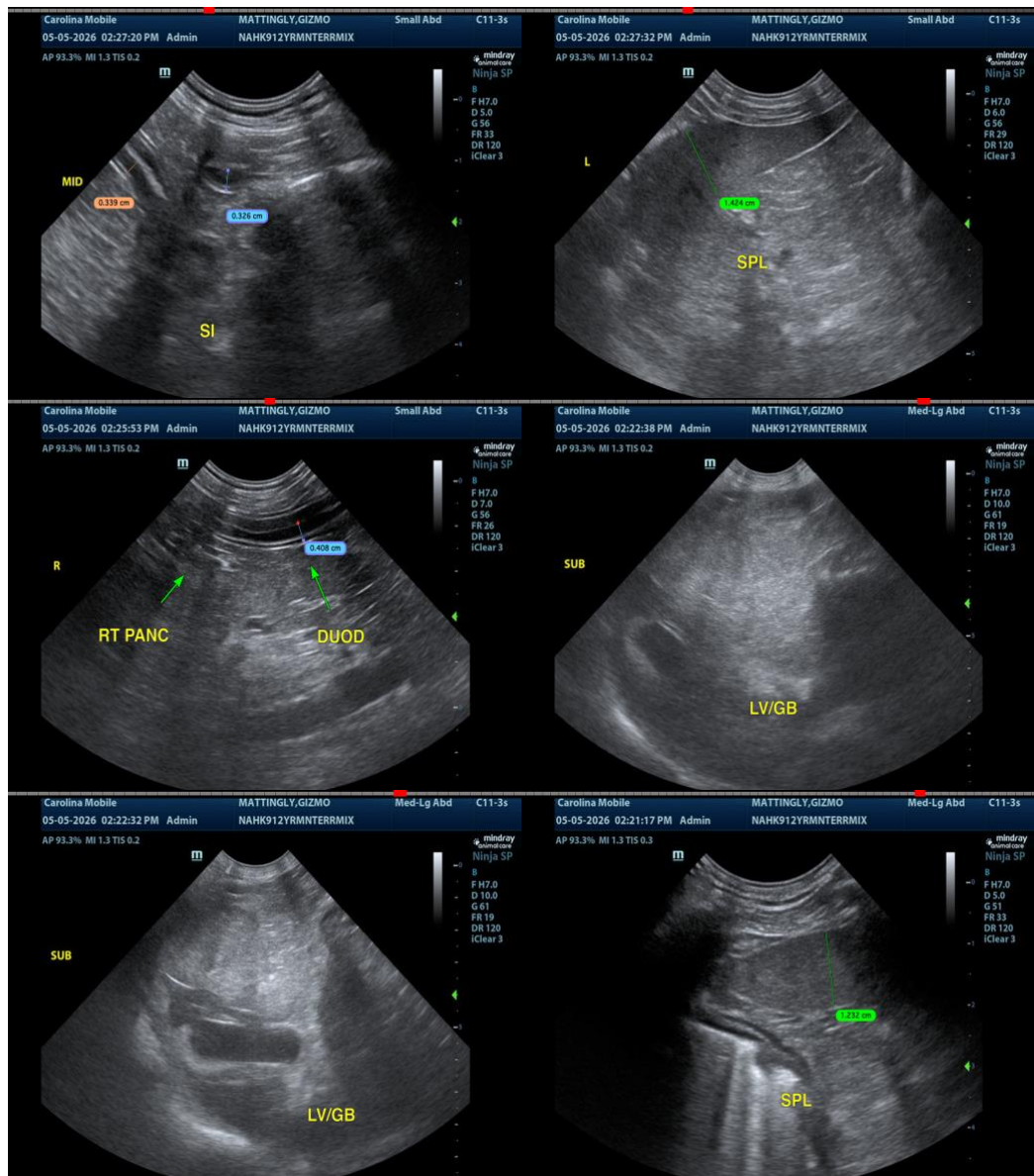
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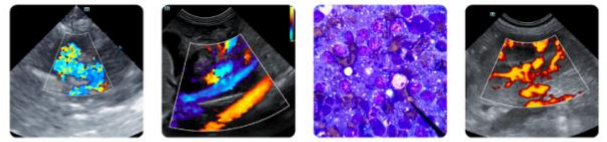
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enteropathy is less likely given the normal appearance and the lack of reported GI signs and an elevated globulin. but you could consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate looking for evidence of underlying gastrointestinal disease. Additionally, differentials such as vasculitis, chronic inflammation, etc., can cause mild changes in albumin and globulin levels. If the globulin continues to rise, a protein electrophoresis may be helpful.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





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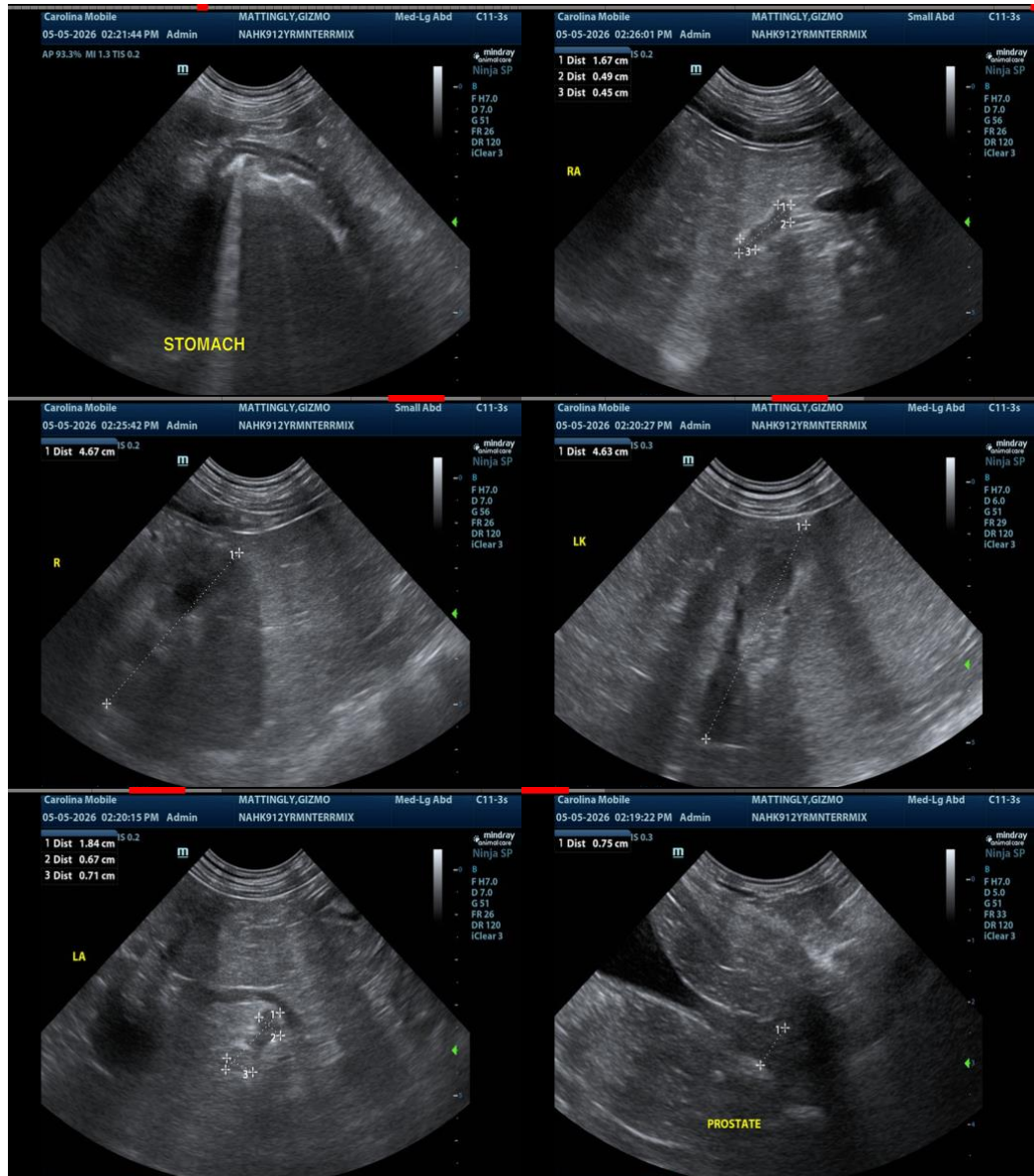
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com