



PATIENT

Darko Barletta

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

15 Years

WEIGHT

11.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Chlow Lowe, CVT

HOSPITAL NAME

Harmony AH

REFERRING VET

Not Provided

INVOICE

35964

DATE

5/6/26

PRESENTING CLINICAL SIGNS

History: Not eating, painful, abdomen, HGE. Nothing noted on x-ray or AFAST. Dehydration, depressed. Cerenia, famotidine, Buprenex, Panoquell.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The prostate is normal in size (0.83 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 (4.7 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. Numerous small cortical cysts are noted.

The right kidney has a normal shape and size (4.63 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal. Numerous small cortical cysts are noted.

Adrenal Glands

The left adrenal gland is plump in size, measuring 0.6 cm at the cranial pole and 0.79 cm at the caudal pole and slightly irregular in shape. It is observed in its normal position cranial to the left renal artery. It's somewhat abnormal in that there is a hyperechoic nodule at the caudal pole of the left adrenal gland, measuring 0.57 cm x 0.92 cm. No evidence of vascular invasion is visualized.

The right adrenal gland is normal in size measuring 1.01 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 (1.31 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. The gall bladder lumen is moderately



PATIENT

Darko Barletta

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

15 Years

WEIGHT

11.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Chlow Lowe, CVT

HOSPITAL NAME

Harmony AH

REFERRING VET

Not Provided

INVOICE

35964

DATE

5/6/26

distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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.

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 (0.37 in wall thickness) and the jejunum measured as normal (0.3 cm). Visualized peristalsis appears appropriate. Some sections of small intestine appear mildly "ropey", most consistent with a mild enteritis type pattern.

The descending colon appears mildly fluid and gas distended with a mildly thickened wall, measuring 0.25 cm, with intact wall layering.

Pancreas

The left limb of the pancreas is mildly hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

Free Abdomen

There is scant free fluid. No significant lymphadenopathy is noted. The omentum is diffusely mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Suspended echogenic debris in the urinary bladder- The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture.
- Hyperechoic nodule at the caudal pole of the left adrenal gland- This has a somewhat benign appearance, most consistent with an adenoma, focal hyperplasia, etc. An early neoplastic lesion cannot be ruled out.
- Age-related changes visualized associated with the kidneys.
- Pancreatic changes most consistent with mild pancreatitis in the left limb.
- Enteritis/colitis type pattern visualized associated with a small and large bowel.
- Generalized mesenteric inflammation with scant free abdominal fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's generalized inflammation in the abdomen, likely contributing to the discomfort in this patient.



PATIENT

Darko Barletta

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

15 Years

WEIGHT

11.8 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Chlow Lowe, CVT

HOSPITAL NAME

Harmony AH

REFERRING VET

Not Provided

INVOICE

35964

DATE

5/6/26

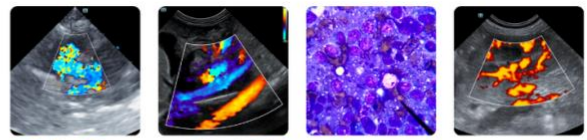
No focal lesions are visualized associated with the bowel, although the small and large intestine both appear to have mild inflammatory type pattern/appearance.

The left limb of the pancreas is slightly prominent, possibly consistent with mild pancreatitis. Recommend continued treatment for acute pancreatitis/gastroenterocolitis and close continued monitoring. If symptoms are persistent despite appropriate care, consider repeat imaging looking for the development of a more focal lesion or similar.

There's a hyperechoic nodule at the caudal pole of the left adrenal. I suspect this is unrelated to today's presenting symptoms and this lesion has a somewhat benign appearance. If signs of Cushing's are present chronically in this individual, you could consider adrenal function testing once the patient has fully recovered from this episode.

Additionally, when the patient's discomfort has resolved, you could consider blood pressure evaluation looking for possible hypertension. If this is present, consider measuring catecholamine levels looking for a possible pheochromocytoma.

Recommend close continued monitoring of the left adrenal nodule for growth (recheck is recommended in 2-3 months, sooner if concern).



PATIENT

Darko Barletta

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

15 Years

WEIGHT

11.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Chlow Lowe, CVT

HOSPITAL NAME

Harmony AH

REFERRING VET

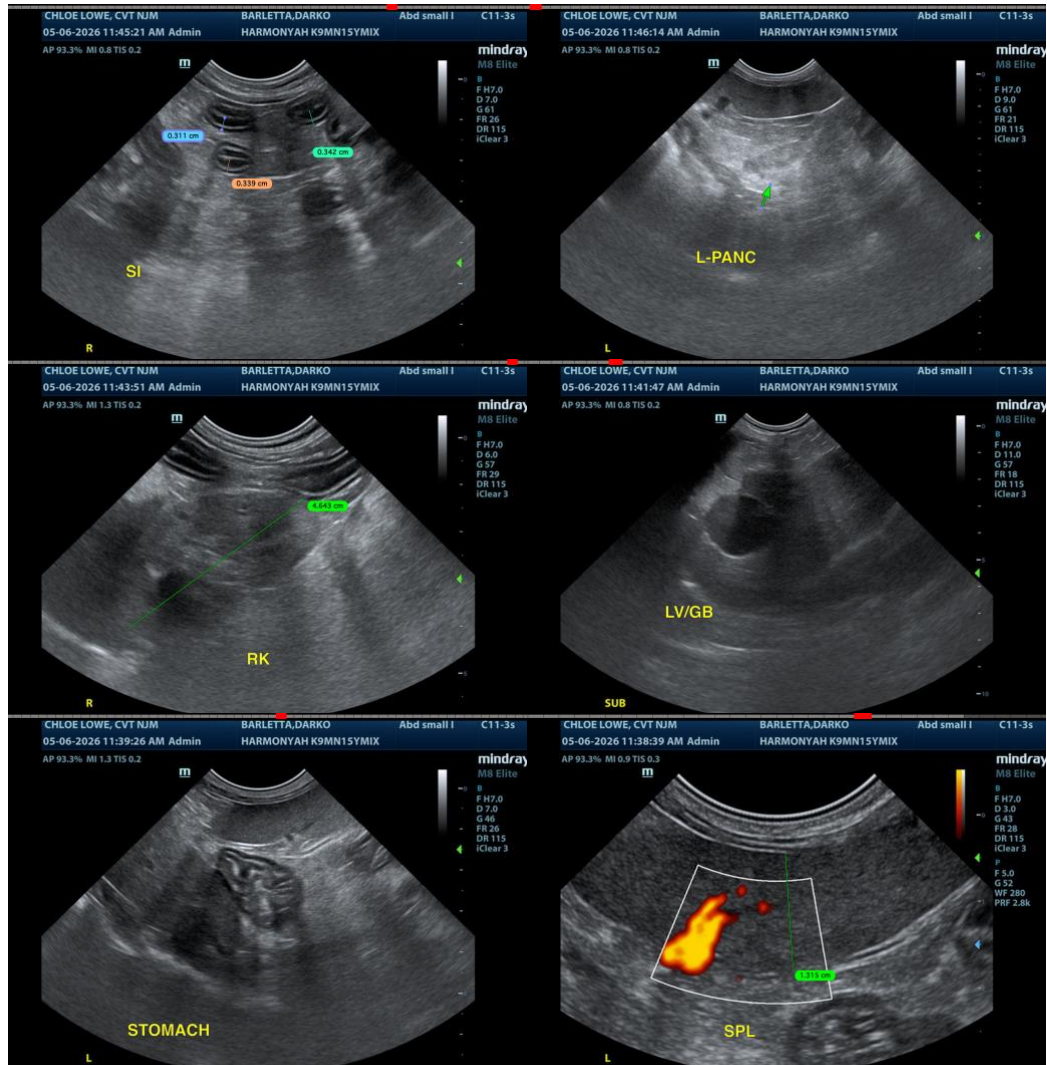
Not Provided

INVOICE

35964

DATE

5/6/26





PATIENT

Darko Barletta

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

15 Years

WEIGHT

11.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Chlow Lowe, CVT

HOSPITAL NAME

Harmony AH

REFERRING VET

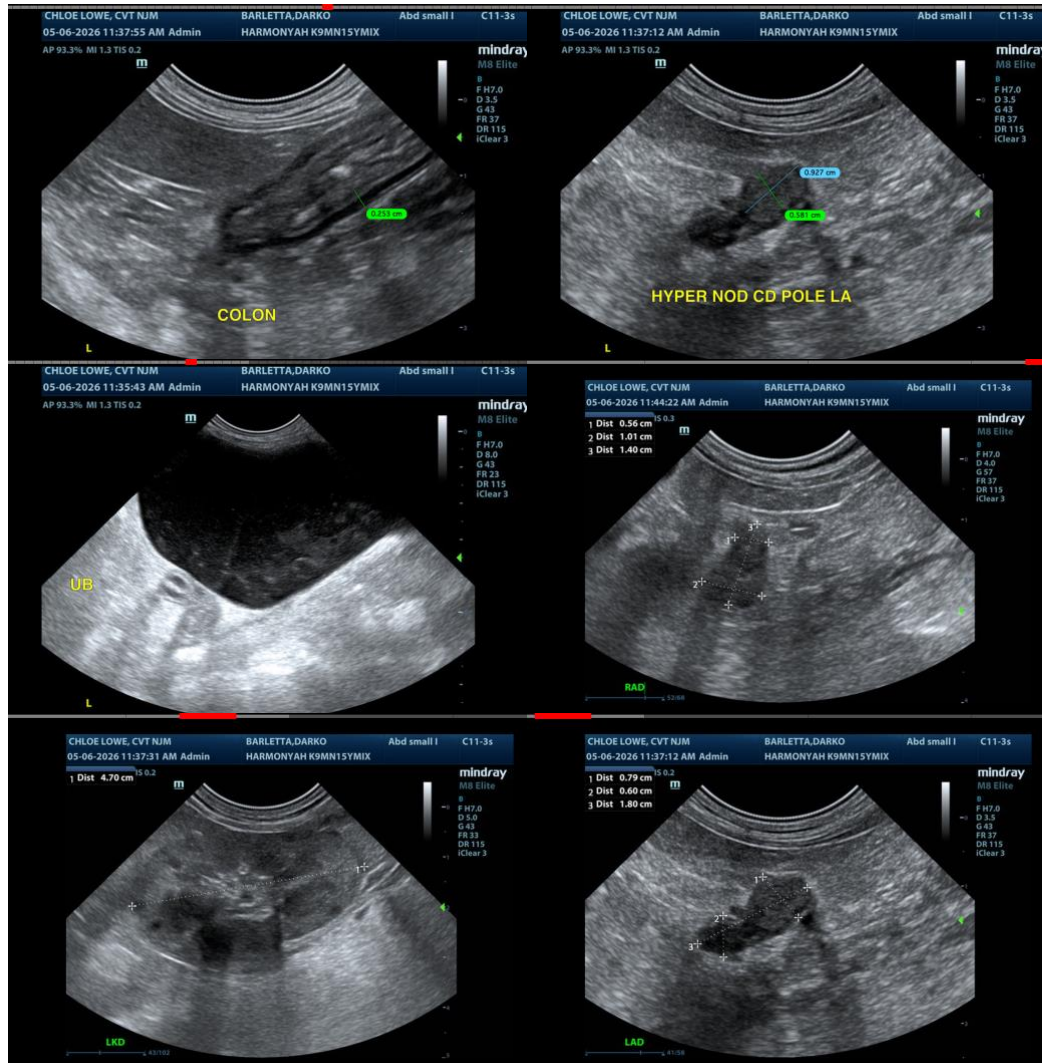
Not Provided

INVOICE

35964

DATE

5/6/26



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