



PATIENT

Nina Campbell

SPECIES

Canine

BREED

Border Collie

SEX

Spayed Female

AGE

12 Years 9 Months

WEIGHT

34.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
 Boone

REFERRING VET

Dr. Watson

INVOICE

74985

DATE

5/6/26

PRESENTING CLINICAL SIGNS

P presented for vomiting, diarrhea, not eating, hospitalized on iv fluids, cerenia, metronidazole, seems to feel a little better today. Licked a small amount of food after ultrasound

Abnormal PE/Chem/CBC/UA Results: CBC WBC 3.9, Neu 2.9, Lym 0.6, Eos 0.02, PLT 111 Chem BUN 29, ALKP 388, Amylase 1774

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 (5.8 cm) with mild pyelectasia at 0.23 cm and occasional small cortical cysts. 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.19 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 “plump” measuring 0.72 cm at the cranial pole and 0.73 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 “plump” measuring 0.94 cm at the cranial pole and 0.85 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 (2.41 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 mildly 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.



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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.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal to moderate fluid distension (particularly in the duodenum). Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.47 cm. Jejunum wall measures 0.33 cm. Visualized peristalsis appears appropriate. There is inflammation in the region of the duodenum, and mild fluid distention, most consistent with focal ileus.

The descending colon is significantly distended with liquid fecal material. Descending colon wall is somewhat thickened, measuring up to 0.40 cm with intact wall layering.

Pancreas

The right limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is some mesenteric regionally in the area of the duodenum.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy. A hypoechoic structure in the region of the left pancreas is visualized measuring 0.62 cm x 0.73 cm, most consistent with an omental cyst. An atypical lymph node cannot be ruled out. The omentum is hyperechoic in the region of the duodenum and the mid cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Bilaterally “plump” adrenal glands – Findings could be consistent with anatomic variation or mild bilateral hyperplasia.
- Age related changes visualized associated with both kidneys.
- Prominent, hypoechoic right limb of the pancreas – Findings could be consistent with mild pancreatitis.
- Heterogeneous 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.
- Mildly thickened small intestine with a prominent duodenum with suspected focal ileus and surrounding inflammation – Findings could be secondary to duodenitis, inflammation secondary to pancreatic inflammation in the region, less likely early infiltrative disease.
- Severely fluid distended distal colon with intact wall layering and a thickened wall – Findings are most consistent with impending diarrhea and colitis.



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- Regional mesenteric inflammation – There is inflammation in the mid abdomen with no definitive source. Findings are likely secondary to significant enteritis, pancreatitis may be contributing.

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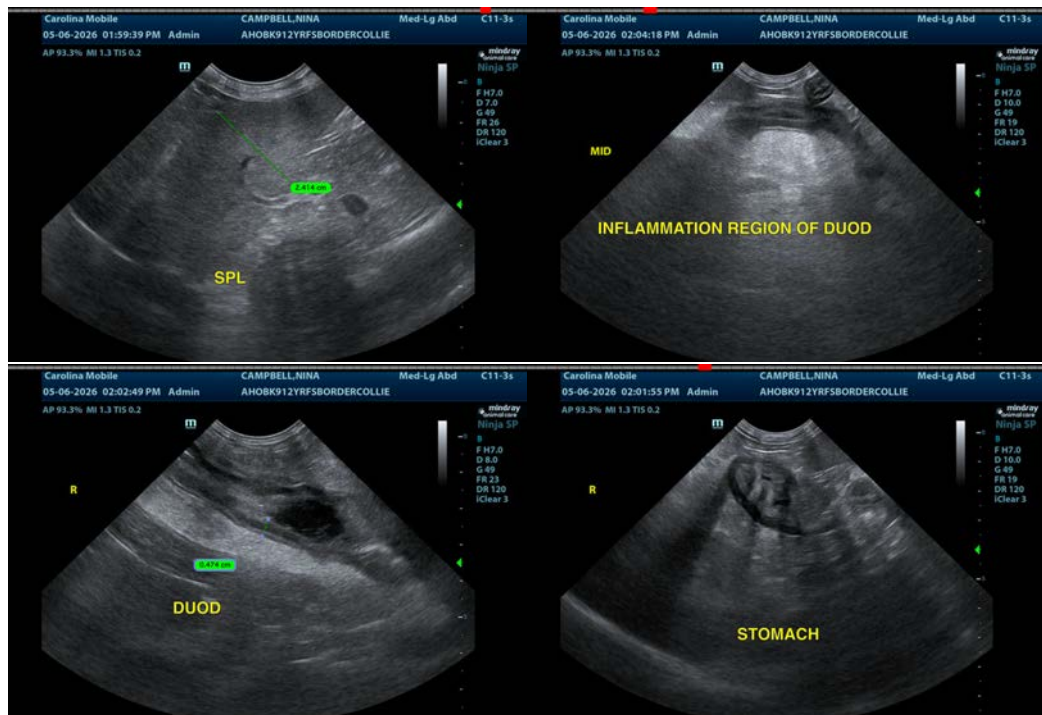
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The region of the duodenum appears highly inflamed. The duodenum itself is mildly thickened with fluid and non-progressive motility, most consistent with focal ileus. The pancreas in this region does not appear severely inflamed. There are some areas of prominent right pancreas possibly consistent with focal pancreatitis. Correlate with a PLI level and recommend aggressive therapy for gastroenterocolitis and pancreatitis.

The adrenals are “plump” and the liver is mildly heterogeneous. This could be consistent with a vacuolar hepatopathy and early Cushing’s. If this is clinically relevant when the patient is feeling well, consider reevaluation in the future.

If symptoms are persistent despite aggressive non-specific therapy, consider reevaluation, looking for the development of new lesions or the progression of today’s lesion. If the patient is not responding to therapy, ultimately biopsies of the GI tract may be warranted.





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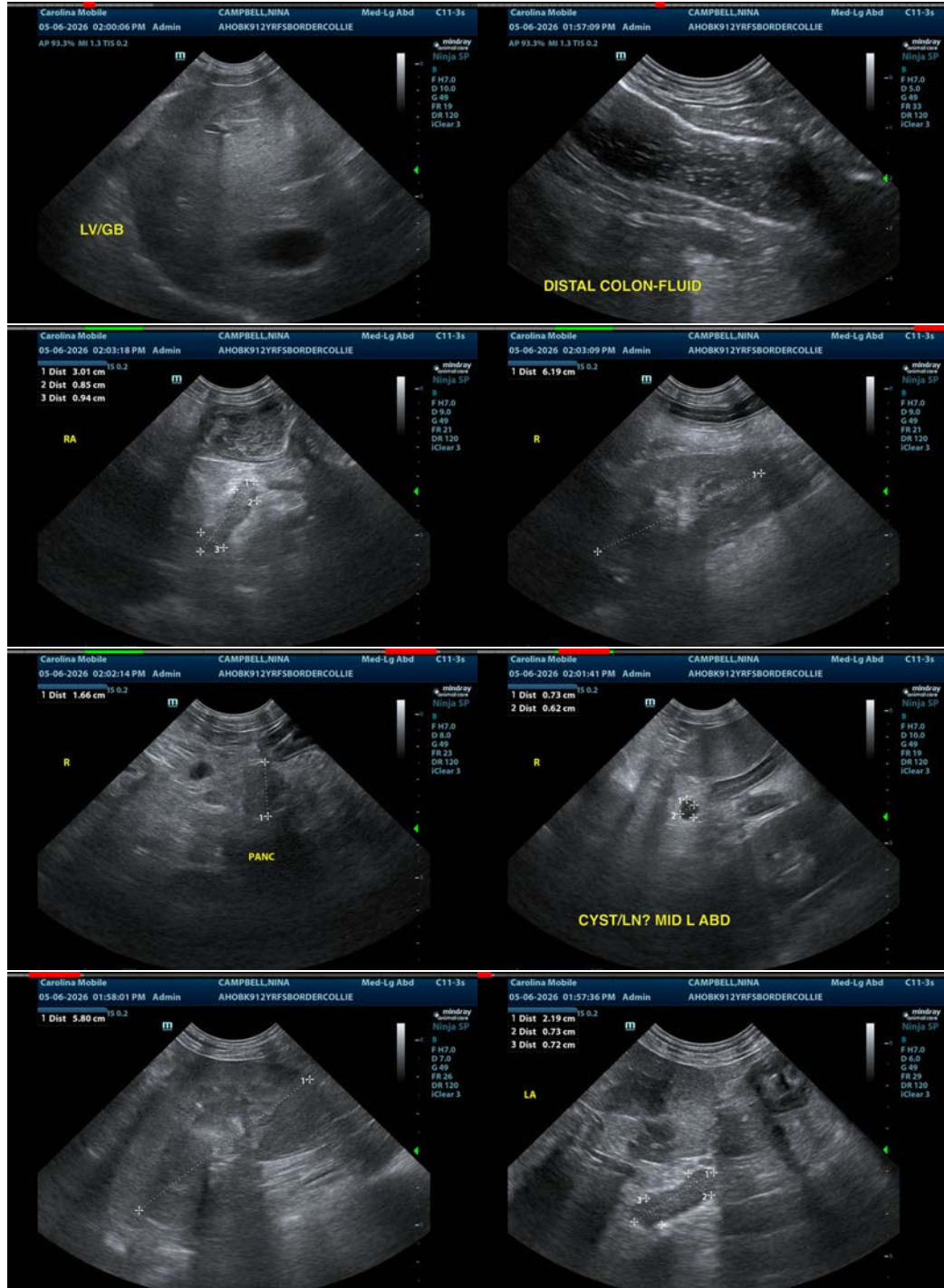
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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