



PATIENT

Willa Buck

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

3 Years 8 Months

WEIGHT

10.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Haley
Harasimowicz

HOSPITAL NAME

Peak Veterinary
Referral Center

REFERRING VET

Dr. Haley
Harasimowicz

INVOICE

75049

DATE

5/8/26

PRESENTING CLINICAL SIGNS

2 day history of anorexia and vomiting, along with small amount of diarrhea and tenesmus. Exam yesterday showed depressed mentation, dehydration and abdominal pain. Abdominal radiographs were taken to help rule out GI obstruction and were unremarkable. No additional diagnostics were performed. Was treated with SQ fluids and Maropitant. Overnight, p refused to eat and has continued to be lethargic. She had no additional vomiting. Owner is not up to date on tick prevention.

Abnormal PE/Chem/CBC/UA Results: Today, p has mild fever (103.0 F). She is quiet and estimated 5% dehydrated. Her cranial abdominal discomfort persists. CBC: Thrombocytopenia (46k - confirmed on manual blood smear), Hct WNL. Chem: ALP - 179 (H), K - 3.5 (L), all else WNL

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 (4.81 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 (5.5 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 0.44 cm at the cranial pole and 0.50 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 0.68 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 (1.94 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.



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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. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.56 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.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid and gas 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 0.54 cm. Jejunum wall measures 0.38 cm. Visualized peristalsis appears appropriate. Some sections of small intestine have a mild gas pattern possibly consistent with mild enteritis.

Sections of colon are visualized with gas and a small amount of non-formed fecal material. The descending colon wall appears mildly thickened, measuring at 0.28 cm with intact wall layering.

Pancreas

The pancreas is prominent and hypoechoic in both limbs (right >left). 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. No significant lymphadenopathy. A prominent jejunal lymph node is visualized measuring 0.58 cm. The omentum is slightly hyperechoic in the cranial abdomen in the region of the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with mild pancreatitis.
- Mild enteritis type pattern.
- Mildly thickened descending colon – Findings are most consistent with colitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the symptoms reported. There are some segmental areas of bowel with mild intraluminal gas, possibly consistent with a mild enteritis type pattern. The left and right limbs of the pancreas are prominent and there is some mildly reactive mesentery around the right limb. Findings are suggestive of mild pancreatitis.

Recommend empirical treatment for pancreatitis/gastroenteritis. If symptoms are persistent despite appropriate treatment and time for response, consider reevaluation, looking for the development of new lesions.



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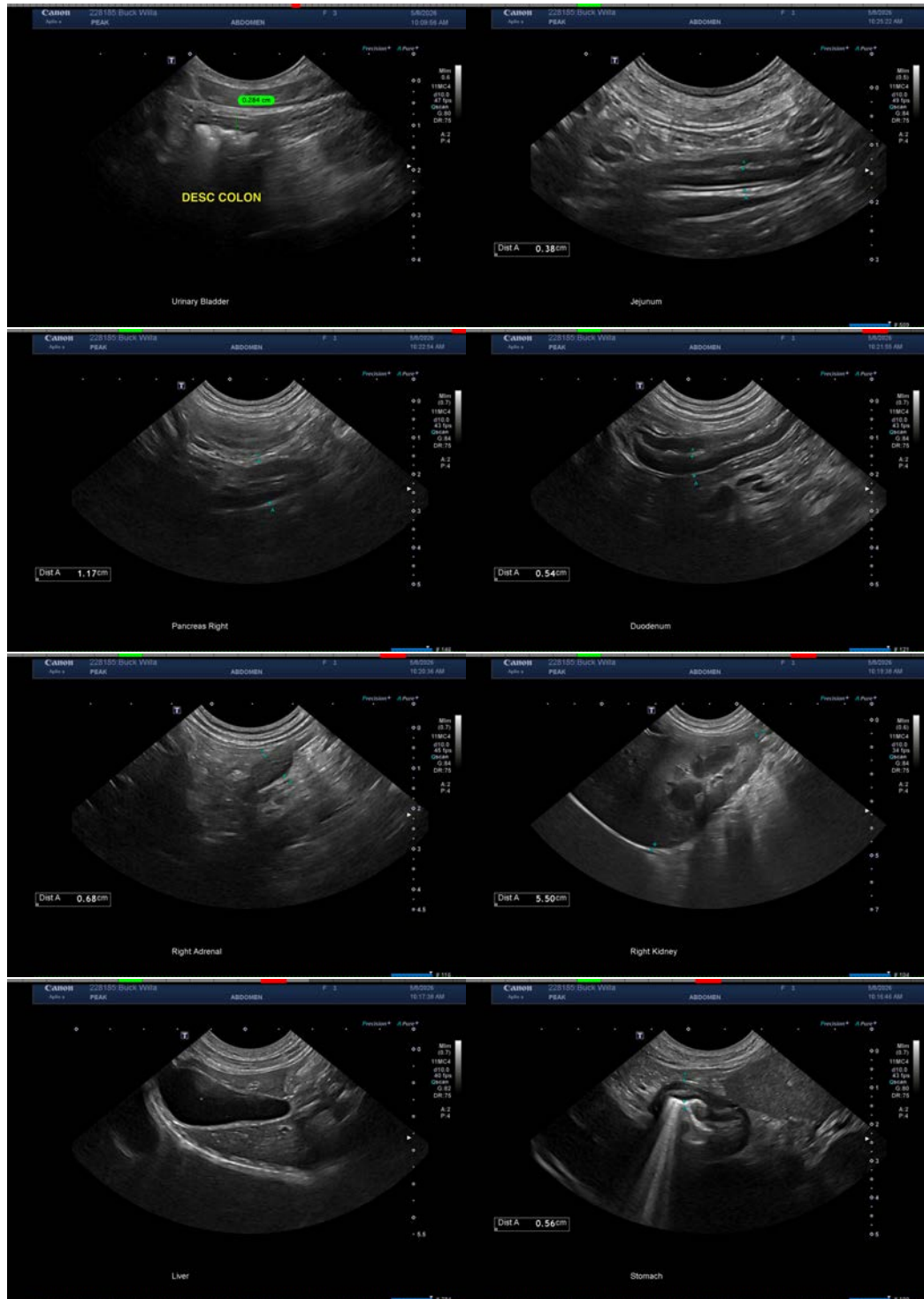
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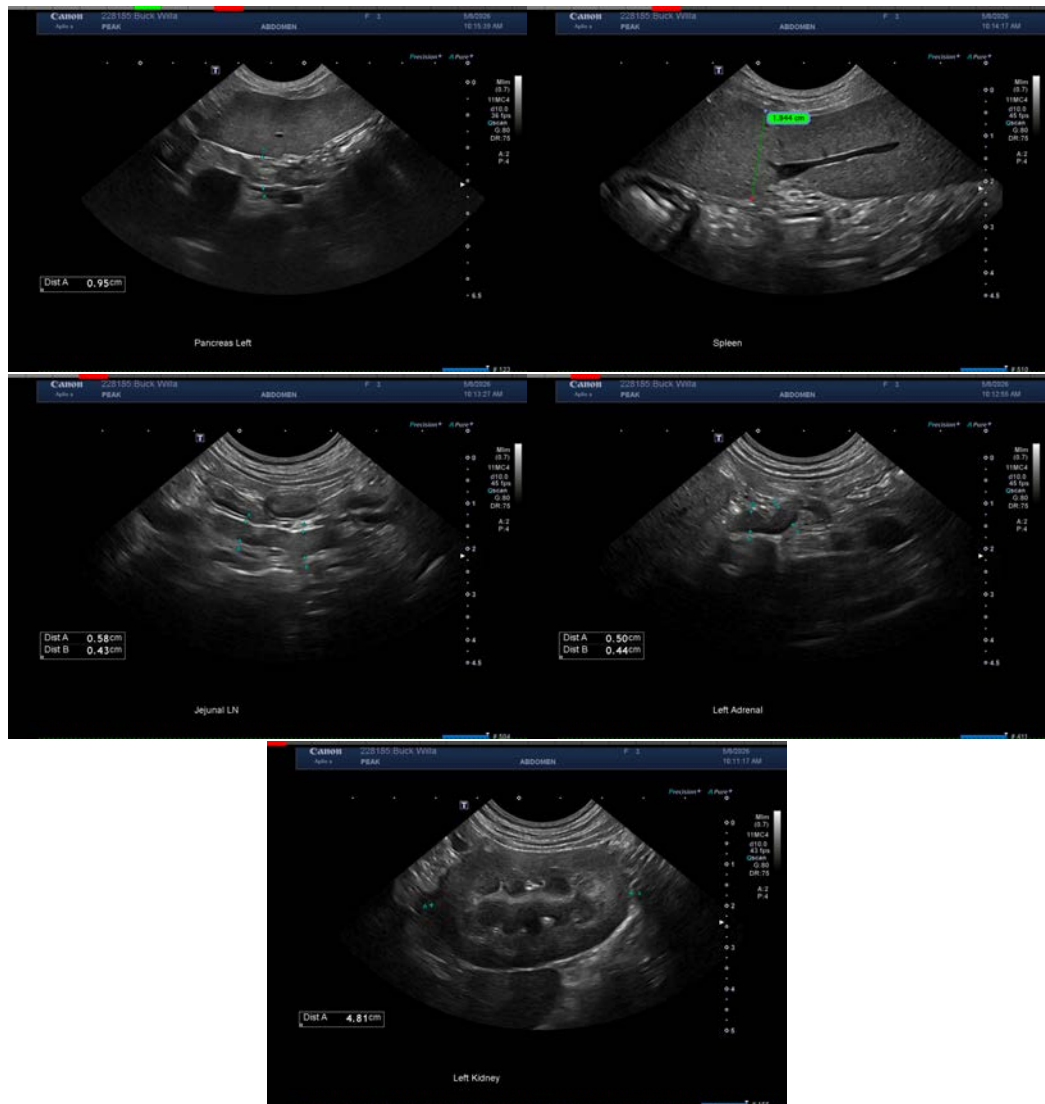
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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