



## PATIENT

Marley Watts

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

55.1 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Harold Mike Beard

## HOSPITAL NAME

Animal Care  
Veterinary Center

## REFERRING VET

Dr. Kayla Anthony

## INVOICE

75993

## DATE

6/18/26

## PRESENTING CLINICAL SIGNS

Chronic intermittent diarrhea and weight loss.

Abnormal PE/Chem/CBC/UA Results: CBC reveals a marked lymphocytosis (45,000). Chemistry WNL. UA pending.

## 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 (6.01 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 (5.16 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 0.46 cm at the cranial pole and 0.59 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 0.42 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. The cranial pole is not clearly visualized.

### *Spleen*

The spleen is subjectively normal in size (1.86 cm). The spleen echotexture is mildly mottled, 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 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 and gas. It measures at a normal thickness of 0.54 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Jejunum wall measures 0.44 cm. Visualized peristalsis appears appropriate. The small intestine appears diffusely prominent with a prominent muscularis layer.

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 area of the pancreas is normal and isoechoic to surrounding mesentery. 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. There is no significant lymphadenopathy. An occasional prominent mesenteric lymph node is visualized. An example measures 0.48 cm. The omentum is generally normal in echogenicity.

## ULTRASONOGRAPHIC FINDINGS

- Mildly heterogeneous liver – Correlate with current lab values. This could be normal for an older patient or could be consistent with a mild non-specific primary hepatopathy.
- Mildly thickened/ropey small intestine with prominent muscularis layer – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.
- Mildly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen subjectively appears mildly mottled. Options moving forward would include continued monitoring or a fine needle aspirate.

No focal lesions were visualized associated with the GI tract to explain the chronic diarrhea and weight loss reported. Subjectively, the small intestine is prominent with the majority exhibiting a prominent muscularis layer. This could be consistent with inflammatory type change, although early neoplastic change cannot be ruled out. There are occasional prominent mesenteric lymph nodes but there is no significant lymphadenopathy.

It is unknown if the elevation in lymphocytes is related to the chronic diarrhea. This could be two separate concurrent issues. Recommend a pathologist review of the blood smear for plan for further evaluation. To further investigate the diarrhea, consider the following:



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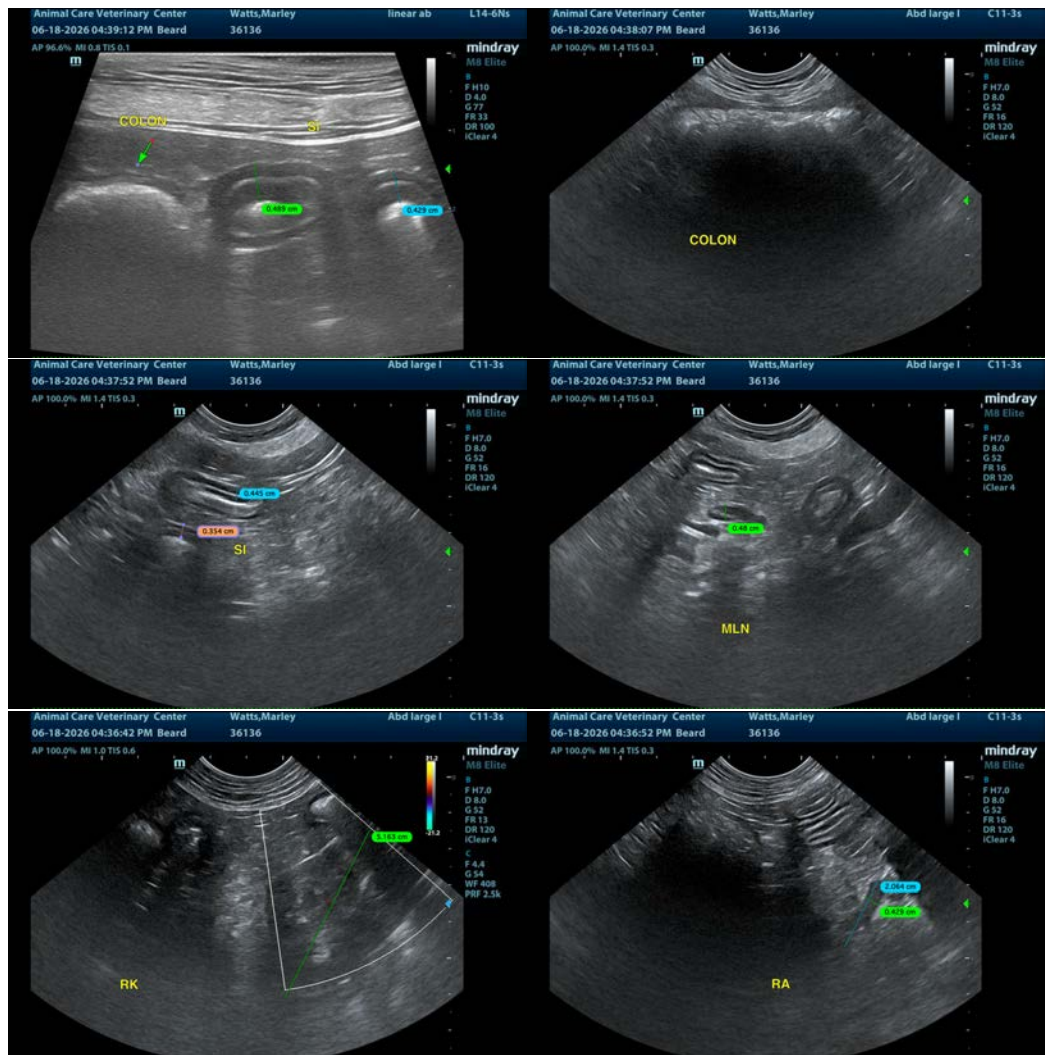
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- Consider a combination prescription ultra low-fat/hydrolyzed protein prescription diet (Royal Canin has this).
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend probiotic therapy.

If taking these measures does not readily clarify, and the lymphocytosis is dealt with, and the diarrhea is persistent, then ultimately biopsies of the GI tract may be warranted.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).





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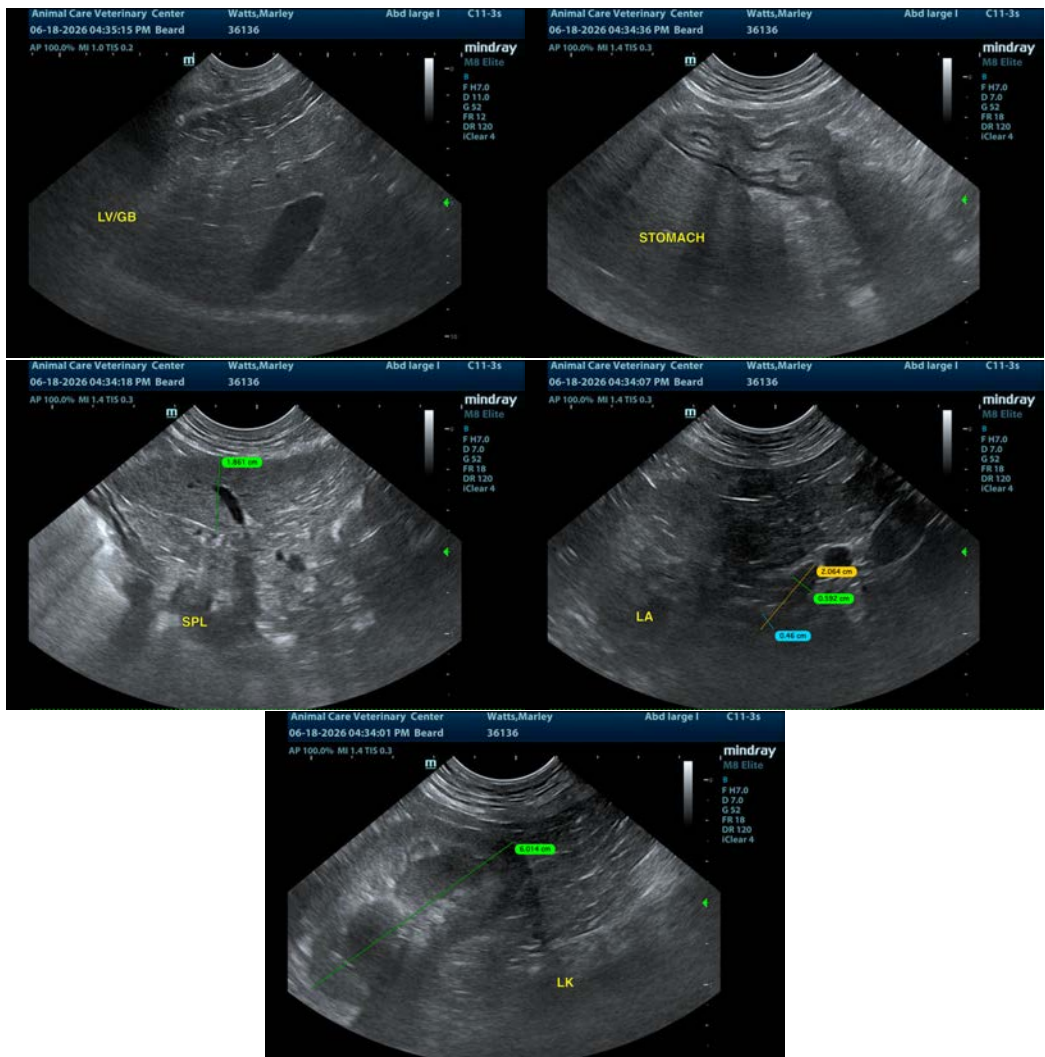
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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