



PATIENT

Harley Davis

SPECIES

Canine

BREED

Havanese

SEX

MN

AGE

10 years

WEIGHT

5.9 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Signal Hill AC

REFERRING VET

Dr. Sweet

INVOICE

12057

DATE

6/2/2026

PRESENTING CLINICAL SIGNS

Vomiting/diarrhea, unremarkable bloodwork, concerned for foreign body obstruction on x-ray.

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. In the dependent portion of the urinary bladder there is focal shadowing, hyperechoic structure most consistent with a bladder stone measuring 0.4 cm.

The prostate is normal in size (0.74 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 (4.01 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. Numerous moderate sized non-obstructive nephroliths noted (0.25 cm and 0.27 cm.) There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.53 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. Numerous non-obstructive nephroliths noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.3 cm at the cranial pole and 0.31 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 0.44 cm at the cranial pole and 0.3 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 (0.64 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible 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. 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 <0.7cm 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.

BREED

Havanese

The visualized areas of duodenum (0.35 cm), jejunum. (0.24 cm) 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. Visualized peristalsis appears appropriate. Some areas of the small intestine appear somewhat "ropey" with a prominent muscularis layer. The proximal duodenum is mildly to moderately distended with fluid and some shadowing ingesta proximally.

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The ascending colon is distended with gas and shadowing fecal material. Colon wall appears slightly prominent measuring 0.22 cm. The descending colon wall appears mildly thickened measuring 0.27 cm with intact wall layering.

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Pancreas

The pancreas is visible/mildly mottled. 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. There is an occasional prominent mesenteric lymph node. An example measures 0.57 cm x 0.78 cm. A jejunal lymph node visualized measures 0.47 cm. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- Small stone visualized within the urinary bladder. Correlate with radiographs, urinalysis, and culture.
- Numerous non-obstructive nephroliths visualized associated with both kidneys. Hyperechoic foci are visualized in the kidney most consistent with nephroliths. There is no current evidence of obstructive disease. Correlate findings with abdominal radiographs, urinalysis, and culture. Continued monitoring is warranted for progression/obstruction.
- Pancreatic changes most consistent with mild pancreatic remodeling.
- 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.
- Mild enteritis type pattern visualized associated with the small intestine with occasional mild fluid, gas distension. No definitive focal lesions are observed.
- Mildly thickened colon wall with significant gas and non-formed fecal material. Findings could be consistent with mild colitis.

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- Mild reactive lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There is the general appearance of mild gastroenteritis type pattern. No obstructive focal lesions are observed on today's exam although a small unseen focal lesion cannot be ruled out. Recommend supportive treatment for gastroenterocolitis and continued monitoring (potentially with serial radiographs +/- ultrasound. If the patient is not improving, consider repeat imaging to reassess and look for the potential progression of today's lesions or the development of new lesion.

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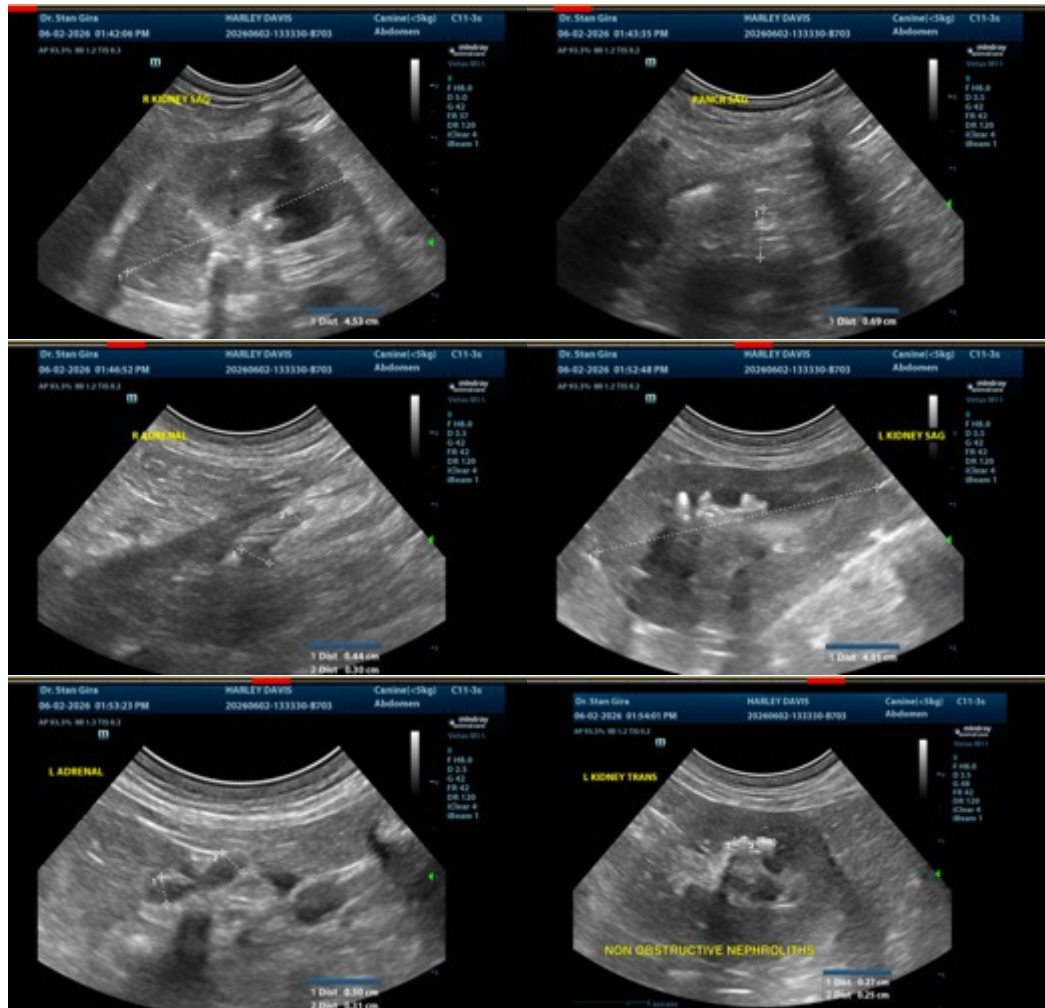
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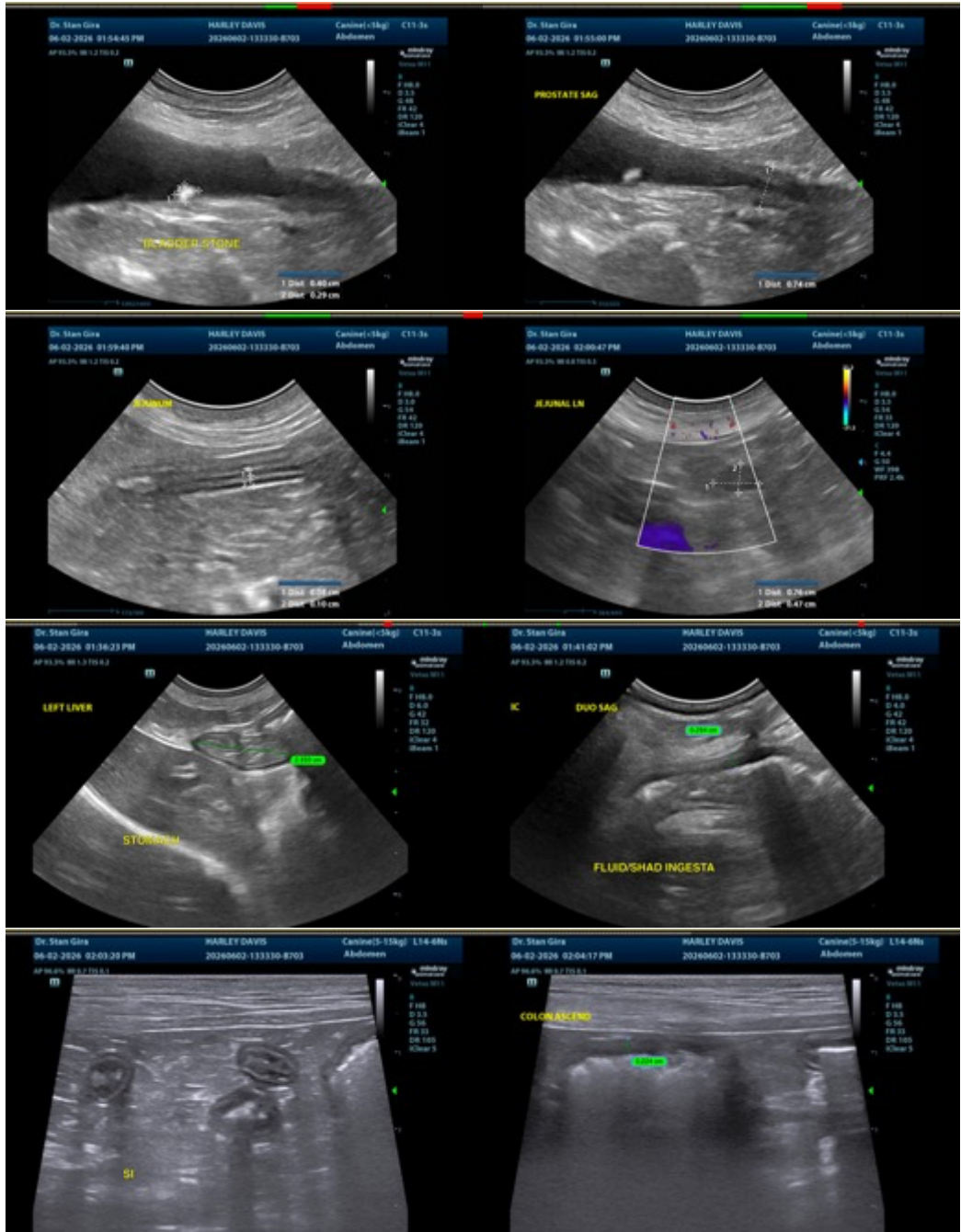
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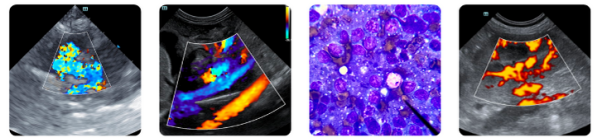
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@sonopath.com

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