



PATIENT

Peanut Patel

SPECIES

Canine

BREED

Dachshund

SEX

Male

AGE

6 Months

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

All Creatures Great &
Small (Denville)

REFERRING VET

Dr. Ashmore

INVOICE

75603

DATE

6/2/26

PRESENTING CLINICAL SIGNS

Vomiting 2x daily per O for 1 month. BAR no wt loss, per O regurg and V both persistent. Barium study 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 prostate is large in size (0.91 cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.02 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 (4.13 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 0.29 cm at the cranial pole and 0.28 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 0.62 cm at the cranial pole and 0.26 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 (0.94 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.

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.



PATIENT

Peanut Patel

SPECIES

Canine

BREED

Dachshund

SEX

Male

AGE

6 Months

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

All Creatures Great &
Small (Denville)

REFERRING VET

Dr. Ashmore

INVOICE

75603

DATE

6/2/26

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.

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. Jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is visible/mildly mottled in the left limb. 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 evidence of a diffuse lymphadenopathy. A prominent mesenteric lymph node is visualized measuring 0.45 cm. The omentum is of normal echogenicity.

Other

Both testicles were visualized and appear within normal limits.

ULTRASONOGRAPHIC FINDINGS

- Visible/mildly mottled pancreas – Findings could be consistent with anatomic variation or a mildly chronically inflamed pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are very mild on today's exam. The left limb of the pancreas is visible but not overtly inflamed. A focal lesion responsible for the vomiting/regurgitation is not clearly visualized. A small focal lesion cannot be definitively ruled out. Consider the following:

- If not already done, recommend parasite screening and empirical deworming.
- Recommend full biochemical evaluation including a urinalysis and a baseline cortisol.
- Correlate with abdominal and thoracic radiographs to evaluate the esophagus for any dilation or other abnormalities.
- If there is concern for a dietary sensitivity, food allergy, etc., a hydrolyzed protein prescription diet could be considered.
- If there is strong suspicion of an esophageal or gastric issue, you could consider upper GI endoscopy to further evaluate.



PATIENT

Peanut Patel

SPECIES

Canine

BREED

Dachshund

SEX

Male

AGE

6 Months

WEIGHT

8 lbs

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Kerri Becker

HOSPITAL NAME

All Creatures Great &
 Small (Denville)

REFERRING VET

Dr. Ashmore

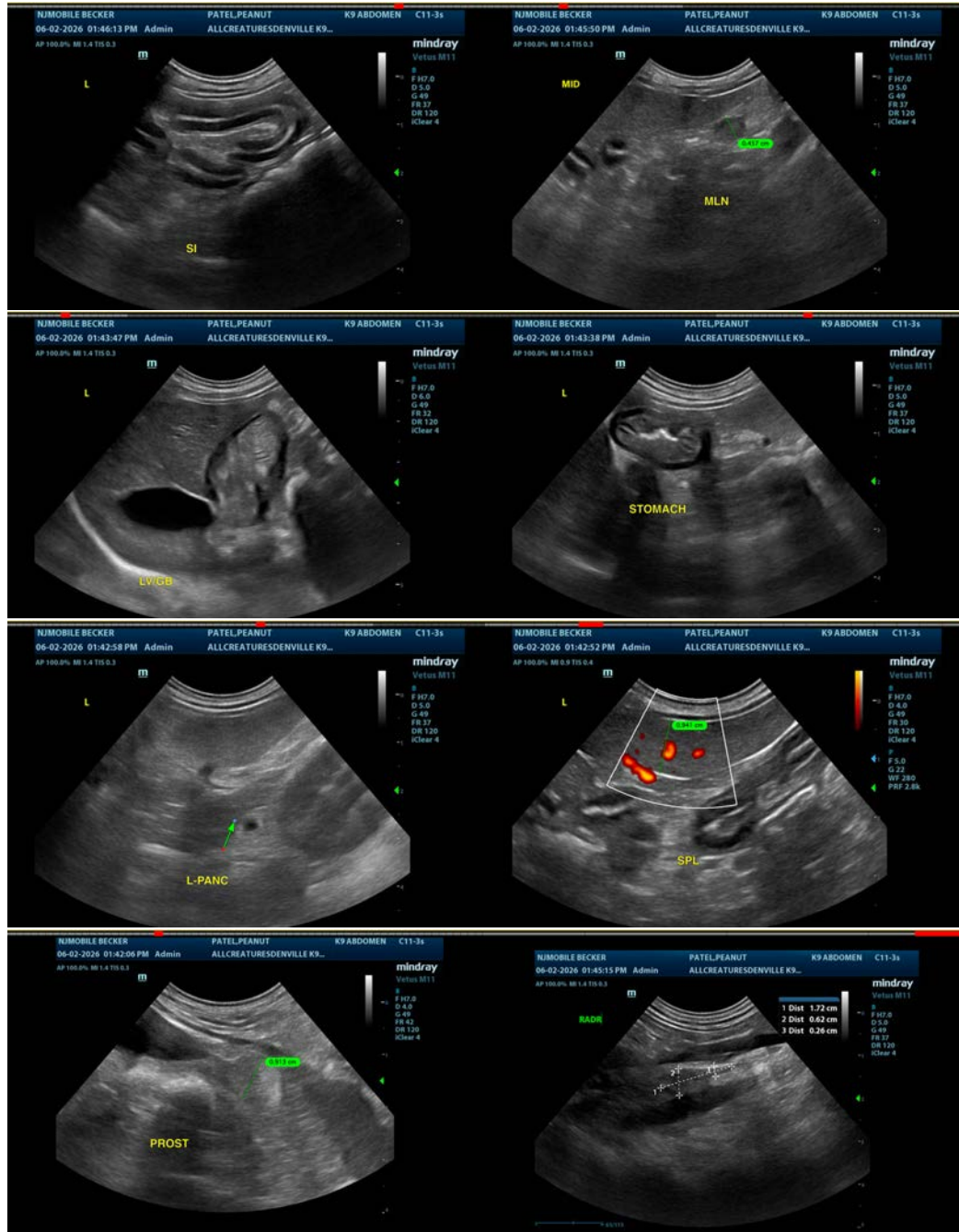
INVOICE

75603

DATE

6/2/26

If symptoms are persistent and an underlying cause is not identified, you could consider repeat imaging in the future, looking for progression of today's lesions or the development of new lesions.





PATIENT

Peanut Patel

SPECIES

Canine

BREED

Dachshund

SEX

Male

AGE

6 Months

WEIGHT

8 lbs

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Kerri Becker

HOSPITAL NAME

All Creatures Great &
 Small (Denville)

REFERRING VET

Dr. Ashmore

INVOICE

75603

DATE

6/2/26



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