



PATIENT

Fiona Shubert

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

8 Years

WEIGHT

5.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandon Holmes

HOSPITAL NAME

Mt. Pleasant Animal
Hospital

REFERRING VET

Dr. Mike Farag

INVOICE

75657

DATE

6/4/26

PRESENTING CLINICAL SIGNS

Lethargic, vomiting and diarrhea, losing weight since mid-May. Has worsened over the last few days, vomiting and unable to hold any food down. Was partially responding to prednisolone, maropitant, B12 injections, and Panacur initially.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with urine. No focal lesions are observed. Full evaluation is impaired by lack of urine distention.

The left kidney is normal in size (3.38 cm) but slightly irregular in shape (likely due to previous infarct in the cranial pole), with pyelectasia at 0.25 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 nephroliths or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.1 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 0.45 cm at the cranial pole and 0.52 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 0.58 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 (1.27 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.



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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.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal to mild fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Duodenum wall measures 0.41 cm. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. There is mild mucosal speckling visualized associated with the duodenum.

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. Descending colon wall measures 0.21 cm.

Pancreas

The pancreas is visible/mildly mottled in the right 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 are occasional irregular hypoechoic prominent lymph nodes visualized particularly in the right mid cranial abdomen. Examples measure 0.56 cm x 1.81 cm, 0.66 c x 0.91 cm. The omentum is mildly diffusely hyperechoic, particularly around the prominent lymph nodes.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with chronic pancreatic remodeling +/- mild chronic pancreatitis in the right limb.
- Diffusely thickened small intestine with some areas exhibiting mild mucosal speckling and fluid distention – Findings are most consistent with an enteritis/enteropathy pattern. Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.
- Fluid distended colon – Findings are most consistent with the diarrhea reported.
- Prominent, hypoechoic, irregular mesenteric lymph nodes – Findings could be consistent with reactive or neoplastic lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the symptoms reported. The small intestine appears diffusely thickened with some mild mucosal speckling visualized associated with the duodenum. Additionally, there is some fluid distention. Based on the history provided, a chronic enteropathy is suspected, possibly with an acute exacerbation. There is no evidence of severe pancreatitis, but the right limb of the pancreas is prominent. Correlate with a PLI level, as mild chronic active pancreatitis could be present. Consider the following:



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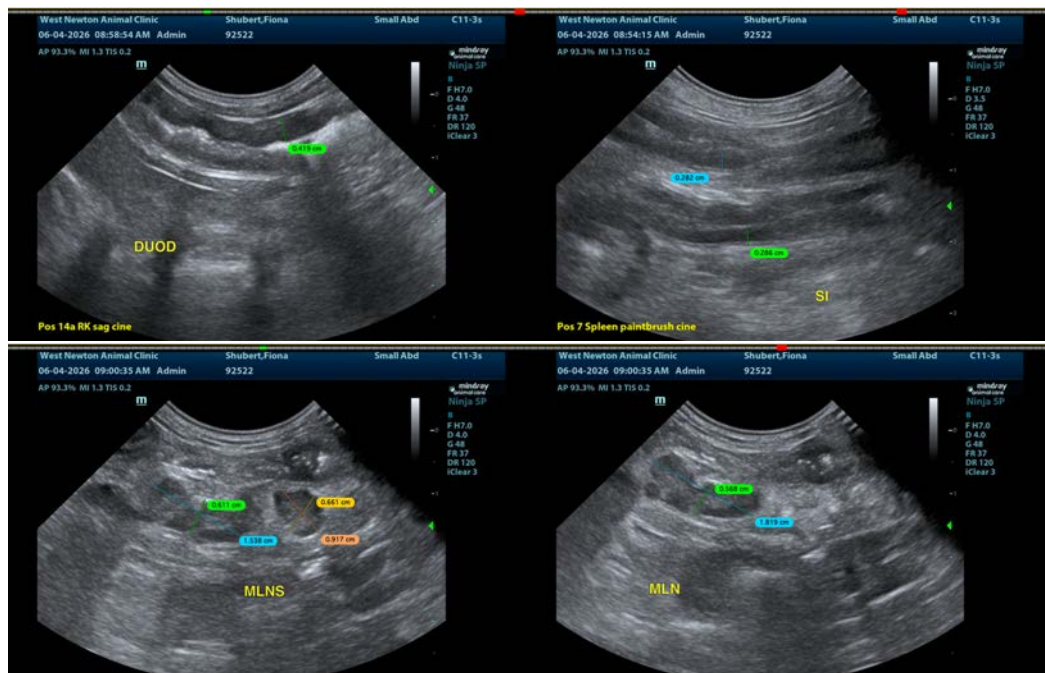
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- If this is an acute exacerbation, consider possible concurrent infectious causes of diarrhea. An infectious diarrhea panel could be considered.
- If not already feeding a specialized diet, consider a prescription ultra low-fat combination hydrolyzed protein prescription diet (Royal Canin has this combination).
- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
- Recommend chronic probiotic therapy.

If there is no improvement with treatment for acute gastroenteritis on top of an enteropathy, ultimately biopsies of the GI tract may be warranted. It is possible that with current steroid therapy the ultrasonographic changes are being muted (particularly lymph node enlargement, etc.). If the steroids are not helping, recommend a taper. If a safe window for sampling is available, you could consider a fine needle aspirate of an enlarged mesenteric lymph node.

If symptoms are progressive, you could consider repeat imaging over time, looking for progression or improvement of today's lesions.





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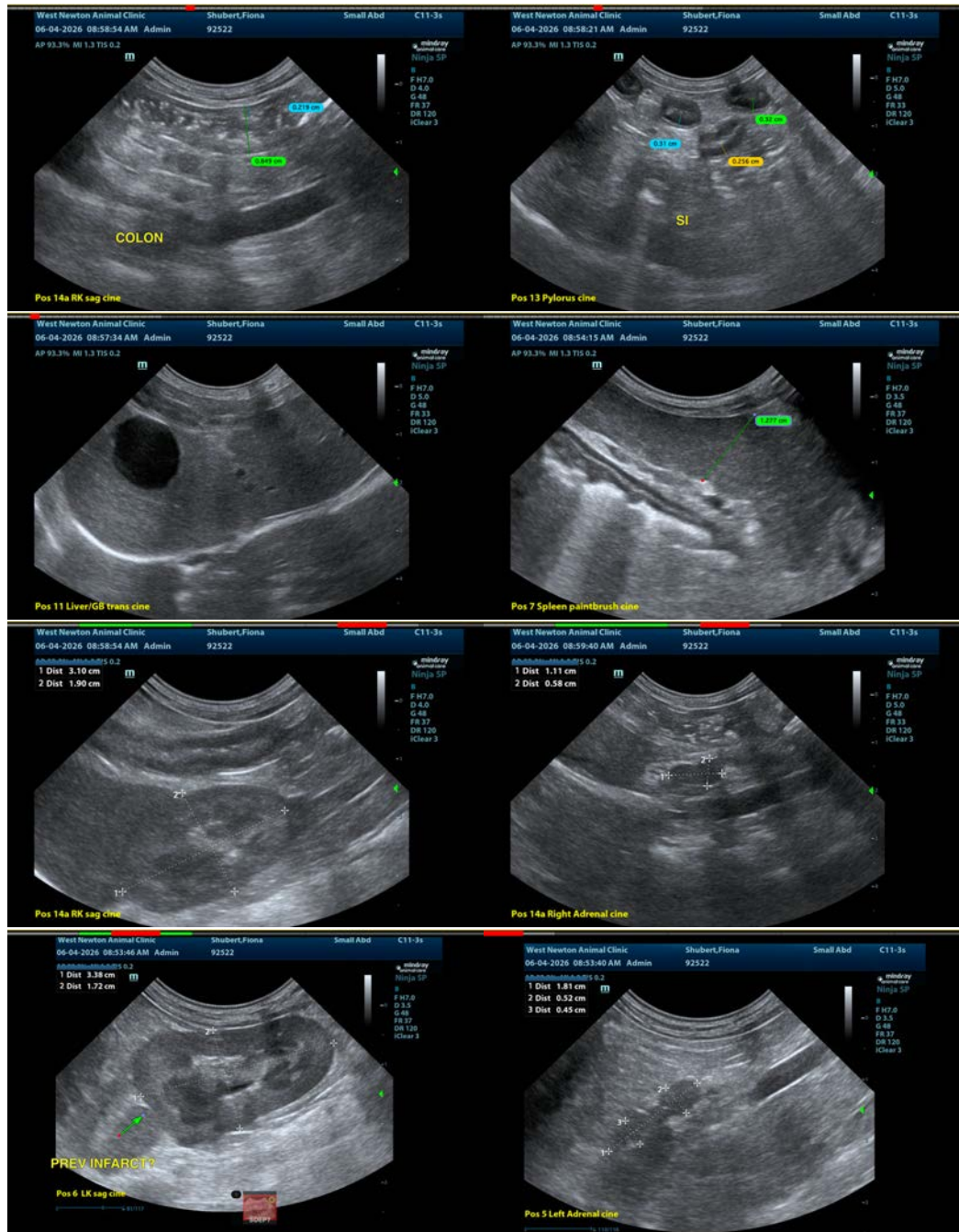
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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