



DATE PRESENTING CLINICAL SIGNS

1/30/2026

Patient History: 5/15/25 - 2 mast cell tumors removed. 1. Carpus grade 1 low grade on carpus - incomplete. 2. Perivulvar Grade II high grade with complete margins. Staging not followed up at that time. 1.15.26. Another MCT found on left ventrolateral thorax. Also presented with Horner's syndrome right. Since then Horner's resolved (per O'). She is not likely to pursue referral to oncologist but wants to know more about possible spread if can be determined by ultrasound and/or Radiograph.

PATIENT

Delilah Holloway

SPECIES

Canine

Current Medications: None listed.

BREED

Pitbull Terrier Mix

Labwork Results: Labwork attached.

Date of Previous IntraPet Ultrasound: No previous.

SEX

Spayed Female

Sedation: IV Torb.

Stat Report: Not requested.

Imaging Performed by: Rachel Brillhart, RDMS.

AGE

11 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

WEIGHT

62.3 lbs

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.

INTERPRETED BY

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

The left kidney has a normal shape and size. 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 are pinpoint non-obstructive mineralizations noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Festival Veterinary
Clinic

The right kidney has a normal shape and size (6.23 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.

REFERRING VET

Dr. Cianelli

Adrenal Glands

The left adrenal gland is large in size measuring 0.93 cm at the cranial pole and 0.96 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is slightly abnormal in appearance in that there is a poorly defined hyperechoic nodule in the cranial pole measuring 0.64 cm x 0.96 cm which does not deviate the adrenal capsule. No evidence of vascular invasion is visualized.

INVOICE

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The right adrenal gland is large in size, and abnormal in shape, measuring 1.4 cm at the cranial pole and 1.39 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 (2.43 cm in width at the level of the hilus), but is mildly mottled. 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.

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.

Gastrointestinal

The stomach contains mild/moderate gas/fluid. It measures at a normal thickness of 0.36 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 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. The duodenum measured as normal (0.43 cm in wall thickness) and the jejunum measured as normal (0.36 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 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 evidence of a diffuse lymphadenopathy. A prominent sub lumbar lymph node is visualized measuring 0.37 cm x 2.19 cm. The omentum is of normal uniform echogenicity.

Free

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted. *A full cardiac evaluation is recommended due to the new heart murmur reported.*

ULTRASONOGRAPHIC FINDINGS

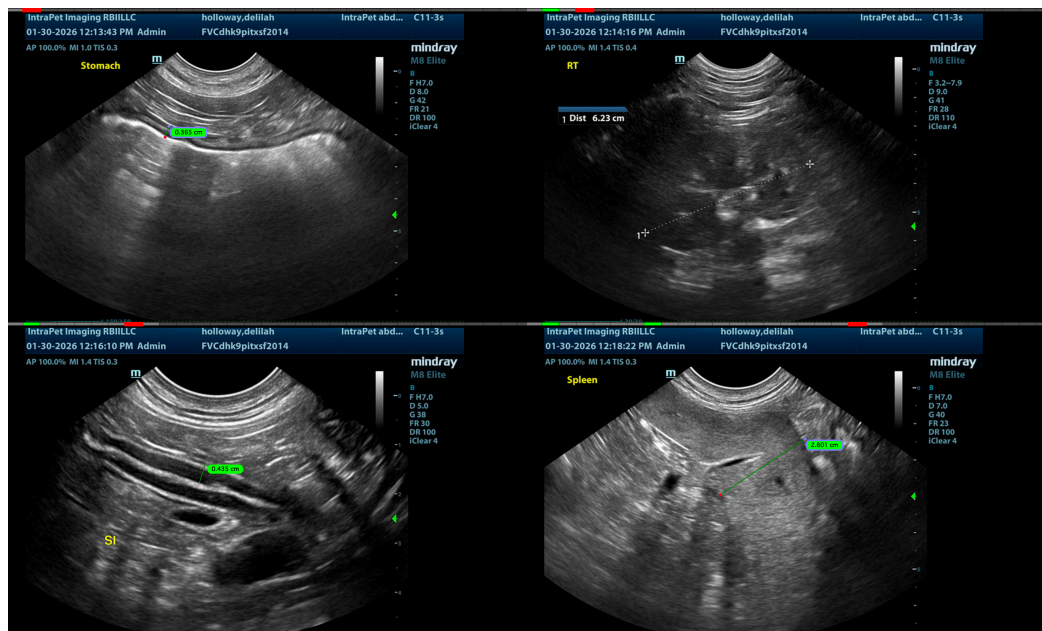
- Bilateral adrenomegaly with a small, hyperechoic nodule visualized at the cranial pole of the left adrenal and a large irregular right adrenal. Findings could be consistent with bilateral hyperplasia. The hyperechoic nodule in the cranial pole of the left adrenal has a somewhat benign appearance most consistent with focal hyperplasia, a small adenoma, etc., continued monitoring is warranted. Continued monitoring of the right adrenal for progression in irregularity is recommended.
- 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.
- 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.

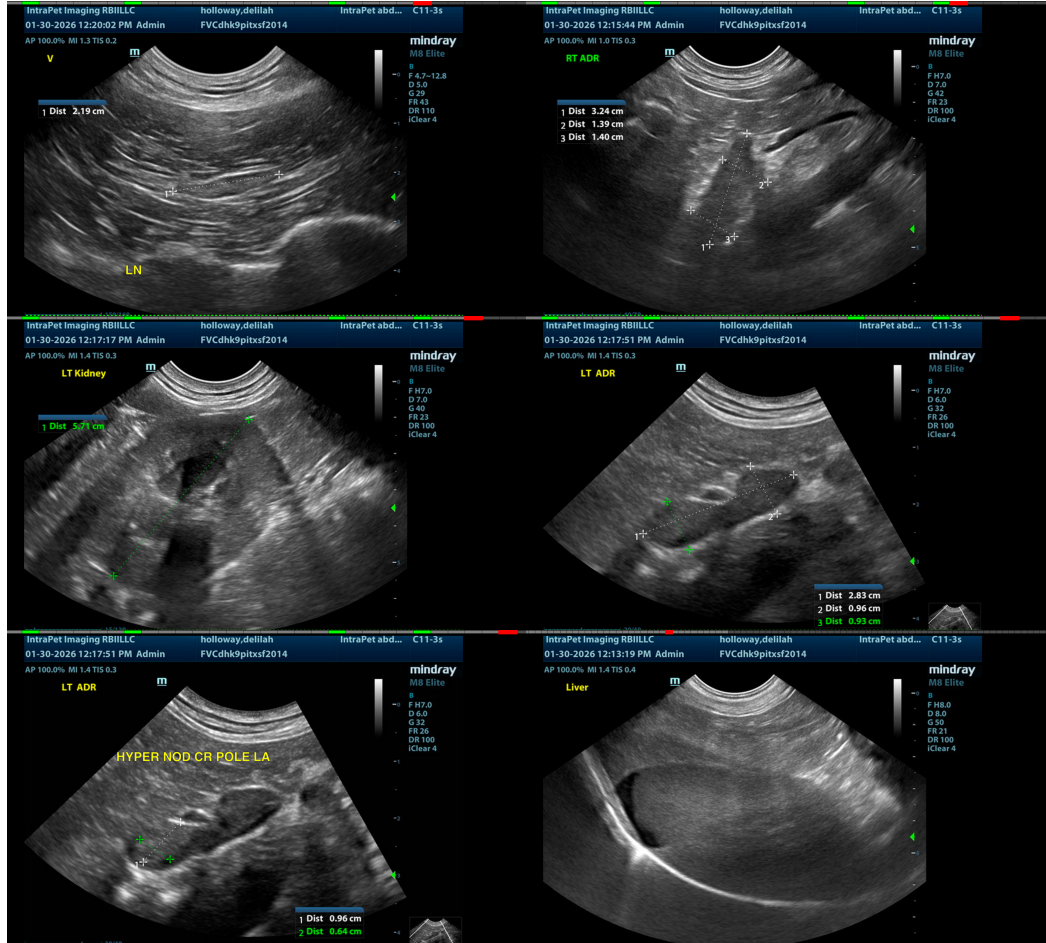
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal mass lesions are observed. There is no evidence of a severe lymphadenopathy. A prominent sub lumbar lymph node is visualized which should be monitored, but at this time has the appearance most consistent with reactive lymph node.

The spleen is prominent in size and mildly mottled. Recommend a fine needle aspirate to screen for abnormal mast cells.

Both adrenals are large. The right is generally mildly irregular, and the left has a hyperechoic foci on the cranial pole. Recommend continued monitoring of the adrenals at this time (recheck in 2-3 months.) If signs of Cushing's are present (and the patient is not on steroids, etc.) adrenal function testing could be considered.





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