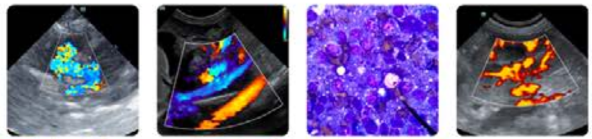


PATIENT

Cannon Schwartz

SPECIES

Canine

BREED

Pit Bull

SEX

Neutered Male

AGE

6 Years

WEIGHT

72 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Megan Cassels-Conway, DVM

HOSPITAL NAME

Central Broward Animal Hospital

REFERRING VET

Megan Cassels-Conway, DVM

INVOICE

72986

DATE

1/6/26

PRESENTING CLINICAL SIGNS

Vomiting intermittently and eating grass 2 weeks. O noted regurgitation (burping) with foul odor at home. Soft formed stool yesterday. Small amount normal stool today. Abdominal rads yesterday showed gas distended stomach with small amount of ingesta or soft tissue opacity foreign material. Treated for UTI ~1mo ago with clavamox, has been off antibiotics almost 3 weeks. P does have a history of atopy treated with apoquel, previous concern of food allergy. Ectopic splenic tissue noted on ultrasound 8 months ago, no change, presumed to be associated with splenic hematoma seen on MRI 3 years ago.

Abnormal PE/Chem/CBC/UA Results: 1/6/26 CBC/chem/UA, Urine C/S pending 12/8/25 C/S: Ecoli Sensitive to clavamox 12/2/25 UA: 1.014, WBC 4-10, Rods 51-100 10/4/25 CBC: WNL CHEM: WNL T4: WNL U/A: 1.028, rods<10 HW neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly thickened and irregular, measuring at 0.35 cm in the apical region. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The prostate is normal in size (0.79 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 (6.69 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 (6.84 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.

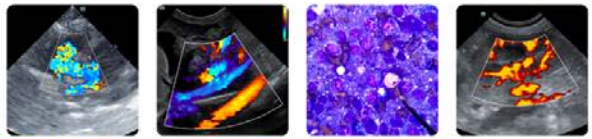
Adrenal Glands

The left adrenal gland is normal in size measuring 0.43 cm at the cranial pole and 0.53 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 0.36 cm at the cranial pole and 0.53 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 normal in size but slightly irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. In the mid lateral region there is a isoechoic “bulge”/irregularity measuring 1.23 cm x 2.82 cm.



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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly 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.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.57 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, no evidence of retained foreign material but a small non-obstructive material cannot be ruled out..

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops typically follow a curvilinear path with distinct wall layering. Duodenum wall measures 0.53 cm. Jejunum wall measures 0.35 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed, the duodenum appears mildly corrugated most consistent with inflammatory type change.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 left limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

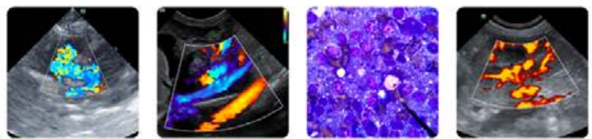
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent isoechoic mesenteric lymph nodes, an example measures 0.61 cm. The omentum is generally normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened/irregular urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.

- Isoechoic irregularity of the spleen – Based on the history provided, ectopic splenic tissue is suspected. Recommend continued monitoring.

- Pancreatic changes consistent with chronic pancreatic remodeling.



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- Mildly heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

- Mildly thickened small intestine/enteritis type pattern
- Prominent mesenteric lymph nodes – Most consistent with reactive lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the chronic vomiting reported. There is the general impression of some inflammation/enteritis. Unfortunately, there are many causes for chronic vomiting that cannot be diagnosed by ultrasound alone. Consider the following:

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)

- 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 chronic probiotic therapy.

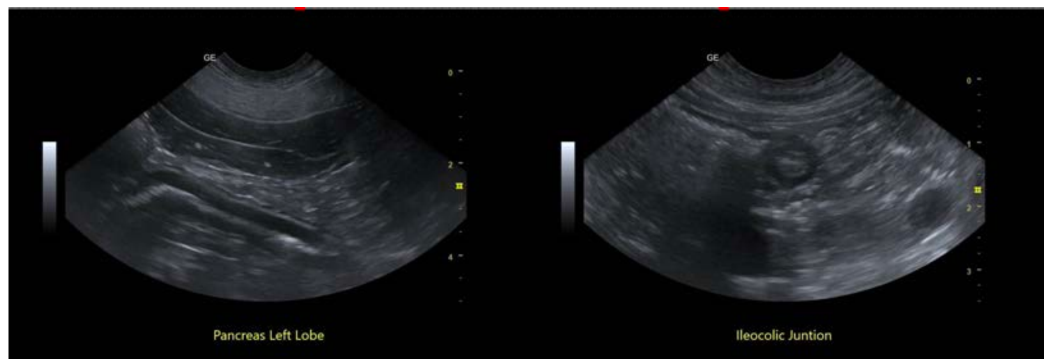
If a PLI level is significantly elevated, consider empirical treatment for pancreatitis, as mild chronic pancreatitis cannot be ruled out.

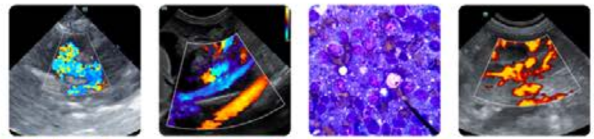
The urinary bladder wall appears slightly thickened and irregular, most consistent with cystitis. A believe a current culture is pending to further evaluate.

There is an isoechoic irregularity in the lateral mid region of the spleen. Based on the history provided, this lesion has been previously observed and has been stable, likely consistent with ectopic splenic tissue. Recommend continued monitoring.

The significance of the mildly heterogeneous liver is uncertain in the absence of liver enzyme elevations.

If there is no response to the above recommendations, biopsies of the GI tract/evaluation of the stomach may be warranted. Additionally, you could consider repeat imaging in the future, looking for progression of today's lesions.





SonoPath.com info@sonopath.com 1.800.838.4268

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0.574 cm

Stomach

0.351 cm

Left Urinary Bladder Sagittal

1.232 cm

2.825 cm

IRREG SPLENIC TISSUE-LIKELY ECTOPIC?

Splenic Body Transverse

Cranial Liver Transverse

Jejunum Measurement

1 L 0.35 cm

Mesenteric Lymph Nodes

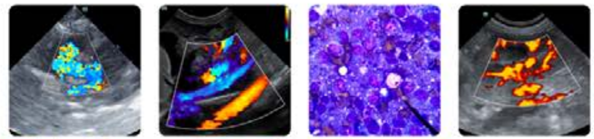
1 L 0.61 cm

Duodenum Measurement

1 L 0.71 cm

Right Adrenal

1 L 0.32 cm
2 L 0.53 cm



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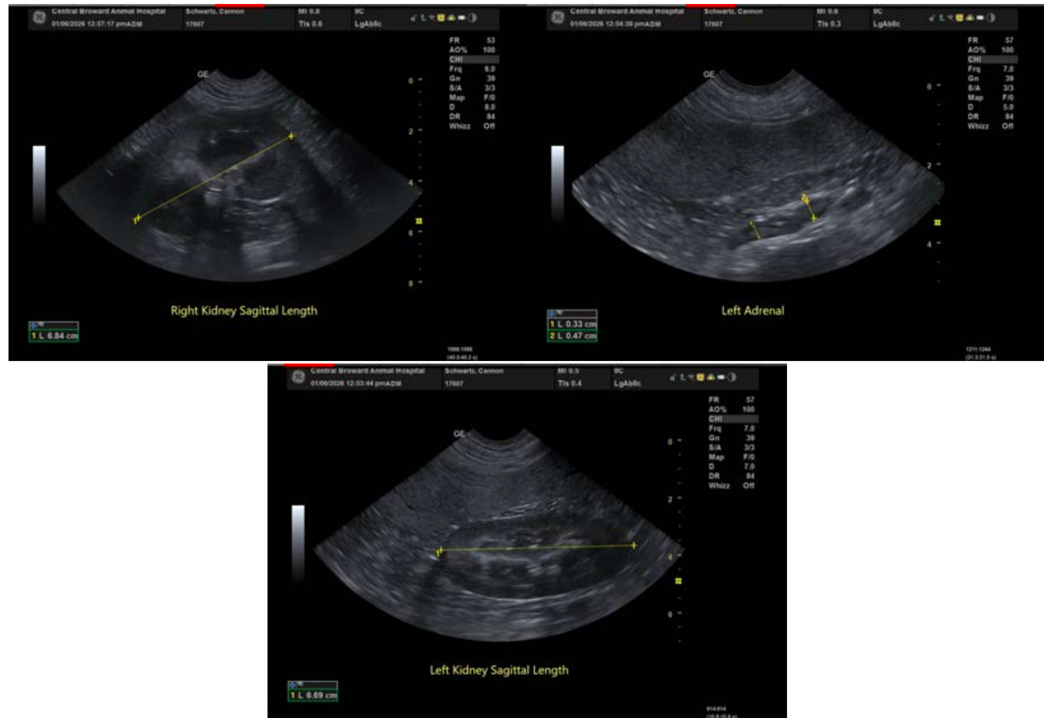

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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