PATIENT

Callie Dupont

SPECIES

Canine

BREED

Yorkshire Terrier x

SEX

Spayed Female

AGE

10 Years

WEIGHT

15.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Vet Sonographer

HOSPITAL NAME

Anchor Animal Hospital

REFERRING VET

Gabriela Silva, MVZ

INVOICE

71806

DATE

11/13/25

PRESENTING CLINICAL SIGNS

Intermittent vomiting and diarrhea since 9/2025, which has persisted. Hyporexia. Hd an elevated cPL and was treated with Panoquell. Signs have persisted. Recently developed abdominal pain. Lipase 270, amylase 581, cPL 431, uPC 0.5, urine protein 3+,. Post Panoquell cPL 370

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 left kidney has a normal shape and size (4.49 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 (4.43 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 0.51 cm at the cranial pole and 0.74 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 0.57 cm at the cranial pole and 0.55 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 (1.02 cm in width at the level of the hilus) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

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.

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The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

Gastrointestinal

The stomach contains mild fluid. 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 fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Duodenum wall measures 0.46 cm. Jejunum wall measures 0.35 cm. There is mild mucosal speckling visualized associated with the duodenum. Visualized peristalsis appears appropriate. There is a focal section of jejunum that exhibits asymmetrical wall thickening, particularly of the muscularis layer with reduced detail of wall layering, creating a mass effect. In this area the bowel measures 0.76 cm in thickness. The abnormality extends for over 4.0 cm of intestine.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with gas and a small amount of fecal material. There is no observed focal or generalized colon wall thickening or loss of layering.

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 is a severe cranial abdominal lymphadenopathy with large, hypoechoic, mottled lymph nodes adjacent to the focal bowel lesion and the ileocecal junction. Examples of lymph nodes measure 1.64 cm x 3.79 cm, 2.04 cm x 1.88 cm, and 1.21 cm x 1.35 cm. A lymph node near the ileocecal junction measures 0.97 cm x 2.82 cm. The omentum is hyperechoic around the enlarged lymph nodes and the thickened, abnormal bowel.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes consistent with mild pancreatic remodeling.
- 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.
- Large amount of non-organized debris in the gallbladder – A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.
- Diffusely thickened small intestine with some mild mucosal speckling and a focal mass effect with reduced detail of wall layering and severe thickening – Findings are concerning for

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infiltrative neoplasia (round cell neoplasia, carcinoma, other). Other differentials are possible.

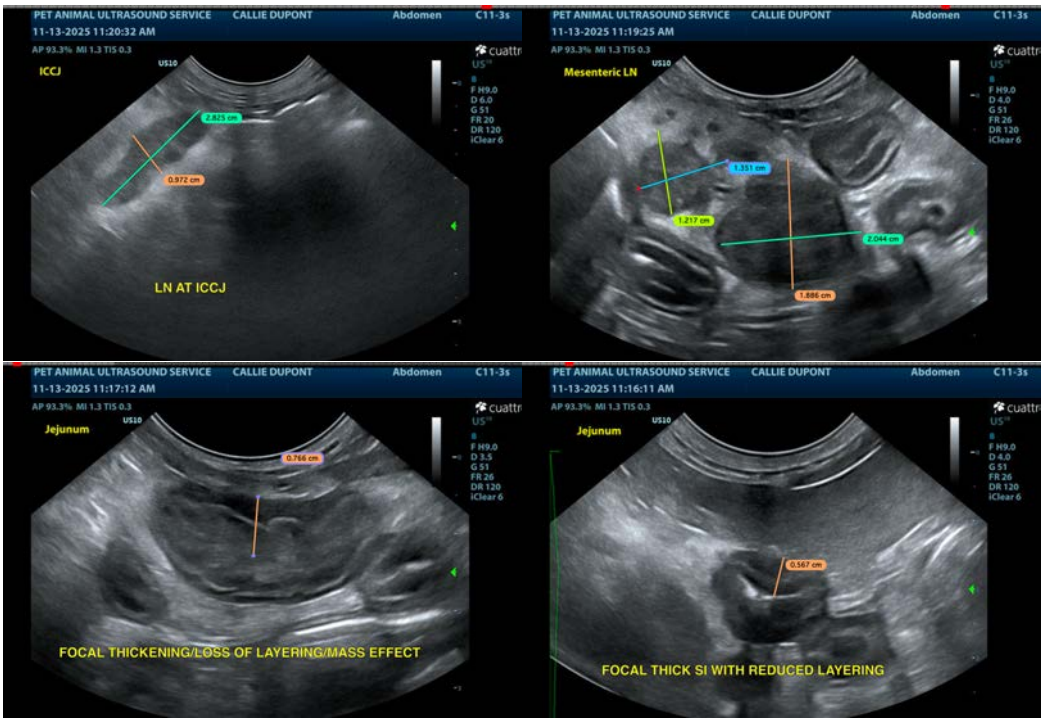
- Severe cranial abdominal lymphadenopathy – Findings are concerning for metastatic lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a significant amount of inflammation in the right mid cranial abdomen where there is a focal section of small intestine that appears asymmetrically thickened with reduced detail of wall layering. There is severe inflammation surrounding the bowel mass, and a cluster of severely enlarged hypoechoic lymph nodes. These changes are concerning for possible neoplastic process, although other differentials are possible. Recommend a fine needle aspirate of one of the enlarged, hypoechoic mesenteric lymph nodes +/- the thickened section of bowel for cytologic evaluation.

If cytologic evaluation is not possible, consider surgical biopsies.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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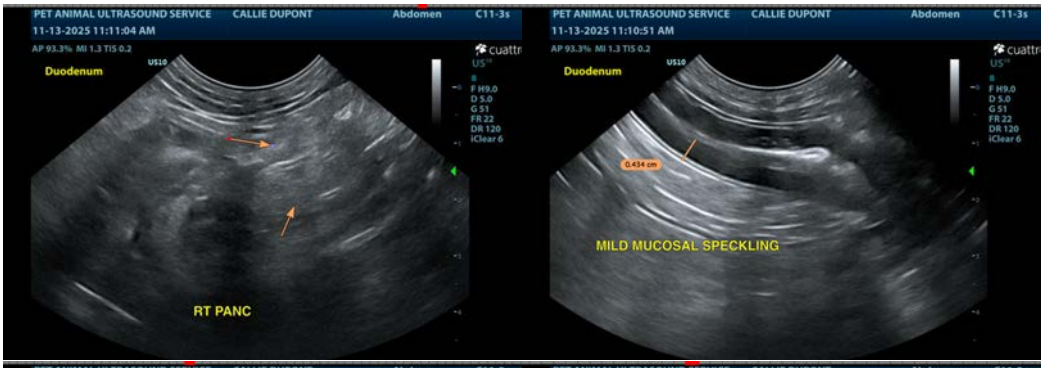

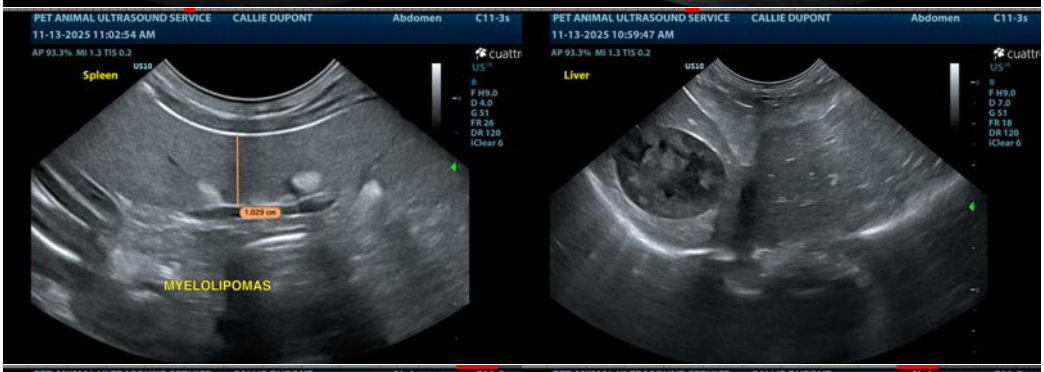

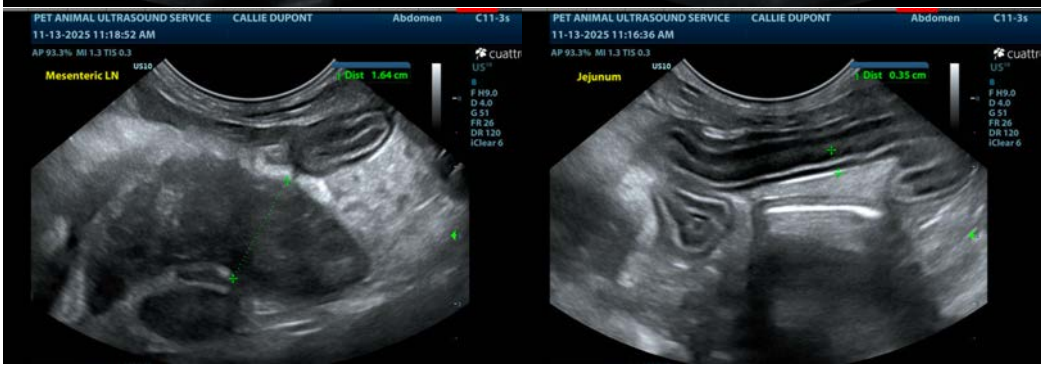

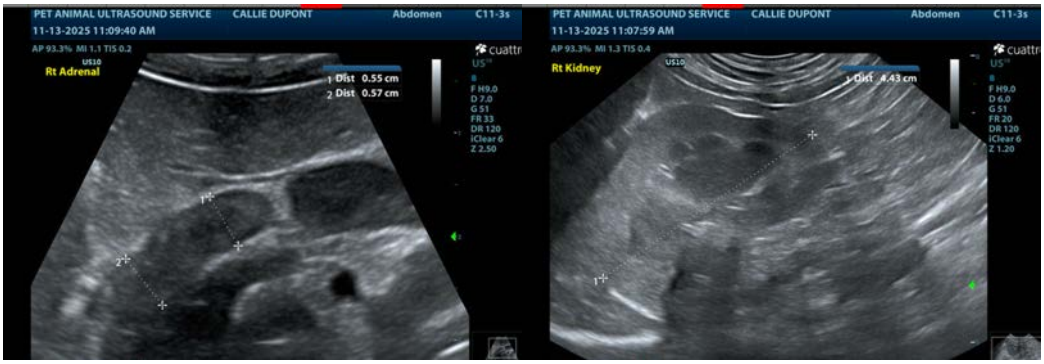

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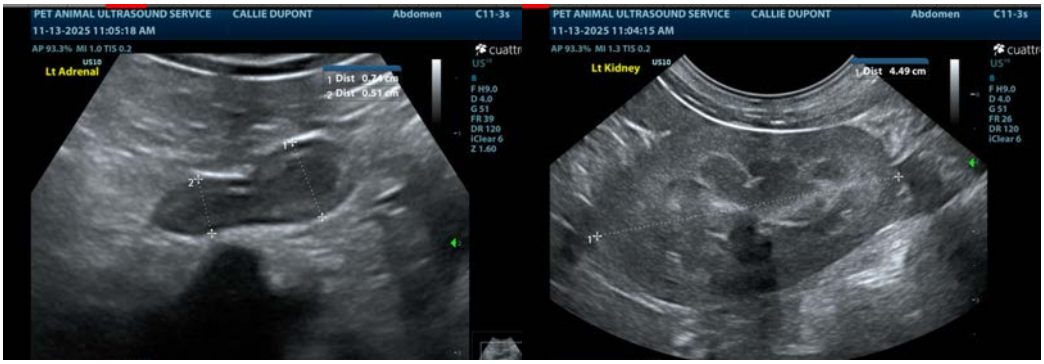

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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