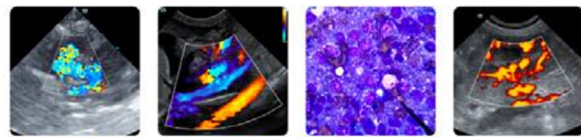
New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND

SonoPath
www.SonoPath.com
info@sonopath.com 800.838.4268



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Mia Vigorito

SPECIES

Canine

BREED

Standard Poodle

SEX

Spayed Female

AGE

9 Years

WEIGHT

43 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Legacy Animal Hospital

REFERRING VET

Dr. Potenzone

INVOICE

71900

DATE

11/18/25

PRESENTING CLINICAL SIGNS

Suspect PLE, inflam bowel dz. Nausea
Abnormal PE/Chem/CBC/UA Results: Low folate ALB-2 pos. c. perfringes high toxin level

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 (5.73 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(5.25 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.63 cm at the cranial pole and 0.69 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 borderline large and slightly irregular, measuring 0.72 cm at the cranial pole and 0.88 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.

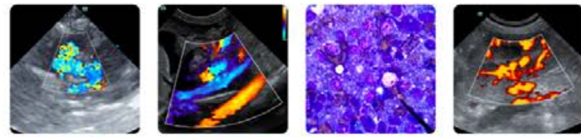
Spleen

The spleen is subjectively normal in size (3.04 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

Mia Vigorito

SPECIES

Canine

BREED

Standard Poodle

SEX

Spayed Female

AGE

9 Years

WEIGHT

43 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Legacy Animal Hospital

REFERRING VET

Dr. Potenzone

INVOICE

71900

DATE

11/18/25

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.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid and gas distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.38 cm. Jejunum wall measures 0.34 cm. Visualized peristalsis appears appropriate. The distal ileum appears prominent with intact wall layering, measuring at 0.51 cm.

The ileocecal junction was visualized. The distal ileum appears somewhat prominent/thickened with intact wall layering. The proximal ascending colon appears somewhat thickened with intact wall layering, measuring at 0.58 cm with non-formed fecal material visualized throughout the colon.

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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Thickened distal ileum and proximal ascending colon – Findings could be consistent with inflammatory change or early neoplastic change.

- Prominent/irregular right adrenal gland – The significance of this is uncertain. Recommend continued monitoring.

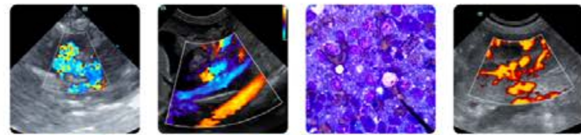
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The majority of the small intestine appears relatively normal. Some areas exhibit mild fluid and gas distention. The ileocecal junction is prominent with a thickened distal ileum with intact wall layering and a thickened proximal ascending colon with non-formed fecal material. Findings could be consistent with inflammation or early neoplastic change in this region.

Recommend a urinalysis and urine protein to creatinine ratio to rule out concurrent protein loss. Additionally, consider a liver function test to rule out any hepatic dysfunction. If these are normal, then a protein losing enteropathy would be likely, and biopsies of the GI tract may be warranted to further evaluate (most likely differentials include IBD, lymphangiectasia, or early neoplastic disease).

In the meantime, consider the following:

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



PATIENT

Mia Vigorito

SPECIES

Canine

BREED

Standard Poodle

SEX

Spayed Female

AGE

9 Years

WEIGHT

43 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Legacy Animal Hospital

REFERRING VET

Dr. Potenzone

INVOICE

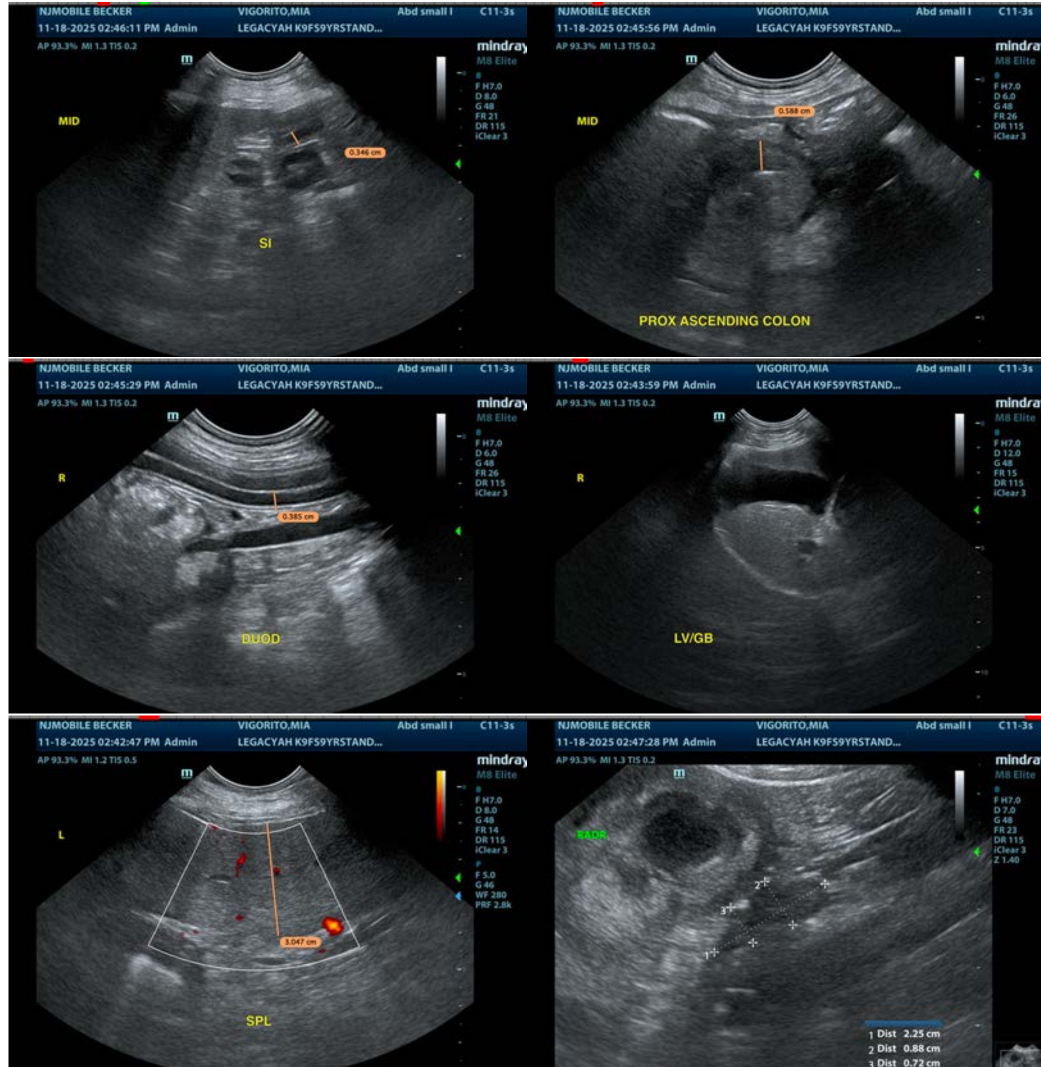
71900

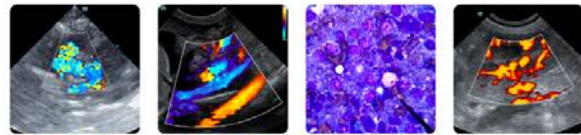
DATE

11/18/25

- 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 biopsies are pursued, recommend special attention paid to the region of the ileum/ileocecal junction. Additionally, you could consider repeat imaging of this region in the future.





PATIENT

Mia Vigorito

SPECIES

Canine

BREED

Standard Poodle

SEX

Spayed Female

AGE

9 Years

WEIGHT

43 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Legacy Animal Hospital

REFERRING VET

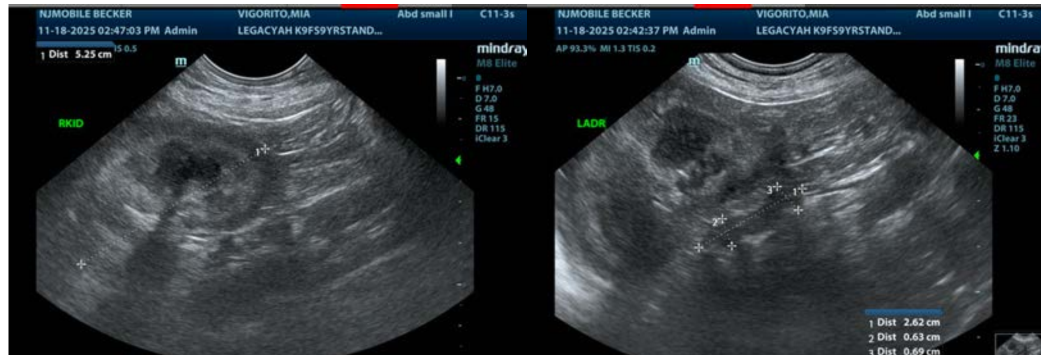
Dr. Potenzone

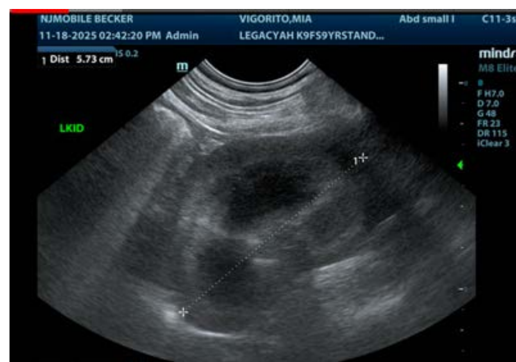
INVOICE

71900

DATE

11/18/25





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