



PATIENT

Shade Grenon

SPECIES

Canine

BREED

Cockapoo

SEX

Spayed Female

AGE

8 Years 2 Months

WEIGHT

7.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Signal Hill Animal Clinic

REFERRING VET

Dr. Elizabeth Cumyn

INVOICE

72172

DATE

11/27/25

PRESENTING CLINICAL SIGNS

Losing weight, D+, not eating, symptoms began approximately a month ago, elevated liver enzymes on bloodwork, previously suspected pancreatitis Overall Hx: Shade presented for evaluation of progressive weight loss, inappetence, and elevated liver enzymes, following a recent history of suspected pancreatitis. Over the past couple of months, Shade has experienced a weight loss of approximately 1.5 kg. About a month ago, she was seen at an emergency clinic where pancreatitis was presumed, although her pancreatic lipase was normal with only a slight elevation in lipase. Blood work rechecked earlier this week revealed that her liver values are now significantly elevated, with the ALT increasing from approximately 200 a month ago to 700. She continues to exhibit clinical signs including further weight loss, poor appetite, diarrhea, and lethargy.

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 (3.98 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 (3.5 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 0.50 cm at the cranial pole and 0.50 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 0.75 cm at the cranial pole and 0.40 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 (0.98 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.



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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.

BREED

Cockapoo

Most of 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 0.48 cm. Jejunum wall measures 0.42 cm. Visualized peristalsis appears appropriate. There is a focal section of jejunum that develops progressive severe wall thickening and irregularity, culminating in complete loss of layering with severe surrounding inflammation and edema. This area extends for over 5.0 cm of bowel, and in this area the bowel measures at 0.91 cm. There are large lymph nodes adjacent, an example of which measures 1.7 cm x 0.80 cm.

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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.

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Pancreas

The right limb of the pancreas is mildly 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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a diffuse lymphadenopathy, but there is a significant focal lymphadenopathy around the region of the bowel mass. The omentum is highly reactive around the abnormal bowel.

IMAGING PERFORMED BY

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ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with mild pancreatic remodeling.
- Focal extensive area of severe wall thickening and loss of layering involving the jejunum – Findings are most concerning for infiltrative neoplasia. Other differentials are possible

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a focal section of jejunum that appears severely thickened with complete loss of layering. This area of bowel is surrounded by highly reactive mesentery and enlarged lymph nodes. This area is concerning for possible neoplastic infiltration. Recommend fine needle aspirate of the thickened bowel wall. If a safe window for sampling of a lymph node in the region is available, a fine needle aspirate could be obtained.

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No focal lesions are visualized associated with the liver or the gallbladder. I suspect the elevation in ALT is due to a reactive hepatopathy, although metastatic disease to the liver or concurrent hepatopathy is possible. Consider a fine needle aspirate of the liver (provided coagulation parameters are normal). Additionally, if clinically appropriate, you could consider screening for Leptospirosis.



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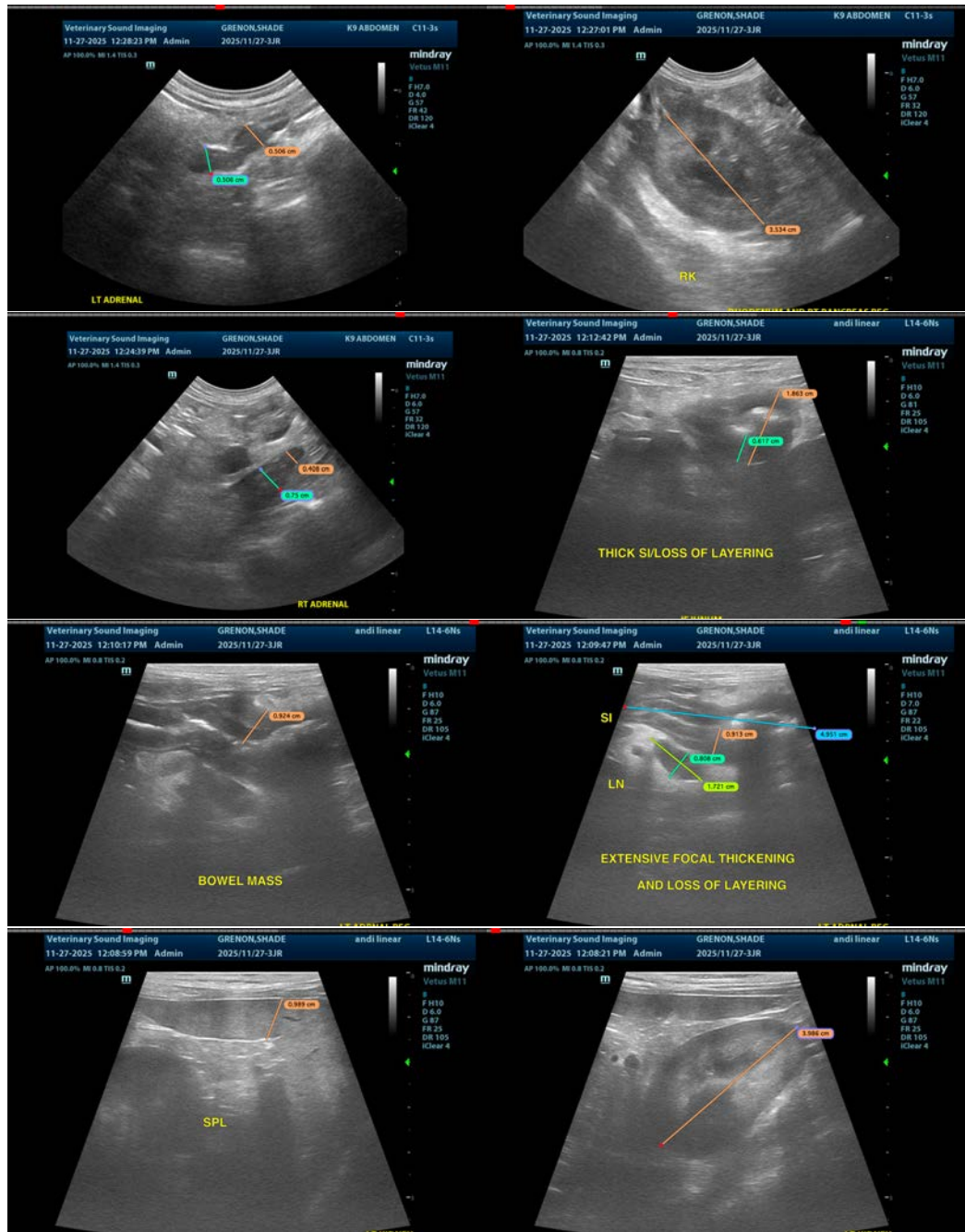
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If based on cytologic evaluation surgical explore is considered, biopsies of the liver should be obtained, as well as of the GI tract.

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





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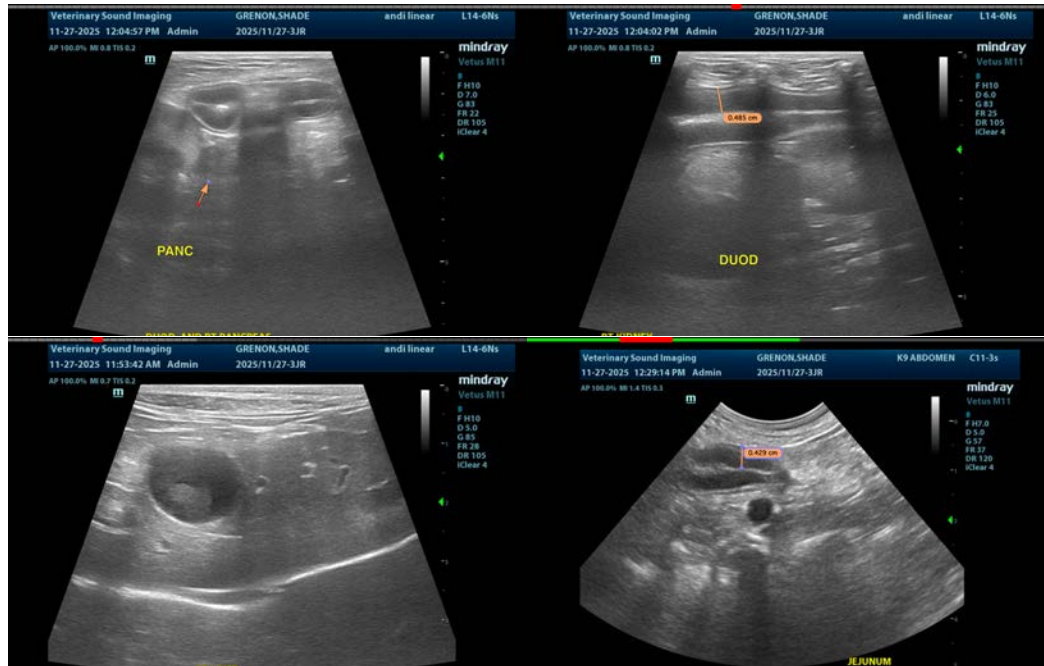
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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