



DATE PRESENTING CLINICAL SIGNS

12/5/2025

Patient History: Patient was presented on 11/28/2025 for pu/pd, vomiting water and a decreased appetite. On PE she is BAR. TPR is normal. Gums are slightly pale. Abdomen appears slightly distended. BW and rads were obtained. Since then, vomiting has subsided, but she is still not eating.

PATIENT

Roxie Blevins

Current Medications: Cerenia 1mg/kg PO SID since 11/28.

SPECIES

Labwork Results: Diagnostics attached, reported as: ALKP elevation (489), HCT is low normal at 38.6.

Canine

Date of Previous IntraPet Ultrasound: No previous.

BREED

Sedation: IV.

Rottweiler

Stat Report: Not requested.

SEX

Imaging Performed by: Rachel Brillhart, RDMS.

FS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

Urinary System

7 years

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.

WEIGHT

100 lbs

The left kidney is normal in size (7.37 cm) but is irregular in shape. 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 mild pyelectasia noted measuring 2.76 cm. There is a focal hypoechoic nodule in the cranial pole of the cortex measuring 2.01 cm x 2.17 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney is normal in size (7.39 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 a small hypoechoic nodule rising from the cortex in the cranial aspect of the kidney, measuring 1.15 cm x 0.79 cm. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Madonna Veterinary
Clinic

Adrenal Glands

REFERRING VET

Dr. Smith

The left adrenal gland is normal in size measuring 0.68 cm at the cranial pole and 0.75 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.

INVOICE

10878

The right adrenal gland is normal in size measuring 0.62 cm at the cranial pole and 0.64 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 large in size, irregular, and mottled. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous, large, expansile hypoechoic nodules throughout the splenic parenchyma. Examples of nodules measure 2.64 cm, and 3.87 cm in diameter.

Liver

The liver is subjectively large in size, and irregular. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There are too numerous to count, large, expansile, hypoechoic mass lesions and nodules throughout the parenchyma. Examples measure 2.43 cm, 3.12 cm, and 1.31 cm in diameter.

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 <0.7cm 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 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 (0.44 cm in wall thickness) and the jejunum measured as normal (0.31 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 a significant mesenteric lymphadenopathy. A portal lymph node is very large and hypoechoic measuring 4.21 cm x 2.78 cm. The omentum is diffusely, mildly hyperechoic.

Other

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.

Cranial to the heart there is a hypoechoic mass effect in the mediastinal region measuring 3.96 cm x 3.39 cm.

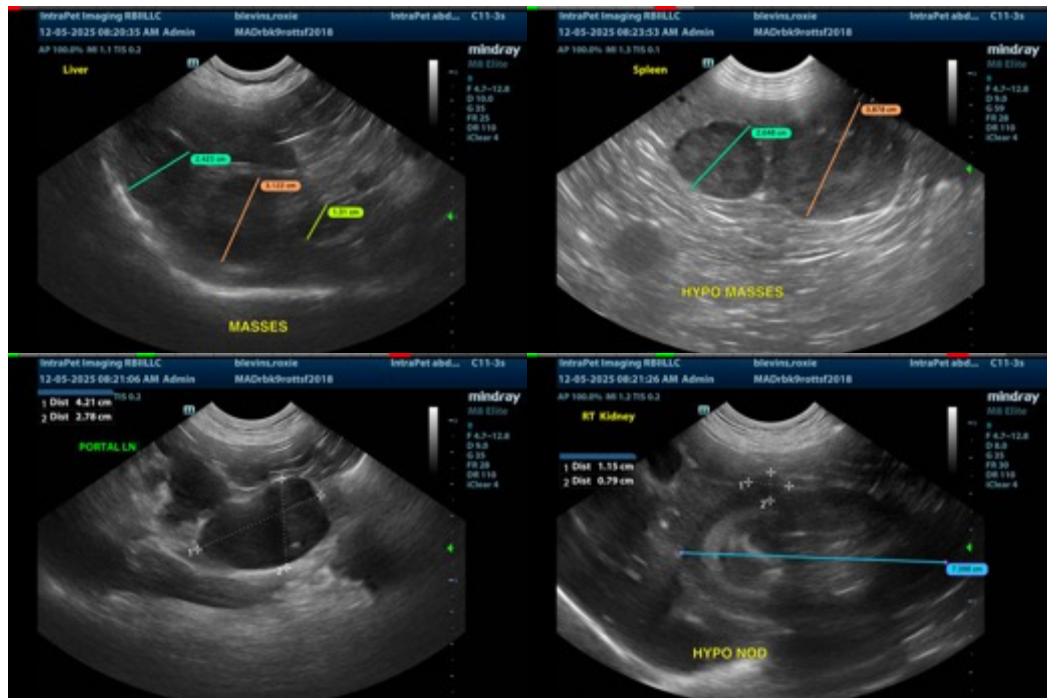
ULTRASONOGRAPHIC FINDINGS

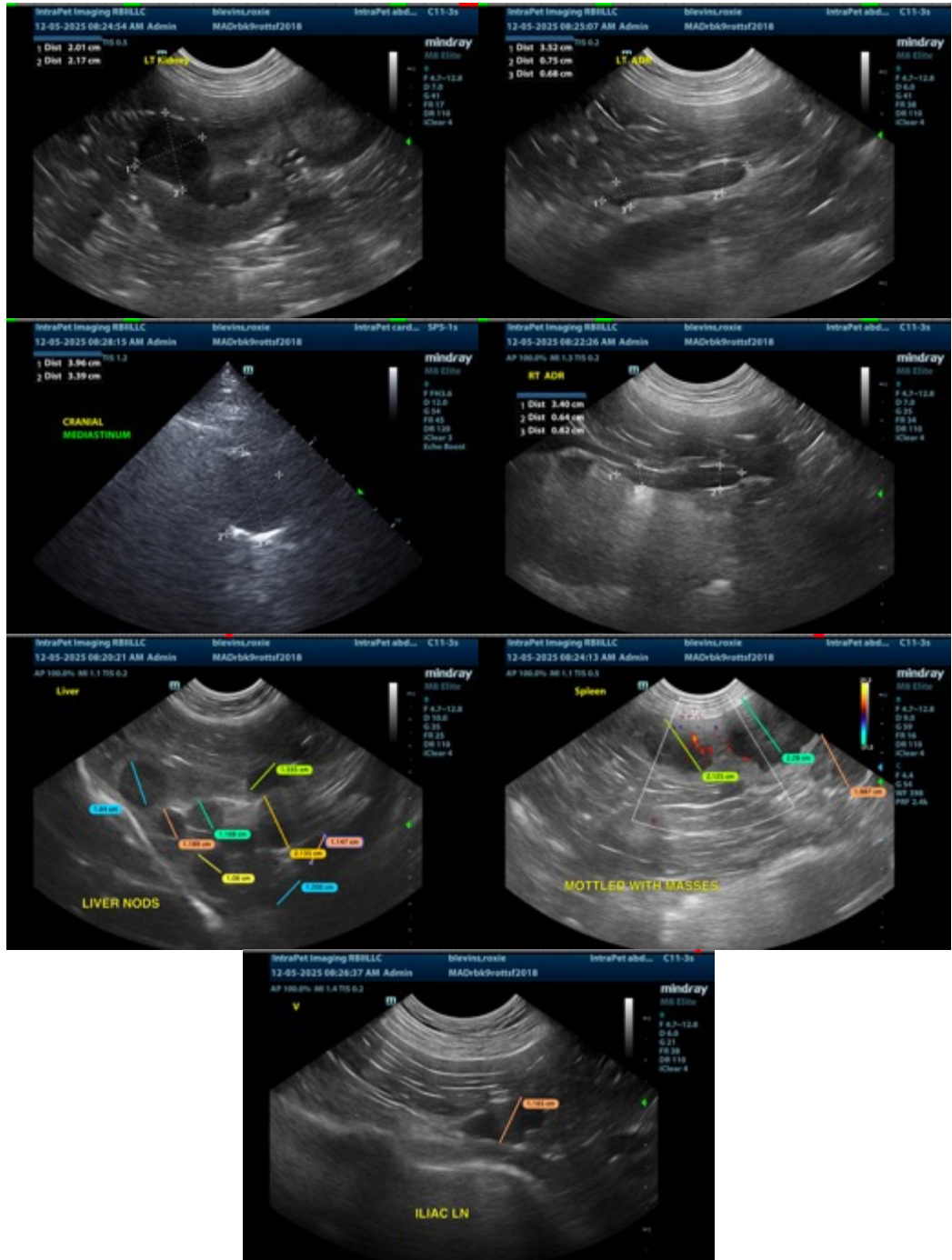
- Hypoechoic nodule visualized in the cranial pole of the left kidney, and a smaller hypoechoic nodule visualized in the cranial pole of the right kidney. Findings are most consistent with metastatic lesions.
- Too numerous to count, expansile, hypoechoic nodules in the mottled spleen. Findings are suggestive of metastatic lesions.
- Too numerous to count, expansile, well demarcated, hypoechoic masses and nodules visualized in the liver. Findings are most consistent with metastatic lesions.
- Large, hypoechoic portal lymph node. Findings are most consistent with a metastatic lymph node.
- Mediastinal mass lesions/lymph node. Findings are concerning for metastatic lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are large, expansile, well demarcated, hypoechoic nodules visualized in both kidneys, the spleen, and the liver. There's additionally, a significant lymphadenopathy. Findings are suggestive of multicentric metastatic disease. Consider a fine needle aspirate of a liver or splenic nodule. If cytologic diagnosis is obtained, recommend consultation with a veterinary oncologist to discuss possible medical treatment options.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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.

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