



PATIENT

Cleo Gaitero

SPECIES

Canine

BREED

Cane Corso Mix

SEX

Spayed Female

AGE

11 years

WEIGHT

45 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Best Friends Animal
Clinic

REFERRING VET

Dr. Pheobe Weaver

INVOICE

11253

DATE

2/4/2026

PRESENTING CLINICAL SIGNS

- Cleo, a 11 yo FS Cane Corso mix, presented one month ago for diarrhea. Saw other vet and started proviable kit 2 weeks ago- no improvement. Owner requested u/s yesterday to check for neoplasia, on quick scan saw poss mass-like structure.
- Working diagnosis: Neoplasia vs IBD vs other.

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 (7.53 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 (6.37 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 borderline large in size measuring 1.33 cm at the cranial pole and 1.03 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that there's a small hyperechoic foci visualized in the mid region of the adrenal measuring 0.49 cm in diameter. This does not deviate the shape of the adrenal and there's no evidence of vascular invasion.

The right adrenal gland is borderline large in size measuring 1.06 m 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.

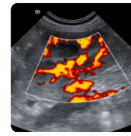
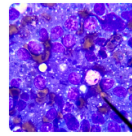
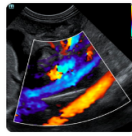
Spleen

The spleen is subjectively normal in size and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There's a very small poorly defined mixed echogenicity nodule measuring 1.83 cm.

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.



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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.

The visualized areas of duodenum (0.52 cm), jejunum (0.47 cm) and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with non-formed fecal material and gas shadowing distally. The descending colon is prominent measuring 0.29 cm with intact wall 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 no evidence of a significant lymphadenopathy. Prominent visible mesenteric lymph nodes are visualized measuring 0.65 cm and 0.38 cm. The omentum is of normal uniform echogenicity.

Free

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.

There is a homogenous, hyperechoic, poorly defined structure visualized in the region of the mid caudal abdomen most consistent with fat/lipoma, measuring 5.39 cm x 6.02 cm.

ULTRASONOGRAPHIC FINDINGS

- Borderline plump adrenals with a hyperechoic foci in the left adrenal. These may be normal for such a large dog. Other differentials would include mild hyperplasia. The significance of the hyperechoic foci is uncertain at this time and has the appearance most consistent with benign lesion (focal fibrosis, small adenoma, etc.) Continued monitoring is warranted.
- Poorly defined mixed echogenicity hypoechoic nodule in the spleen. There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Mildly thickened small intestine. The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Suspect intraabdominal lipoma. Recommend a fine needle aspirate.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the diarrhea reported. Subjectively, there may be mild thickening most consistent with an enteritis type pattern. Additionally, the distal colon is fluid distended with a prominent wall, possibly consistent with colitis (depending on if this is large or small bowel diarrhea.)

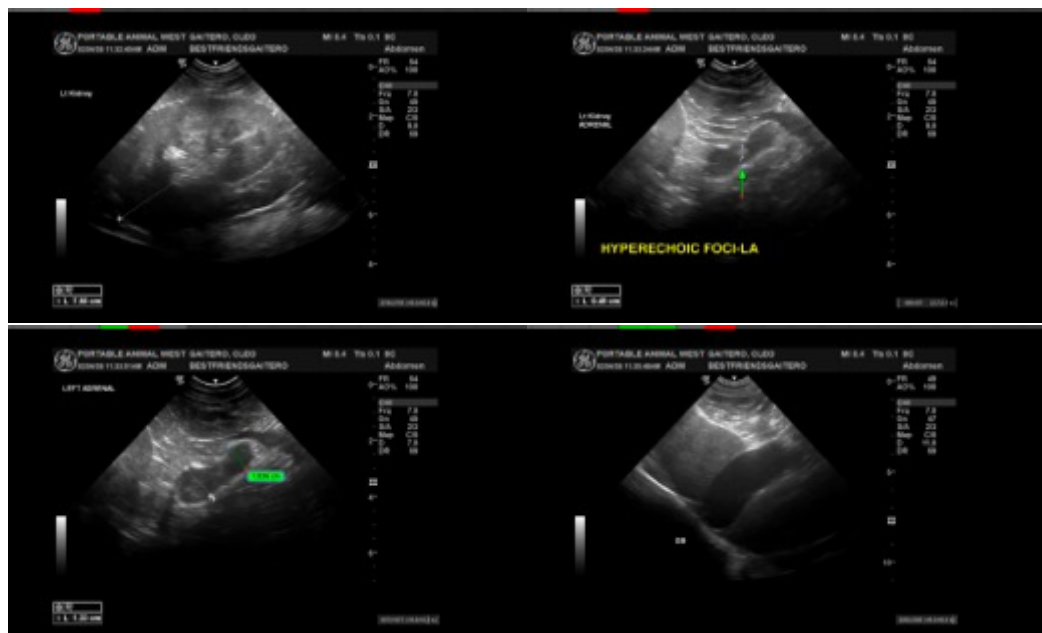
There's a small poorly defined mixed echogenicity hypoechoic nodule in the spleen. Options moving forward would include continued monitoring or a fine needle aspirate.

Both adrenals measure as large, but I suspect they may be within normal limits for this individual. If signs of Cushing's are present, you could consider adrenal function testing. Additionally, recommend continued monitoring of the hyperechoic foci in the left adrenal (recheck in 2-3 months.)

Further evaluation/therapy for the diarrhea could include the following:

- Recommend a hydrolyzed protein prescription diet.
- 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 parasite screening and empirical deworming.
- Recommend a panel for infectious causes of diarrhea.
- If not already done, a full biochemical panel should be performed, looking for evidence of metabolic disease, etc.

If symptoms are persistent despite the previously recommended steps, eventually biopsies of the GI tract may be warranted.



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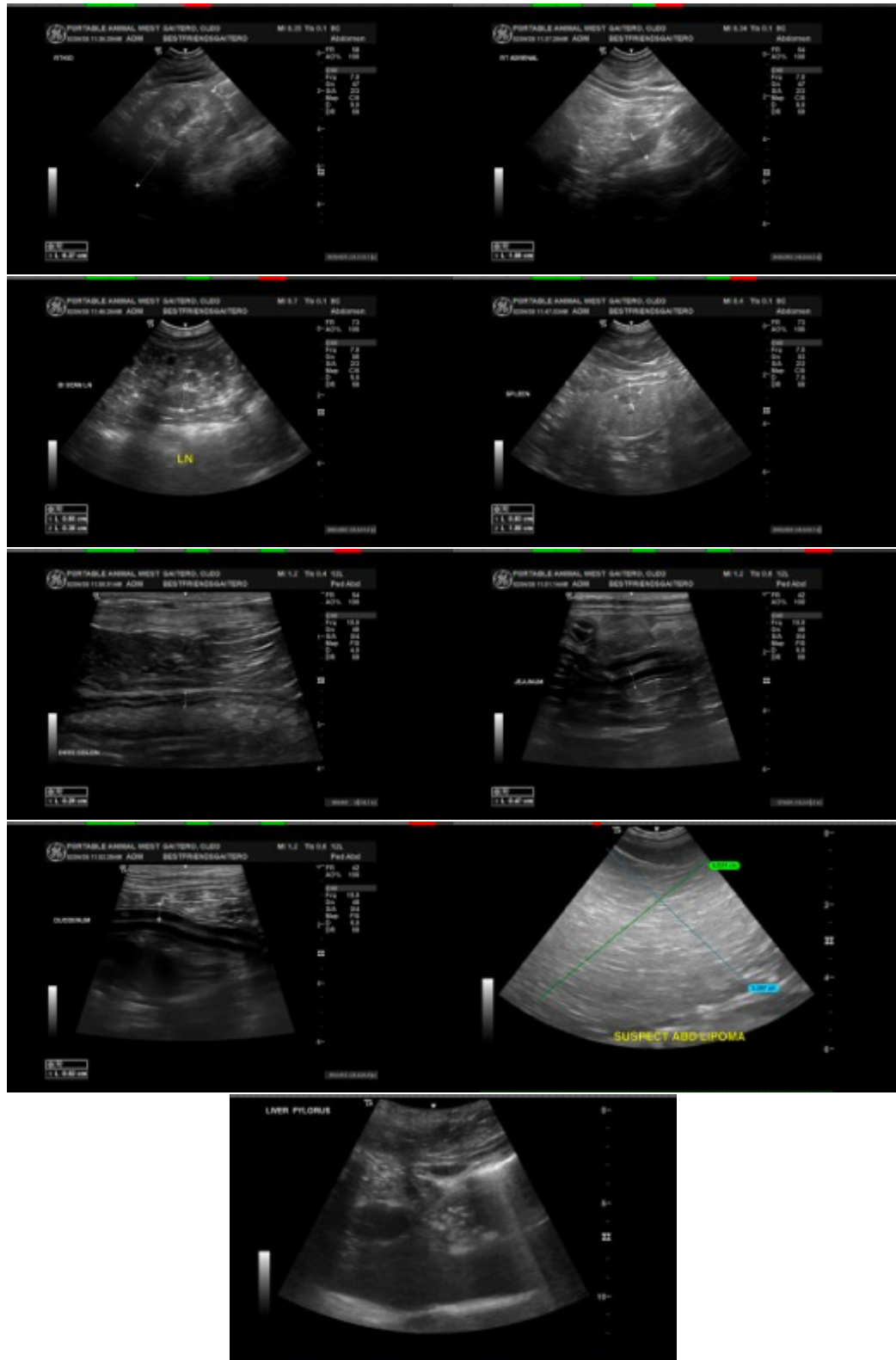
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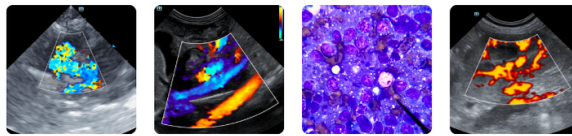
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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