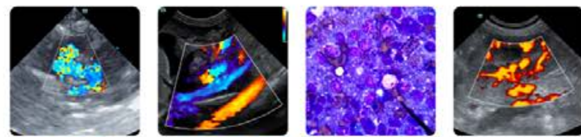


PATIENT

Cannoli Zeifert

SPECIES

Canine

BREED

Beagle x Pit Bull

SEX

Spayed Female

AGE

9 Years 1 Month

WEIGHT

60.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Smithfield Animal Hospital

REFERRING VET

Dr. Boe

INVOICE

73335

DATE

3/3/26

PRESENTING CLINICAL SIGNS

R/O obstruction, vomited food 12hbafter consumption. Torb/Midaz sedation.

Abnormal PE/Chem/CBC/UA Results: Alkp-564; BUN 6

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 (5.66 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 (6.55 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 0.53 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.

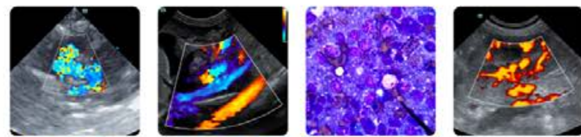
The right adrenal gland is irregular in appearance and borderline large in size, measuring 1.33 cm at the cranial pole and 0.60 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is abnormal in appearance in that the cranial pole appears irregular with a poorly defined hyperechoic region measuring 1.15 cm x 0.73 cm. No evidence of vascular invasion is visualized.

Spleen

The spleen is subjectively normal in size (2.13 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 rounded margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a very poorly defined isoechoic rounded area visualized in the right mediocaudal aspect of the liver, ventral to the gallbladder, measuring 3.63 cm x 5.24 cm. This is suspected to be a rounded liver lobe, but a poorly defined mass effect cannot be ruled out.



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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.

Gastrointestinal

The stomach contains mild/moderate fluid/gas/shadowing ingesta. 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. There is a small amount of generally soft shadowing material and fluid visualized in the stomach and in the pylorus. No evidence of a definitive obstruction is visualized.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid and gas. 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 0.42 cm. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. There are occasional sections of bowel that appear mildly gas distended, possibly consistent with an enteritis type pattern. No definitive focal lesions are visualized.

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 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

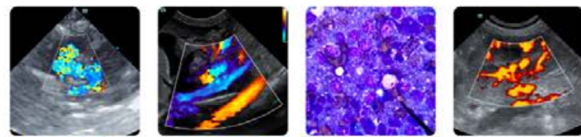
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No lymphadenopathy noted. The omentum is normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mildly heterogeneous liver with an ill-defined isoechoic region ventral to the gallbladder – Findings are most consistent with a rounded area of liver lobe or a very poorly defined mass effect.
- Mild/moderate fluid and shadowing ingesta visualized within the gastric lumen in the region of the pylorus – Correlate with feeding history. Findings could be consistent with a post-prandial patient, delayed gastric emptying, or retained ingested foreign material. A definitive obstruction is not evident at this time.
- Large, irregular cranial pole of the right adrenal gland – Findings could be consistent with atypical hyperplasia or poorly defined mass effect (adenoma, carcinoma, pheochromocytoma, other).
- Mild enteritis type pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is some fluid and shadowing ingesta and gas visualized within the gastric lumen. This extends into the region of the pylorus, but no evidence of a definitive obstruction is visualized. This could be



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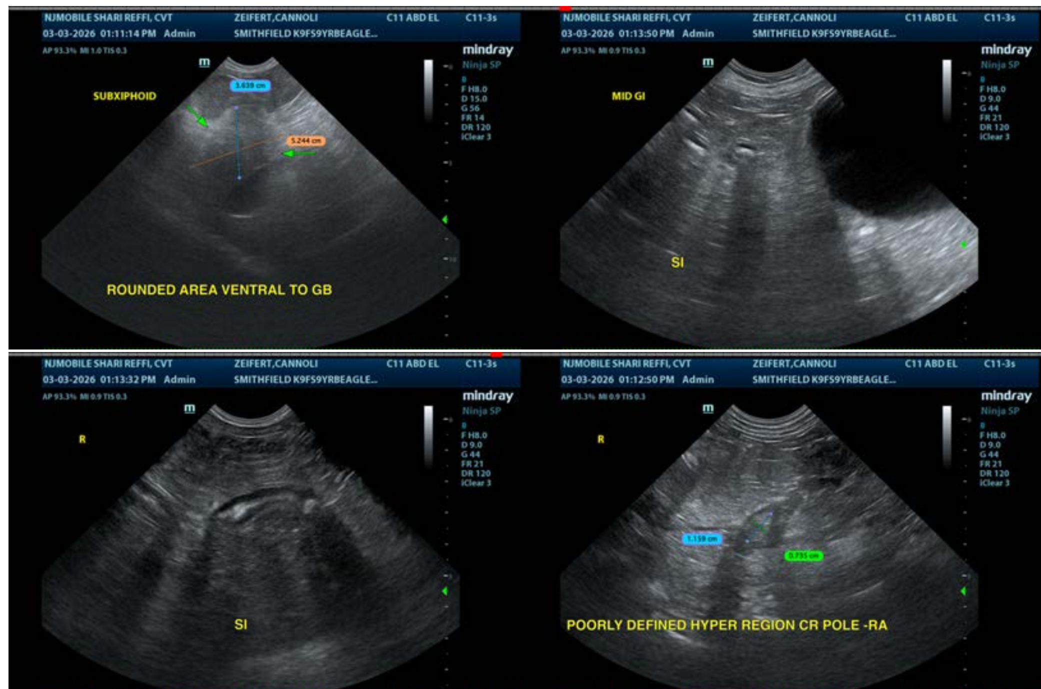
consistent with echogenic ingesta, ingested foreign material, etc. Correlate with abdominal radiographs. If foreign material is suspected, consider repeat evaluation after a more prolonged fast to see if the stomach has emptied. Additionally, you could consider barium swallow or similar as another way to evaluate gastric outflow.

There are some sections of distal bowel that appear to have some atypical gas pattern, possibly consistent with mild ileus/enteritis type pattern. A small focal lesion cannot be definitively ruled out. an obstructive pattern is not visualized.

Medioventral to the gallbladder there is a slightly rounded, isoechoic region of the liver that is not evident on all views. I suspect this represents a rounded portion of prominent liver lobe, but a small isoechoic mass effect cannot be ruled out. This area would likely be challenging to sample. Options could include continued monitoring with ultrasound (recheck in 3 months) or a contrast CT scan to further evaluate.

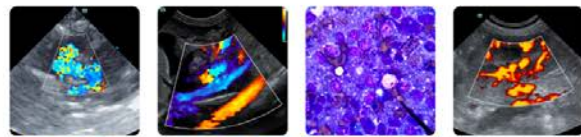
The right adrenal gland appears large and irregular and has a poorly defined hyperechoic focal lesion in the cranial pole. The significance of this is uncertain. This could represent focal hyperplasia or an early mass effect. If signs of Cushing's are present, you could consider adrenal function testing. Additionally, if hypertension is present, you could consider measuring catecholamine levels, looking for possible pheochromocytoma. Options moving forward could include continued monitoring with ultrasound (recheck in 2-3 months) or even the aforementioned contrast CT scan to further evaluate.

If clinically appropriate, consider empirical treatment for gastroenteritis. If symptoms are persistent, consider repeat imaging (radiographs +/- ultrasound), looking for the possible progression of today's lesions.



New Jersey Mobile

FUELED BY SONOPATH VETERINARY ULTRASOUND



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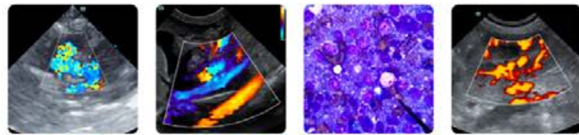

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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