



PATIENT

Lilly Legwand

SPECIES

Canine

BREED

West highland White
Terrier Mix

SEX

Spayed Female

AGE

11 years

WEIGHT

8.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Mariusz Chmielinski

HOSPITAL NAME

Apex Veterinary
Services Ltd.

REFERRING VET

Alpine 24.7 – ER Dr

INVOICE

11415

DATE

3/5/2026

PRESENTING CLINICAL SIGNS

- Patient presented for acute onset vomiting, abdominal distension, and abdominal discomfort. History of possible cartilage ingestion prior to onset of clinical signs. Patient hospitalized for monitoring and supportive care.
- Since admission the patient appears clinically improved and more comfortable, though abdominal distension persists. No vomiting observed overnight.

Abnormal PE/Chem/CBC/UA Results: VITAL SIGNS Temperature: 37.0 °C (aural) Heart Rate: 122 bpm HR/Pulse Ratio: 1:1 Respiratory Rate: 26 breaths/min Respiratory Effort: 0 (normal) Mucous Membranes: Pink, moist CRT: <2 sec Abd - distended - not painful Bloodwork revealed leukocytosis and hypokalemia. Screening pancreatic lipase within reference range.

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 (5.25 cm). Overall echogenicity is slightly hyperechoic with poor 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 (4.39 cm). Overall echogenicity is slightly hyperechoic with poor 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 and slightly irregular in appearance measuring 0.57 cm at the cranial pole and 0.75 m at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is slightly abnormal in appearance in that the caudal pole is slightly irregular in shape with irregular margins. No evidence of vascular invasion is visualized.

The right adrenal gland is normal in size measuring 0.59 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 (1.56 cm) 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. No focal parenchymal abnormalities are visualized.

Liver



PATIENT

Lilly Legwand

SPECIES

Canine

BREED

West highland White
Terrier Mix

SEX

Spayed Female

AGE

11 years

WEIGHT

8.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Mariusz Chmielinski

HOSPITAL NAME

Apex Veterinary
Services Ltd.

REFERRING VET

Alpine 24.7 – ER Dr

INVOICE

11415

DATE

3/5/2026

The liver is subjectively large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. 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. There is a moderate amount of non-organized echogenic debris. 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 (0.33 cm in wall thickness) and the jejunum measured as normal (0.29 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and appears abnormal. There's a large hyperechoic, partially cystic appearing mass effect visualized within what appears to be the proximal ascending colon measuring approximately 2.32 cm x 2.5 cm. Exact origins of this lesion are uncertain. It almost appears that it is everting from the cecum, but a source based in the ascending colon, distal ileum, or cecum is possible. There's significant inflammation surrounding the mass lesion and the suggestion of a mild intussusception/inversion. The descending colon appears normal with no evidence of wall thickening or loss of layering.

Pancreas

The pancreas is visible and mildly mottled in both limbs. 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 revealed scant free fluid. There is occasional prominent mesenteric lymph nodes. A jejunal lymph node is visualized measuring 0.36 cm. The omentum is hyperechoic around the mass effect at the ileocecal junction.

ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged, irregular caudal pole of the left adrenal gland. Findings could be consistent with focal hyperplasia, an early mass lesion, etc. Recommend continued monitoring (re-check in 8-12 weeks or sooner if concerned.)
- Age related changes visualized associated with both kidneys.
- Mild pancreatic remodeling in both limbs.



PATIENT

Lilly Legwand

SPECIES

Canine

BREED

West highland White Terrier Mix

SEX

Spayed Female

AGE

11 years

WEIGHT

8.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Mariusz Chmielinski

HOSPITAL NAME

Apex Veterinary
Services Ltd.

REFERRING VET

Alpine 24.7 – ER Dr

INVOICE

11415

DATE

3/5/2026

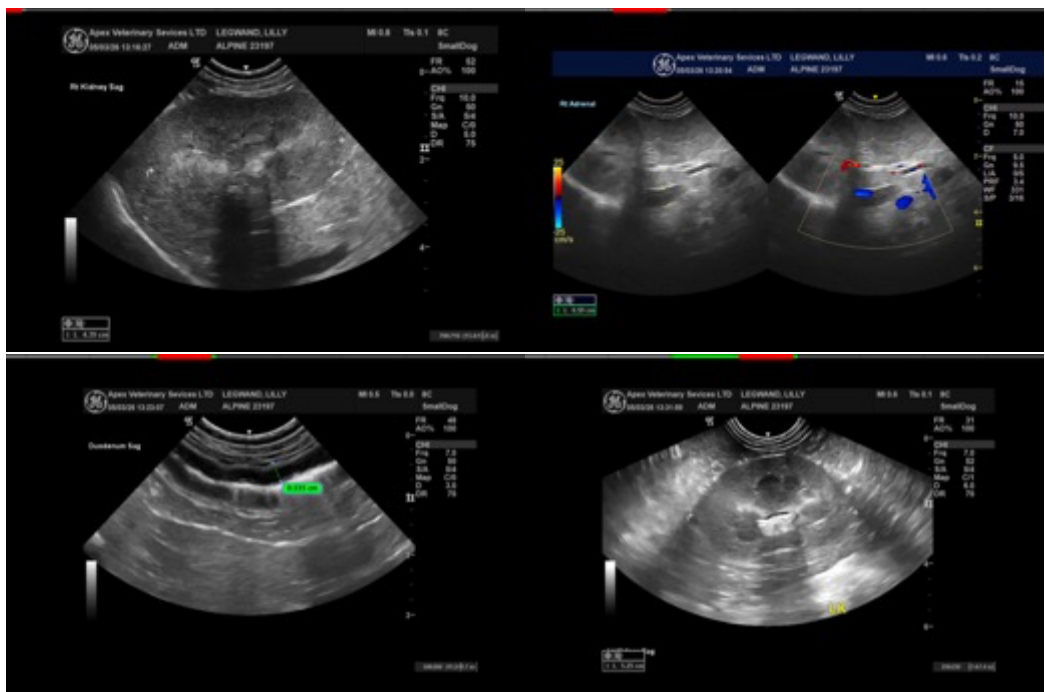
- Subjectively large, mildly heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy.
- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Hypochoic, partially cystic mass effect visualized at the ileocecal junction +/- an intussusception. Findings are concerning for a neoplastic lesion such as a carcinoma, round cell neoplasia, etc. Other differentials are possible.
- Mild reactive lymphadenopathy in the region of the mass effect (early metastatic change cannot be ruled out.)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a mass effect visualized associated with the region of the ileocecal junction. This mass effect has surrounding reactive mesentery. Further evaluation could include a fine needle aspirate, although if surgical intervention would be considered, you could consider referral to a veterinary surgeon for explore and mass removal with histopathology obtained at the time of surgery. If more information is desired prior to considering this, recommend a contrast CT scan to better delineate the structures involved and possibly the nature of the lesion.

The caudal pole of the left adrenal is slightly irregular but not severely enlarged. Recommend continued monitoring to ensure that it does not change rapidly, possibly consistent with a more significant lesion.

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





PATIENT

Lilly Legwand

SPECIES

Canine

BREED

West highland White Terrier Mix

SEX

Spayed Female

AGE

11 years

WEIGHT

8.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Mariusz Chmielinski

HOSPITAL NAME

Apex Veterinary
Services Ltd.

REFERRING VET

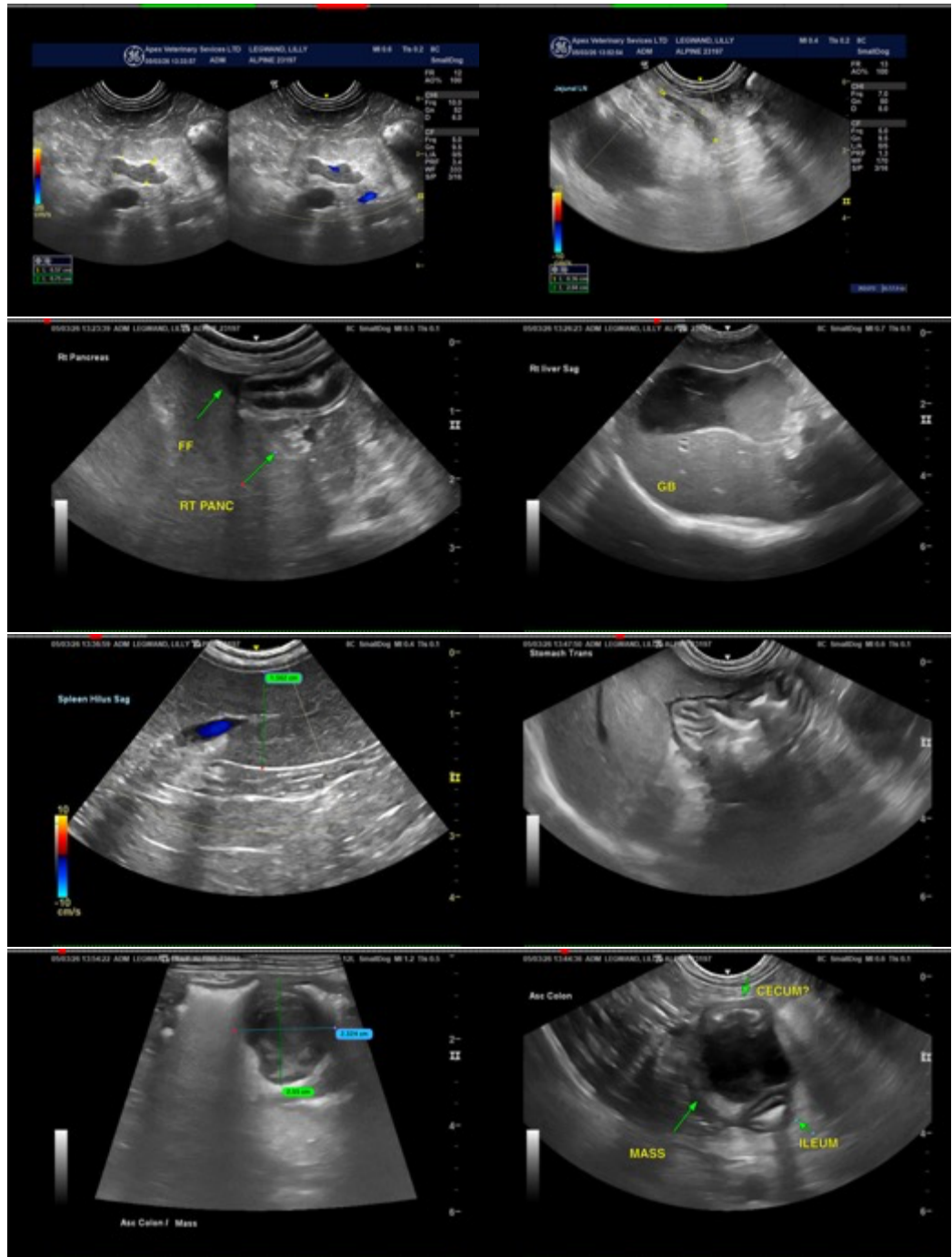
Alpine 24.7 - ER Dr

INVOICE

11415

DATE

3/5/2026



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.



PATIENT

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

Lilly Legwand

info@sonopath.com

SPECIES

Canine

BREED

West highland White
Terrier Mix

SEX

Spayed Female

AGE

11 years

WEIGHT

8.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Mariusz Chmielinski

HOSPITAL NAME

Apex Veterinary
Services Ltd.

REFERRING VET

Alpine 24.7 – ER Dr

INVOICE

11415

DATE

3/5/2026