



PATIENT

Renata Martinez

SPECIES

Canine

BREED

Cane Corso x

SEX

Intact Female

AGE

2 Years

WEIGHT

37.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mariusz Chmielinski,
DVM

HOSPITAL NAME

Apex Veterinary
Services

REFERRING VET

Alpine 24/7 ER

INVOICE

75994

DATE

6/18/26

PRESENTING CLINICAL SIGNS

10-day history of marked hyporexia/anorexia, lethargy, fever, and weight loss following a camping trip. Owner reports minimal food intake during this period. No vomiting, diarrhea, coughing, or respiratory signs noted. Previous vaginal bleeding occurred approximately May 25–27 and has resolved. Patient is not currently in heat.

Abnormal PE/Chem/CBC/UA Results: Physical Examination: Temperature: 39.8°C, Mentation: Quiet but responsive Hydration: ~6% DeH₂O, HR 120, Progressive weight loss noted (approximately 41.1 kg to 37.7 kg) Previous Laboratory Findings: CBC: Leukocytosis: 21.52 x10⁹/L, Neutrophilia: 16.97 x10⁹/L, Monocytosis: 2.91 x10⁹/L Chemistry: Hyperglobulinemia: 52 g/L, ALP: 248 U/L, Cholesterol: 9.95 mmol/L, Remaining liver and renal parameters largely unremarkable.

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 (7.57 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 (7.28 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 0.43 cm at the cranial pole and 0.43 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 0.67 cm at the cranial pole and 0.56 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 (1.85 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 hypoechoic with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible



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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.

Gastrointestinal

The stomach contains moderate fluid and 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. 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. Duodenum wall measures 0.56 cm. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. The ileum appears severely thickened distally (see below under colon).

The ileocecal junction was visualized and appeared severely thickened with severe surrounding reactive mesentery. The distal ileum is severely thickened with loss of layering, measuring 0.86 cm. The ascending colon is severely thickened with reduced detail of wall layering measuring 0.53 cm. Luminal contents are consistent with non-formed fecal material and gas. As the colon progresses distally the transverse colon is moderately thickened in some areas, measuring up to 0.48 cm with reduced detail of wall layering. The descending colon appears normal with non-formed fecal material and a wall measuring 0.16 cm with intact wall layering.

Pancreas

The pancreas is hypochoic, prominent and mottled in both limbs with mild surrounding reactive mesentery. There is no evidence of nodules or cystic lesions.

Free Abdomen

There is a small amount of free fluid present. There is a severe lymphadenopathy present with large, hypochoic, rounded lymph nodes surrounding the ileocecal junction, measuring 1.89 cm x 2.0 cm and 5.05 cm x 1.82 cm, and severely enlarged jejunal lymph nodes, an example of which measures 2.43 cm x 7.0 cm. The lymph nodes are surrounded by severe inflammation and free fluid.

Other

The uterus and ovaries are visualized. The uterus has mild fluid distention but otherwise appears within normal limits. The left ovary measures 1.39 cm. The right ovary measures 1.25 cm.

ULTRASONOGRAPHIC FINDINGS

- Severe thickening and loss of layering at the ileocecal junction involving the distal ileum and ascending colon – Findings are most consistent with severe infiltrative disease (neoplasia, granulomatous, or severe inflammatory disease).



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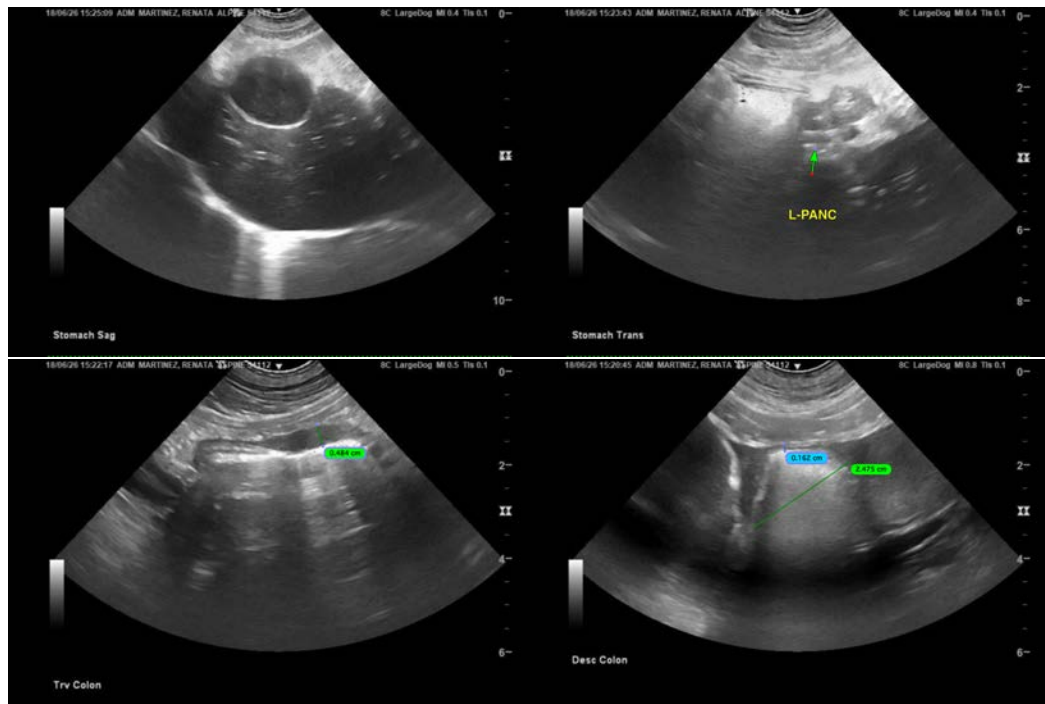
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- Severe mesenteric lymphadenopathy, most pronounced around the ileocecal junction – Findings are highly concerning for metastatic lymph nodes, but other differentials such as granulomatous, infectious and inflammatory disease are also possible.
- Moderate pancreatitis in both limbs.
- Hypochoic, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The distal ileum and proximal ascending colon are severely thickened with complete loss of layering, highly reactive surrounding mesentery, and a severe lymphadenopathy. Findings are highly concerning for an infiltrative disease. Round cell neoplasia would be a primary differential, although in such a young dog other severe infectious or inflammatory diseases could be considered. Your initial steps of sampling the free abdominal fluid and aspirating the colon wall and a lymph node would be very helpful. If findings are not consistent with neoplasia, you could consider screening for infectious causes of large bowel disease/colitis while treating supportively for pancreatitis and gastroenterocolitis.

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





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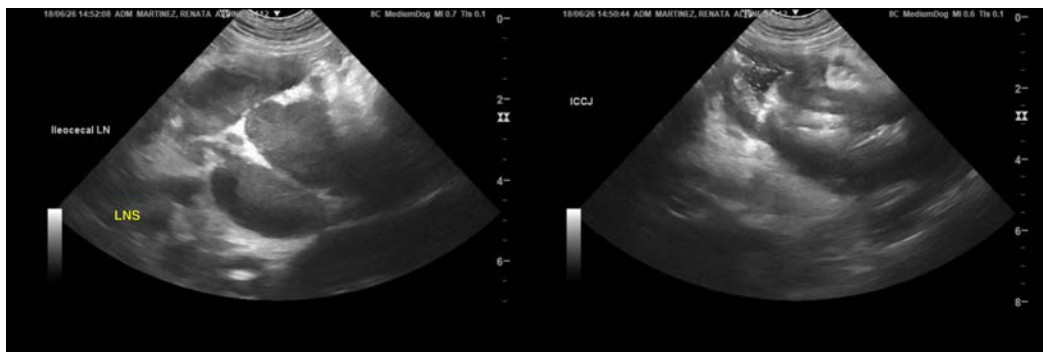
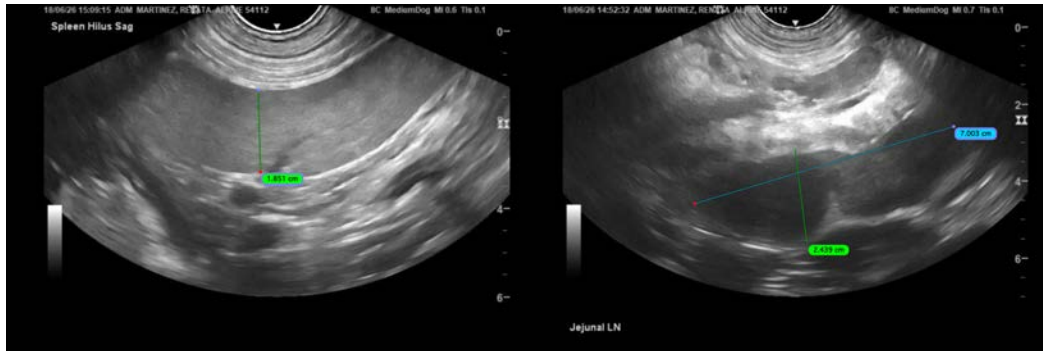
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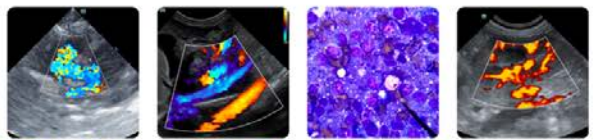
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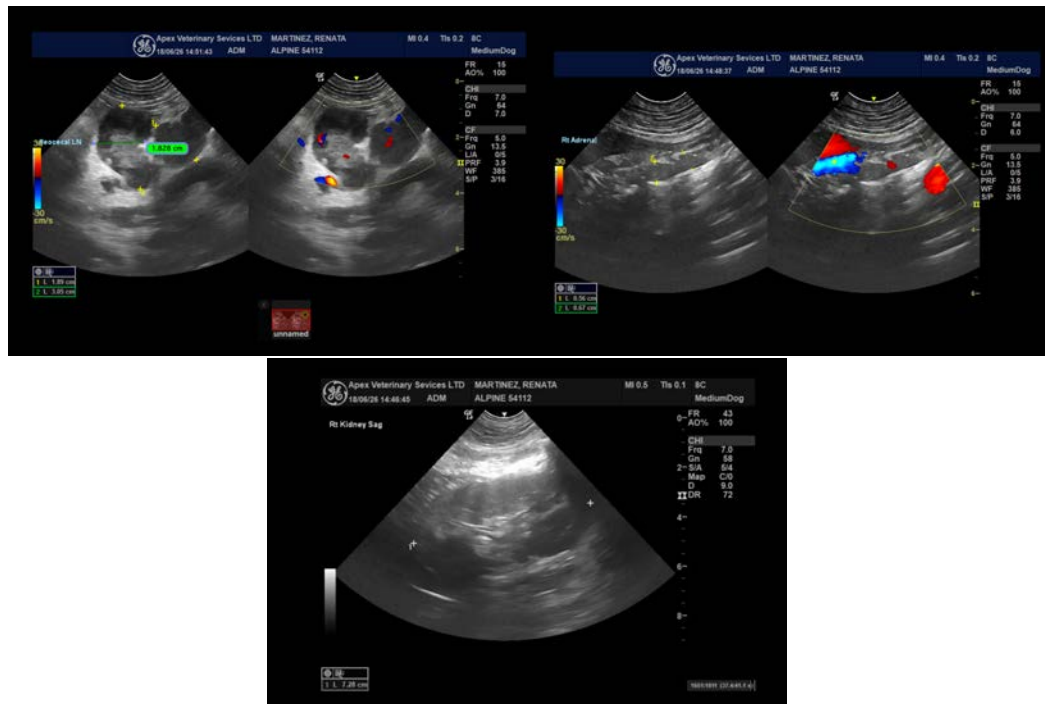
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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