



PATIENT

Scout Zoppi

SPECIES

Canine

BREED

Chihuahua Mix

SEX

MN

AGE

12 years

WEIGHT

11 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

MountainView Animal
Hospital

REFERRING VET

Dr. Brown

INVOICE

11426

DATE

3/5/2026

PRESENTING CLINICAL SIGNS

- Chief Concern / Reason for Ultrasound: o. recently lost other dog to SI cancer. o. would like to "screen for cancer". Eval kidneys in light of proteinuria and liver for elevated alp.
- Relevant Medical History and Physical Exam findings: chronic allergies, otitis.
- 2/6 L apical holosystolic murmur, stable
- Recent Diagnostics: Relevant Laboratory Results / Abnormalities: Elevated alp, proteinuria UPC 0.6, 2/6 L apical holosystolic murmur.
- Current medications: apoquel and cytopoint for management of allergies.

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 prostate is normal in size (0.64 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.06 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 (5.31 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

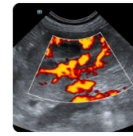
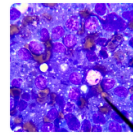
The left adrenal gland is plump in size measuring 0.64 cm at the cranial pole and cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is borderline plump in size measuring 0.7 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 (1.15 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



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The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is 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.

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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. There is a moderate amount of non-organized echogenic debris. The debris forms a focal hyperechoic "sludge ball." 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 0.4 cm 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 mixed echogenicity, somewhat mottled/cystic appearing structure visualized within the lumen concerning for a possible soft tissue structure/mass effect measuring 1.48 cm x 2.42 cm. There's no evidence of loss of wall layering or similar. This would be suspected to arise from mucosa. Atypical ingested material cannot be definitively ruled out, although power doppler evaluation indicates that the structure may be vascular.

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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 (0.27 cm in wall thickness) and the jejunum measured as normal (0.28 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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Sections of colon are visualized with non-formed fecal material and gas shadowing distally. Descending colon wall appears somewhat prominent measuring 0.27 cm with intact wall 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.

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Loetitia Saint-Jacques,
LVT

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

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- Borderline plump adrenals. Findings could be consistent with anatomic variation or bilateral hyperplasia.

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- Age related changes visualized associated with both kidneys.

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- Large, 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.

- 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.



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- Hyperechoic mottled/cystic structure visualized within the gastric lumen. Findings are suggestive for a mucosal mass effect (polyp, adenoma, other.) Atypical ingesta or similar cannot be ruled out.

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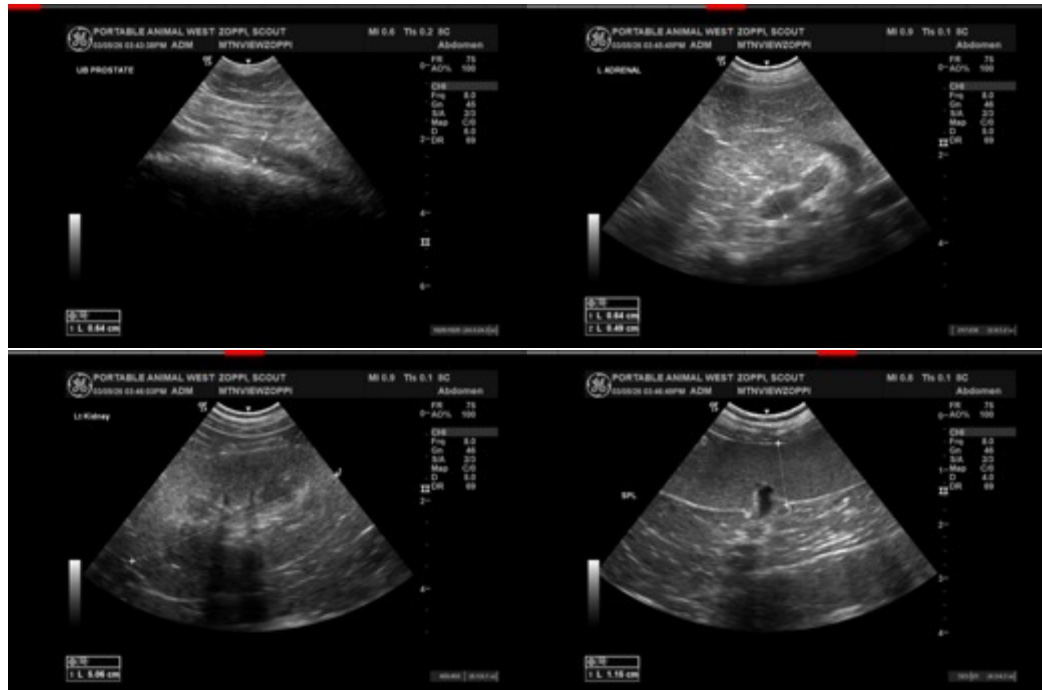
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenals appear somewhat plump and the liver appears diffusely heterogenous and large. Possibly consistent with a vacuolar hepatopathy. If signs of Cushing's are present, you could consider adrenal function testing.

Additionally, there is an irregular echogenic, almost cystic appearing structure visualized within the gastric lumen. It has the appearance most consistent with tissue, with no visible loss of wall layering associated with this structure, possibly consistent with a mucosal mass effect, polyp, etc. Options moving forward could include recheck evaluation in 1-2 weeks to determine that the material is persistent, The next step would likely be an upper GI endoscopy to further evaluate and obtain biopsies. If this is not an option, surgical explore could be considered.

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



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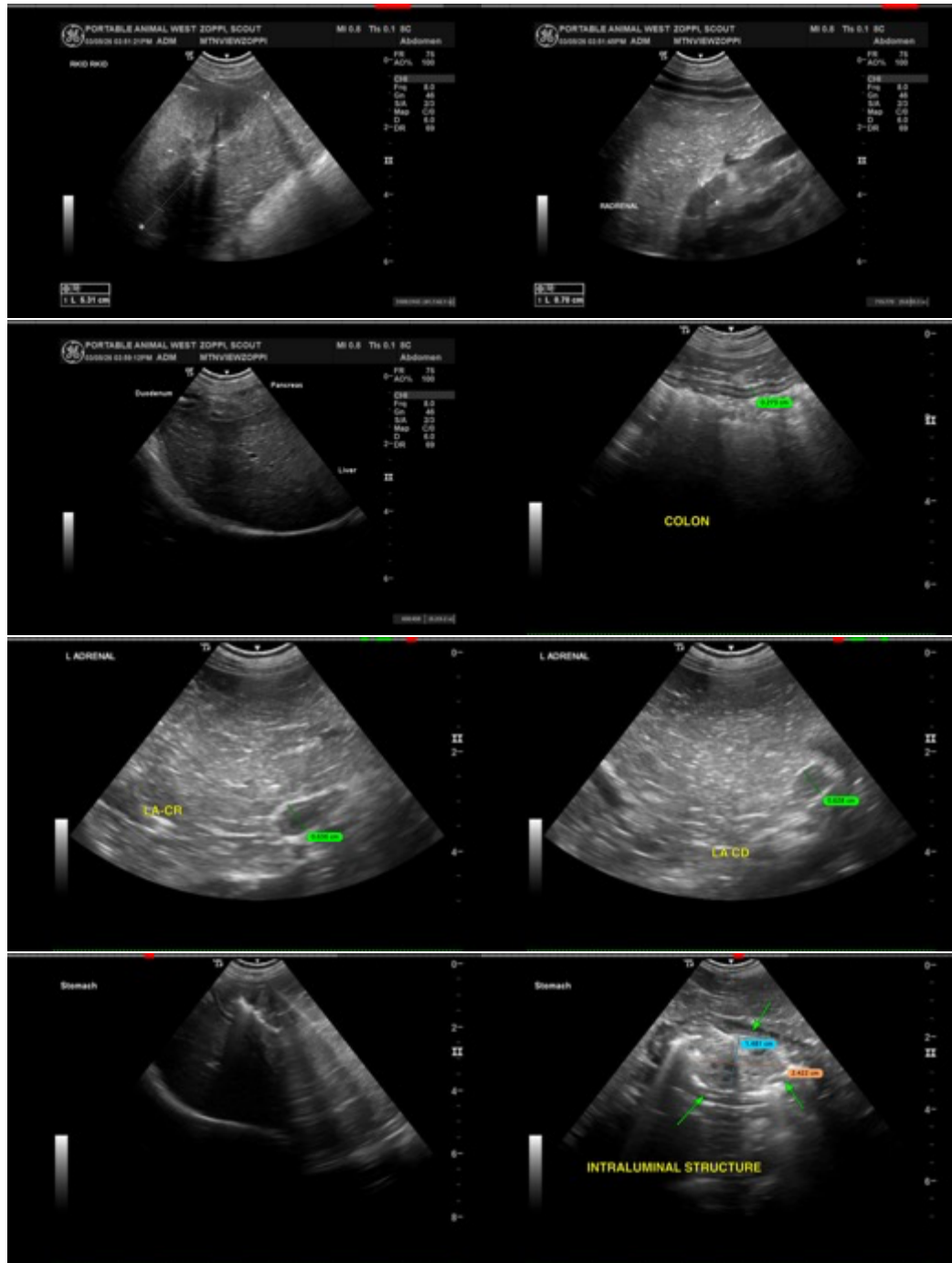
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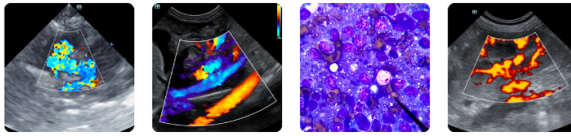
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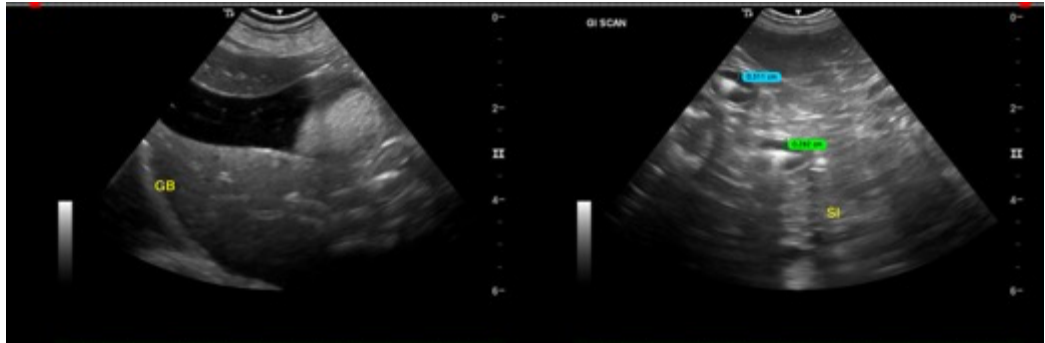
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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