

PATIENT

Jack Kennedy

SPECIES

Canine

BREED

Border Collie Mix

SEX

Male Neutered

AGE

7/2/2015

WEIGHT

69.6 lbs/31.5704 kg

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

HOSPITAL NAME

Sun Dog Cat Moon

REFERRING VET

Dr Fetterolf

INVOICE

22563

DATE

2-16-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: I have been seeing Jack for OA - acupuncture and ketamine injections since July 2025 (HX: Grade 3/5 RH lameness r/o post operative/degenerative vs inflammatory vs infectious. Grade 2/3 LH lameness r/o post operative/degenerative vs inflammatory vs infectious. Bilateral TLPLOs and bilateral MPLs).

He was seen on 2/3/26 for a 3-4-day history of diarrhea (Fecal Scale 1). Had accident in house today for first time. Recent onset coprophagia (eating feces) - new behavior in last month, previously occurred years ago briefly

- Currently on carprofen twice daily for approximately 3 years continuously
- Diet changed to bland diet (white rice, broth, pumpkin, white meat chicken) since Sunday
- Normal appetite and water consumption, no vomiting
- Mostly normal demeanor, some fatigue after defecation episodes

Abdomen: Fluid-filled intestinal loops palpated. Dispensed Pro-Pectalin Digestive Health & Pro-Biotic. No improvement on 2/5/26 - therefore added Rx Vitamins Clay Powder. And submitted Senior Canine Wellness Panel (Superchem with electrolytes, SDMA, CBC, T4, Urinalysis, Accuplex®, and KeyScreen™ GI Parasite PCR) - see below.

Patient started to have some solid stools on 2/9/26. On 2/11/26, client provided the following update: " Jack has seemed to be doing better, having some small solid bowel movements but the last two days he has thrown up once each day. Mostly just undigested food. I'm not giving him the clay anymore since he's having solid BMs and i think he's just gotten constipated now causing him to throw up? Just wanted to see what you guys think". I reached out to client on 2/12/26 when here for Ketamine injection and recommended AUS - client declined because he seemed constipated and vomiting; no more loose stools. Client called this morning to report that Jack threw up yesterday and was having tenesmus. He had liquid diarrhea again this morning. Client now interested in AUS.

Abnormal lab-work values: Sr WP from 2/5/26: Albumin 2.1 g/dL (L), Glucose 64 mg/dL (L), NA/K RATIO 26 (L); Neutrophils 14007 (H), Lymphocytes 644 (L), Basophils 161 (H); T4 0.8 ug/dL; Accuplex 4 - all neg; Keyscreen GI Parasite PCR Panel - all undetected.

Thoracic radiographs from today did not reveal any obvious metastatic disease.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3 cm, are normal.

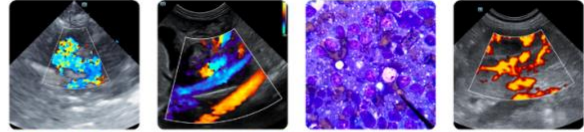
The prostate is normal in size (1.13 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (7.17cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.94 cm in length) with a normal shape, architecture and smooth



PATIENT	peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal-to-mild corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.
Jack Kennedy	
SPECIES	Adrenal Glands
Canine	The left adrenal gland is enlarged (1.14 cm at cranial pole) (0.91 cm at caudal pole) swollen peripheral contours. The parenchyma is mildly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.
BREED	Spleen
Border Collie Mix	The right adrenal gland is enlarged (1.40 cm at cranial pole) (0.93 cm at caudal pole) swollen peripheral contours. The parenchyma is mildly heterogenous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.
SEX	Liver
Male Neutered	The spleen is normal in size (1.68 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.
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Andrea Nicastrò DVM Diplomate ACVIM (Sm Animal Internal Med)	The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.
IMAGING PERFORMED BY	Gastrointestinal
Andrea Nicastrò DVM Diplomate ACVIM (Sm Animal Internal Med)	The gastric lumen is mildly to moderately-distended with ingesta, consistent with a post-prandial presentation. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. The duodenal wall is normal in thickness with a normal layering pattern. A >6.0 cm segment of jejunum is severely thickened (up to 2.5 cm) and hypoechoic, with a loss of the normal layering pattern. The mesentery effacing the serosal surface in this region is hyperechoic. In the remainder of jejunal segments, the wall is normal in thickness with a normal layering pattern appropriate mural detail. The ileocecolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.
HOSPITAL NAME	Pancreas
Sun Dog Cat Moon	The visualized portion of the right limb is subjectively normal in size with smooth peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated. (See also "Other" category).
REFERRING VET	Lymph Nodes
Dr Fetterolf	A cluster of enlarged, irregular, hypoechoic mesenteric lymph nodes are visualized (one measuring 5.4 x 2.2 cm). Surrounding mesentery is hyperechoic. (See also "Other" category).
INVOICE	Free Abdomen
22563	Trace free fluid is observed.
DATE	Other
2-16-26	In the cranial abdomen, just caudal to the stomach, a 5.5 x 3.8 cm heterogenous mass, with an irregular fluid pocket is observed. Surrounding mesentery is hyperechoic.



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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Jejunal mass effect. Neoplasia (i.e., lymphoma, adenocarcinoma, leiomyosarcoma) is suspected, with a lower possibility of a focal inflammatory process. Adjacent peritonitis is present. The regional lymphadenopathy could be consistent with metastatic disease or less likely, lymphadenitis or lymphoid hyperplasia.
- Mass in the cranial abdomen, the origin of which is unclear. It may represent an enlarged necrotic or abscessed lymph node, mass within the pancreas, mesentery, other. Again, neoplasia is suspected, with a lower possibility of a benign (i.e., inflammatory) lesion. Adjacent peritonitis is present.

Secondary Findings

- Mild bilateral nonspecific age-related renal changes
- Bilateral adrenomegaly

Ultrasound-guided fine-needle aspirates of the jejunal mass and enlarged mesenteric lymph node were performed at the end of this study without incident.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Submission of the aspirates for cytologic evaluation is recommended. Depending on the results, consultation with a board-certified oncologist and/or surgeon may be warranted.
- To further evaluate the cranial abdominal mass that was not aspirated (due to depth of the lesion and lack of good accessibility), and abdominal CT scan and/or abdominal exploratory, with histopathology, +/- aerobic and anaerobic bile cultures can be considered.



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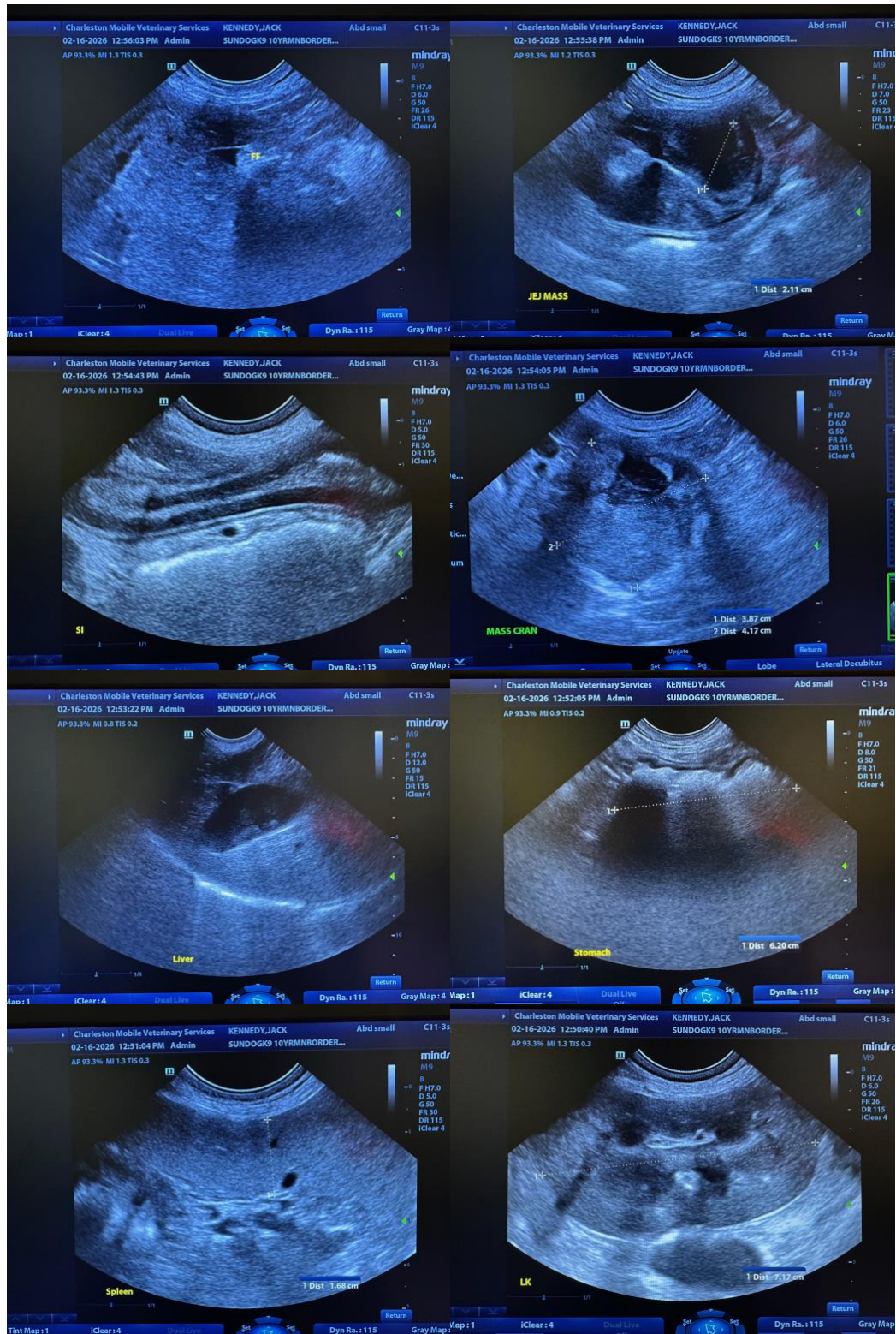
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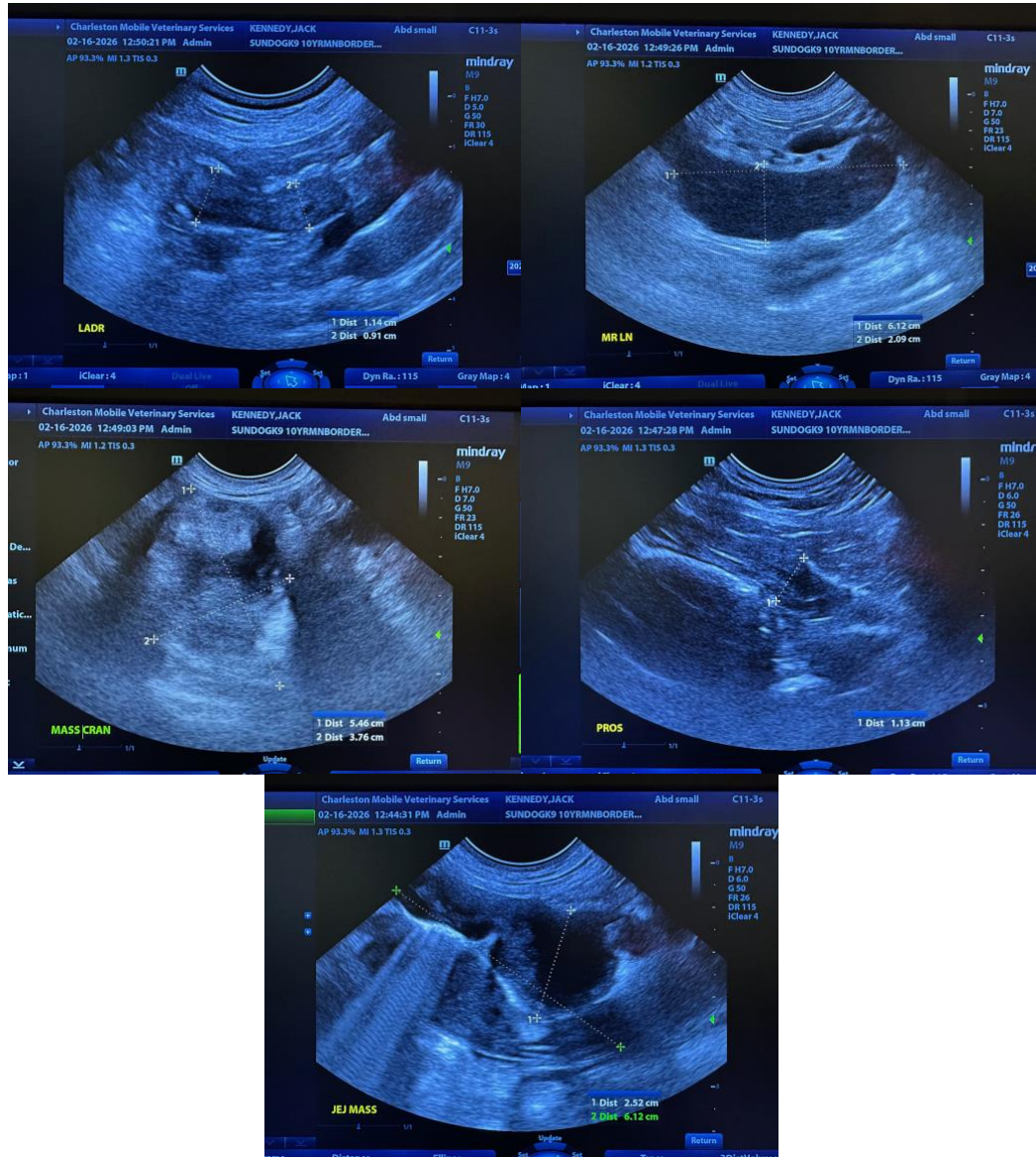
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com