



**PATIENT**

Jack Kennedy

**SPECIES**

Canine

**BREED**

Border Collie Mix

**SEX**

Neutered Male

**AGE**

10

**WEIGHT**

65.8

**INTERPRETED BY**

Andrea Nicaastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Andrea Nicaastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Sun Dog Cat Moon

**REFERRING VET**

Dr Fetterolf

**INVOICE**

22681

**DATE**

3-12-26

**PRESENTING CLINICAL SIGNS**

Repeat aspiration of the mass at CVRC revealed a suspected round cell tumor, but the cell line could not be confirmed. The aspiration of the heterogenous mass in the cranial abdomen revealed necrosis. Patient received a dose of l-asparaginase on March 2<sup>nd</sup>. Patient initially improved but has started to feel poorly again for the past 24 hours.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra (visible to a depth of 3.5-4.0 cm) are normal.

The prostate is normal in size (1.03 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 (7.36 cm 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 (7.33 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is mildly enlarged (1.15 cm at cranial pole) (0.90 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.93 cm at cranial pole) (0.85 cm at caudal pole) with a normal shape. The parenchyma at the cranial pole is mildly heterogenous, with some loss of glandular detail. Glandular echogenicity and detail at the caudal pole normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (1.83 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.

**Liver**

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance, with a few, ill-defined hypoechoic nodules (one measuring 1.2 cm in its longest dimension). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**



**PATIENT**

Jack Kennedy

**SPECIES**

Canine

**BREED**

Border Collie Mix

**SEX**

Neutered Male

**AGE**

10

**WEIGHT**

65.8

**INTERPRETED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Sun Dog Cat Moon

**REFERRING VET**

Dr Fetterolf

**INVOICE**

22681

**DATE**

3-12-26

The gastric lumen is moderately-distended with echogenic fluid. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The duodenal wall is normal in thickness with a normal layering pattern. An approximately 7.6 centimeters of jejunum is variably thickened (up to 1.74 cm) and hypoechoic, with loss of the normal layering pattern. The jejunal proximal and distal to the segment is fluid-distended. Some shadowing material is observed within the abnormal segments. The mesentery effacing the serosal surface in this region is hyperechoic. In the remainder of jejunal segments, the wall is normal in thickness and appropriate mural detail. The colonic wall is normal.

**Pancreas**

The right limb is visible, with minimal deviation from the normal peripheral contours. The parenchyma is isoechoic- to slightly hypoechoic relative to surrounding omental fat, with normal glandular detail. The pancreatic duct is not overtly dilated. (See also "Other" category).

**Lymph Nodes**

One- to two enlarged, hypoechoic, rounded mesenteric lymph nodes are visualized (one measuring 2.7 x 1.7 cm). Surrounding mesentery is hyperechoic.

**Free Abdomen**

Trace free fluid is observed.

**Other**

In the cranial abdomen, caudal to the stomach, a 5.1 x 4.0 cm heterogenous mass effect is visualized. Within the mass effect a 3.0x 1.9 cm fluid pocket is observed. Echogenic debris is suspended within the fluid.

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Jejunal mass effect. The length of the mass effect is similar to the previous sonogram. The wall thickness in this region may be marginally improved. However, there is evidence of gastrointestinal ileus. Adjacent peritonitis is present.
- The mesenteric lymphadenopathy may be slightly improved compared to the previous sonogram. Infiltrative neoplasia is suspected, with a lower possibility of lymphadenitis or lymphoid hyperplasia.
- The origin of the mass in the cranial abdomen is unclear. It may be arising from pancreas, lymph node, mesentery, other. Considerations include neoplasia, abscessed tumor, other. The mass appears similar in appearance compared to the previous sonogram.

**Secondary Findings**

- Bilateral adrenomegaly
- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.



**PATIENT**

Jack Kennedy

**SPECIES**

Canine

**BREED**

Border Collie Mix

**SEX**

Neutered Male

**AGE**

10

**WEIGHT**

65.8

**INTERPRETED BY**

Andrea Nicastrò DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicastrò DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**HOSPITAL NAME**

Sun Dog Cat Moon

**REFERRING VET**

Dr Fetterolf

**INVOICE**

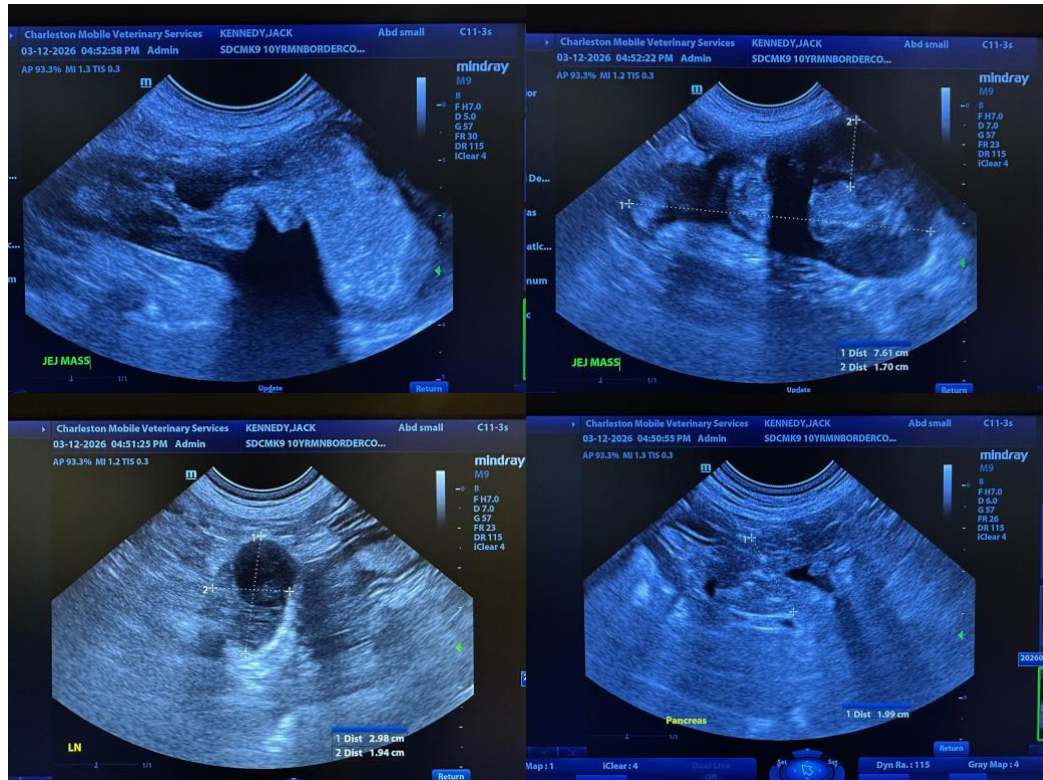
22681

**DATE**

3-12-26

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Consultation with the patient's oncologist is recommended for further diagnostic and treatment options. In the meantime, symptomatic care is recommended.





**PATIENT**

Jack Kennedy

**SPECIES**

Canine

**BREED**

Border Collie Mix

**SEX**

Neutered Male

**AGE**

10

**WEIGHT**

65.8

**INTERPRETED BY**

Andrea Nicastrò DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicastrò DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**HOSPITAL NAME**

Sun Dog Cat Moon

**REFERRING VET**

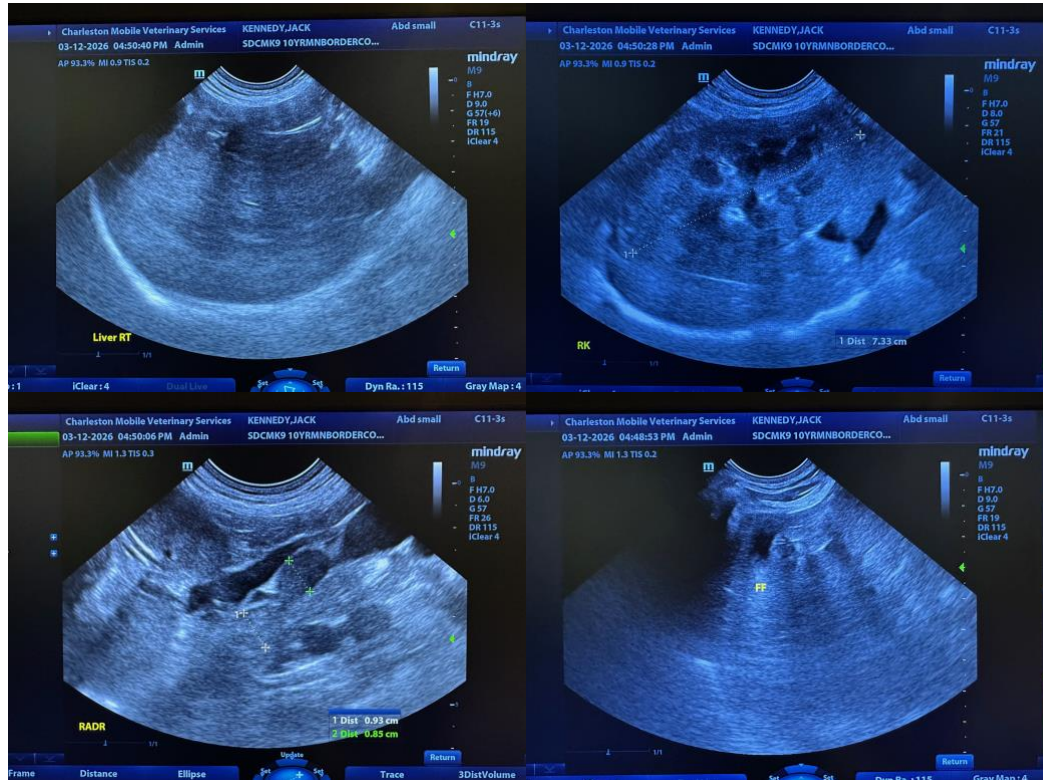
Dr Fetterolf

**INVOICE**

22681

**DATE**

3-12-26





**PATIENT**

Jack Kennedy

**SPECIES**

Canine

**BREED**

Border Collie Mix

**SEX**

Neutered Male

**AGE**

10

**WEIGHT**

65.8

**INTERPRETED BY**

Andrea Nicastrò DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicastrò DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**HOSPITAL NAME**

Sun Dog Cat Moon

**REFERRING VET**

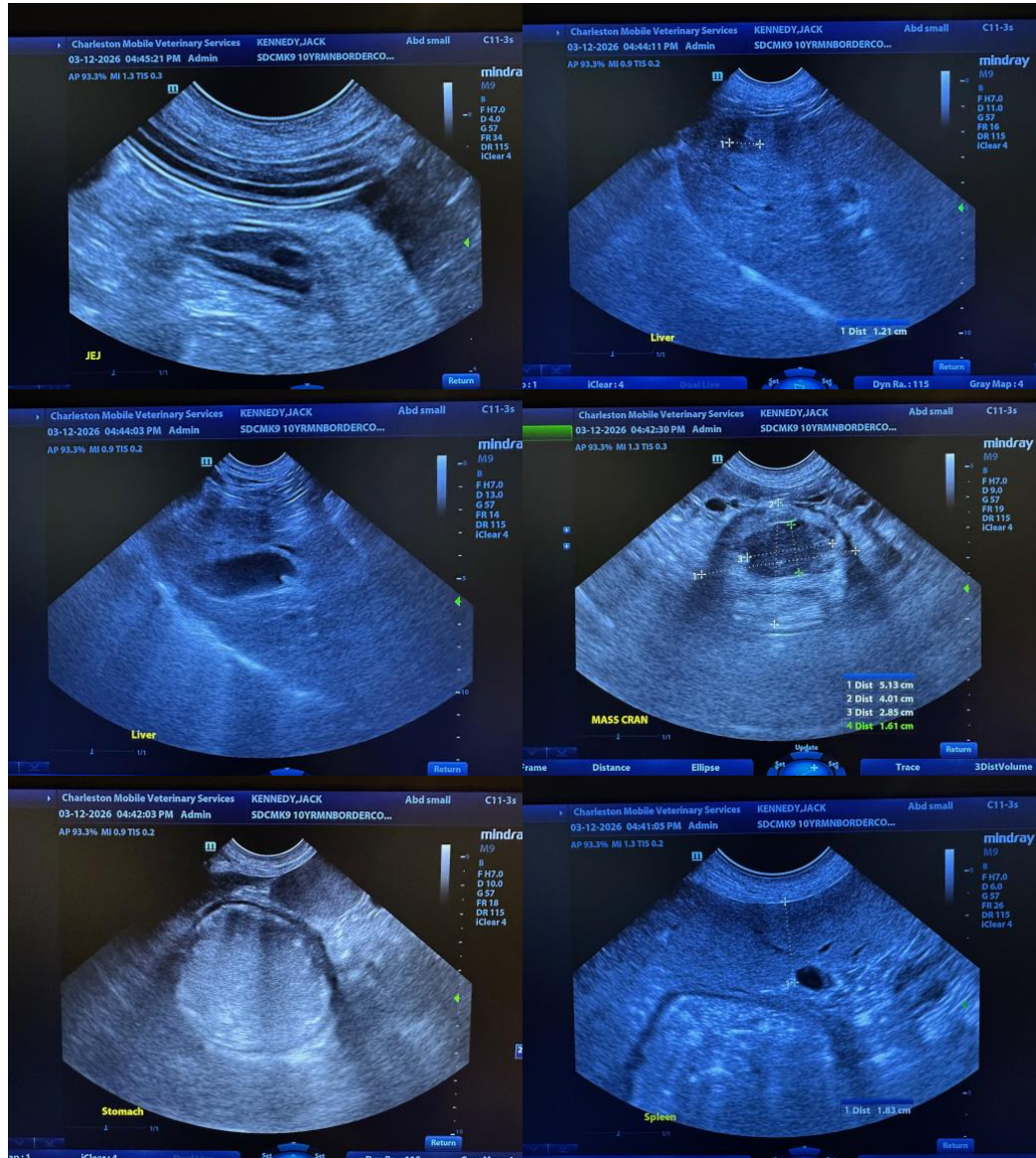
Dr Fetterolf

**INVOICE**

22681

**DATE**

3-12-26





**PATIENT**

Jack Kennedy

**SPECIES**

Canine

**BREED**

Border Collie Mix

**SEX**

Neutered Male

**AGE**

10

**WEIGHT**

65.8

**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**

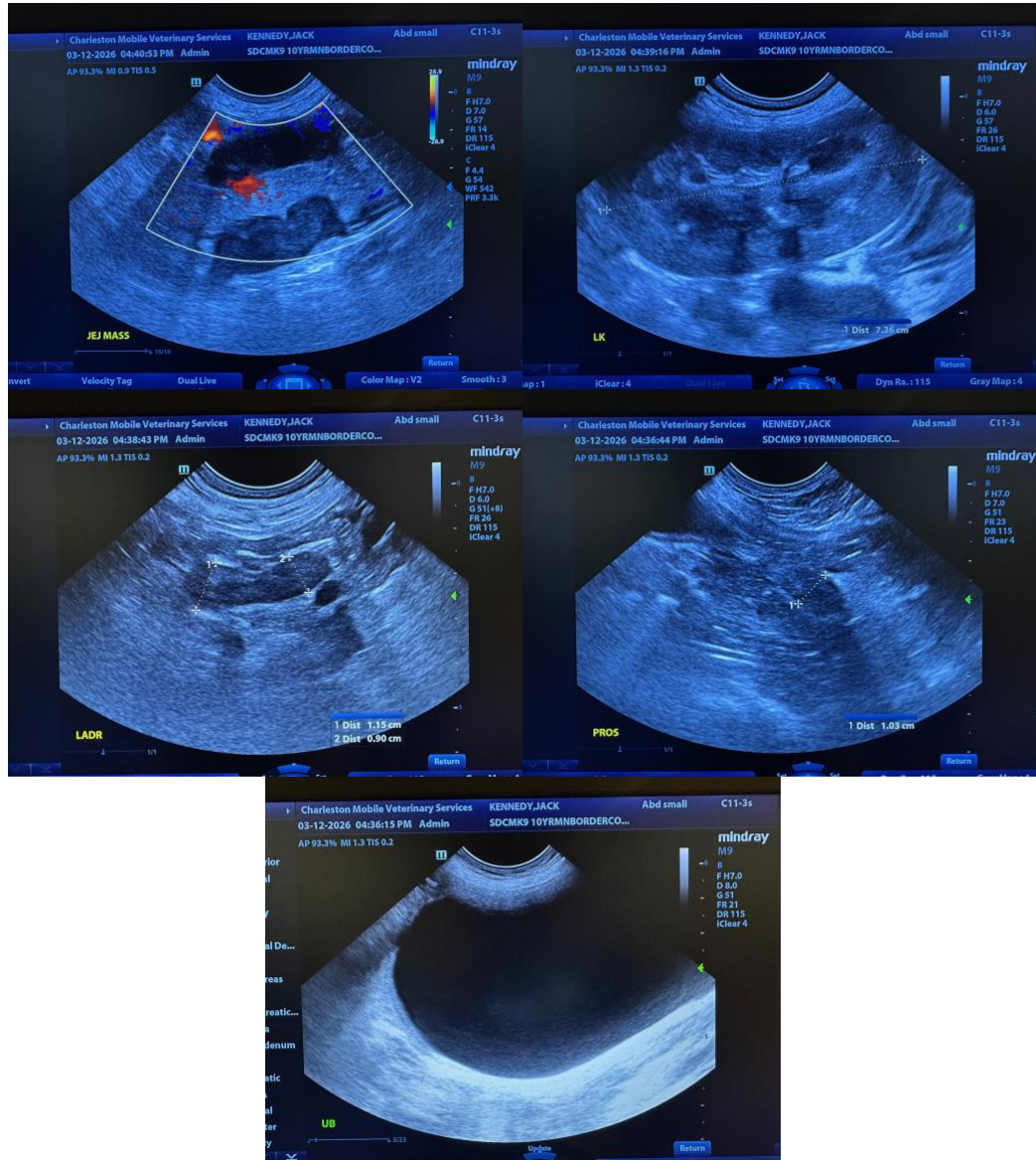
Dr Fetterolf

**INVOICE**

22681

**DATE**

3-12-26



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](mailto:info@SonoPath.com)