



PATIENT

Chunky May

SPECIES

Canine

BREED

French Bulldog

SEX

Female Spayed

AGE

1/13/2016

WEIGHT

30.5lb

INTERPRETED BY

Kathleen Sennello DVM
MS, Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Kathleen Sennello DVM
MS, Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Central VH
Summerville

REFERRING VET

Chad Reynolds

INVOICE

22933

DATE

4-27-26

PRESENTING CLINICAL SIGNS

Presented 4/16/26 as a new patient for yearly skin evaluation. Is believed to have calcinosis cutis. Abdomen was pendulous with possible palpable abdominal mass. Ivermectin monthly, one month prior started with large areas scabbing/hair loss. Barrel appearance. Ultrasound - large cranial abd mass, splenic likely

Abnormal lab-work values: None
Current Medications: Dexamethasone inj, Gentamicin spray
Radiographic Findings: Concerning for and/or mass in the abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. A small 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 2 cm, are normal.

The left kidney is normal in size (5.71 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (5.00 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.70 cm at cranial pole) (0.74 cm at caudal pole) with swollen peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is upper limits of normal size (0.94 cm at cranial pole) (0.68 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.

Spleen

The spleen is normal in size (1.04 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Pinpoint hyperechoic foci are observed throughout the organ. Splenic vasculature is normal.

Liver

A 10.0 x 7.7 cm heterogenous expansile mass is arising from the right side. In the remainder of the liver, the parenchyma is hypoechoic relative to the spleen and homogenous in appearance. 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 lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal



PATIENT

Chunky May

SPECIES

Canine

BREED

French Bulldog

SEX

Female Spayed

AGE

1/13/2016

WEIGHT

30.5lb

INTERPRETED BY

Kathleen Sennello DVM
MS, Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Kathleen Sennello DVM
MS, Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Central VH
Summerville

REFERRING VET

Chad Reynolds

INVOICE

22933

DATE

4-27-26

layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

A 1.20 x 0.63 cm slightly cystic lymph node is observed in the right cranial quadrant.

Free Abdomen

Trace free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large right hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, sarcoma, round cell tumor) is suspected with a lower possibility of a non-neoplastic process. The prominent adjacent lymph node could be consistent with early metastatic disease or reactive change.
- Trace ascites

Secondary Findings

- The pinpoint hyperechoic splenic foci likely represent splenic dystrophic mineralization, a benign incidental finding often seen in patients with endocrinopathies.
- Mild bilateral adrenomegaly
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Radiology consultation on the thoracic radiographs is recommended. If there is no evidence of pulmonary metastatic disease, consider referral to a board-certified surgeon to discuss hepatic mass removal or debulking. An abdominal CT scan would be useful in presurgical planning. Fine-needle aspiration of the hepatic mass can be considered prior to surgery. However, it can be difficult to distinguish hepatic hyperplasia from adenomas from adenocarcinomas cytologically, and histopathology is often necessary to get a definitive diagnosis.



PATIENT

Chunky May

SPECIES

Canine

BREED

French Bulldog

SEX

Female Spayed

AGE

1/13/2016

WEIGHT

30.5lb

INTERPRETED BY

Kathleen Sennello DVM
 MS, Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Kathleen Sennello DVM
 MS, Diplomate ACVIM
 (Sm Animal Internal Med)

HOSPITAL NAME

Central VH
 Summerville

REFERRING VET

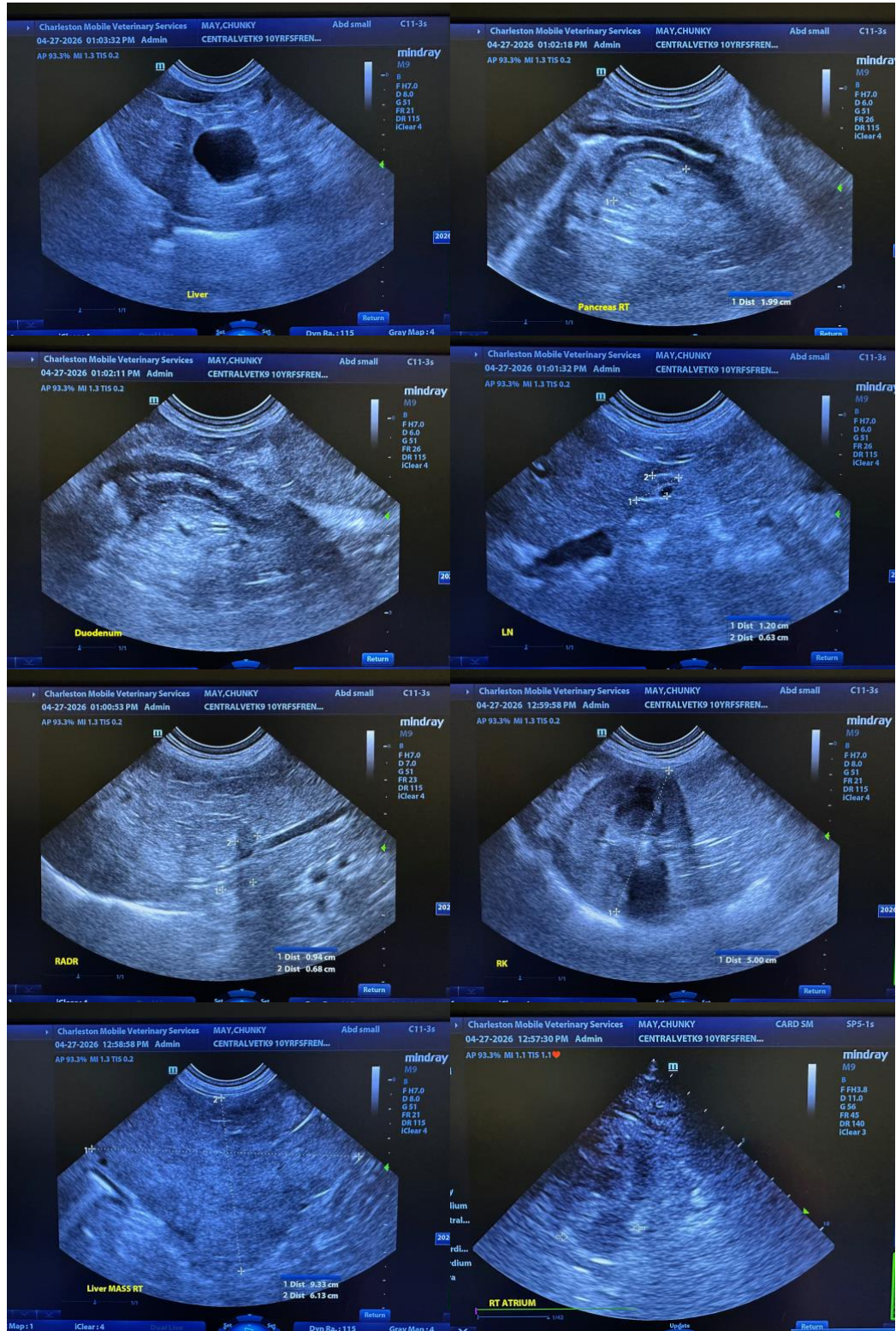
Chad Reynolds

INVOICE

22933

DATE

4-27-26





PATIENT

Chunky May

SPECIES

Canine

BREED

French Bulldog

SEX

Female Spayed

AGE

1/13/2016

WEIGHT

30.5lb

INTERPRETED BY

Kathleen Sennello DVM
 MS, Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Kathleen Sennello DVM
 MS, Diplomate ACVIM
 (Sm Animal Internal Med)

HOSPITAL NAME

Central VH
 Summerville

REFERRING VET

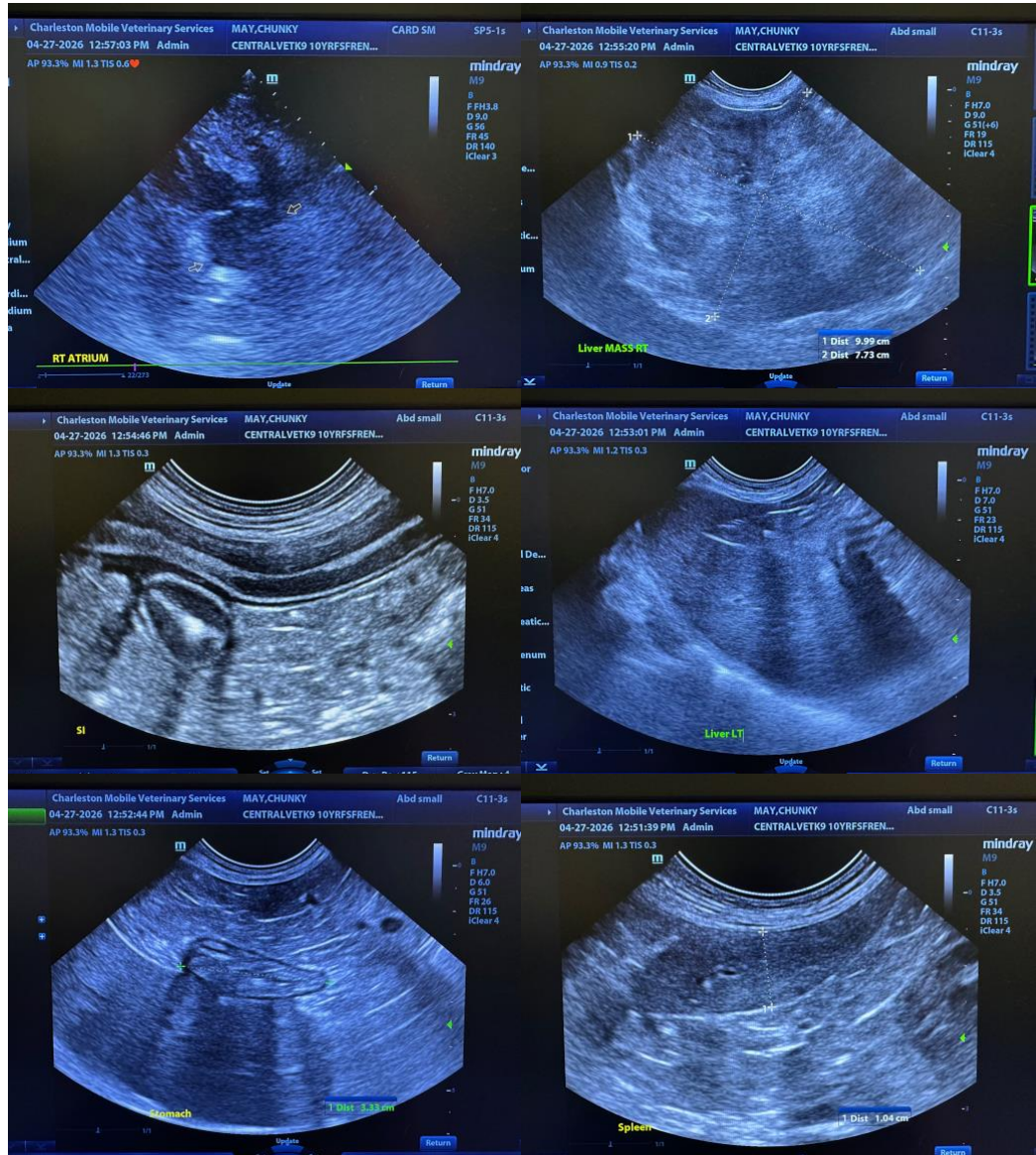
Chad Reynolds

INVOICE

22933

DATE

4-27-26





PATIENT

Chunky May

SPECIES

Canine

BREED

French Bulldog

SEX

Female Spayed

AGE

1/13/2016

WEIGHT

30.5lb

INTERPRETED BY

Kathleen Sennello DVM
MS, Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Kathleen Sennello DVM
MS, Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Central VH
Summerville

REFERRING VET

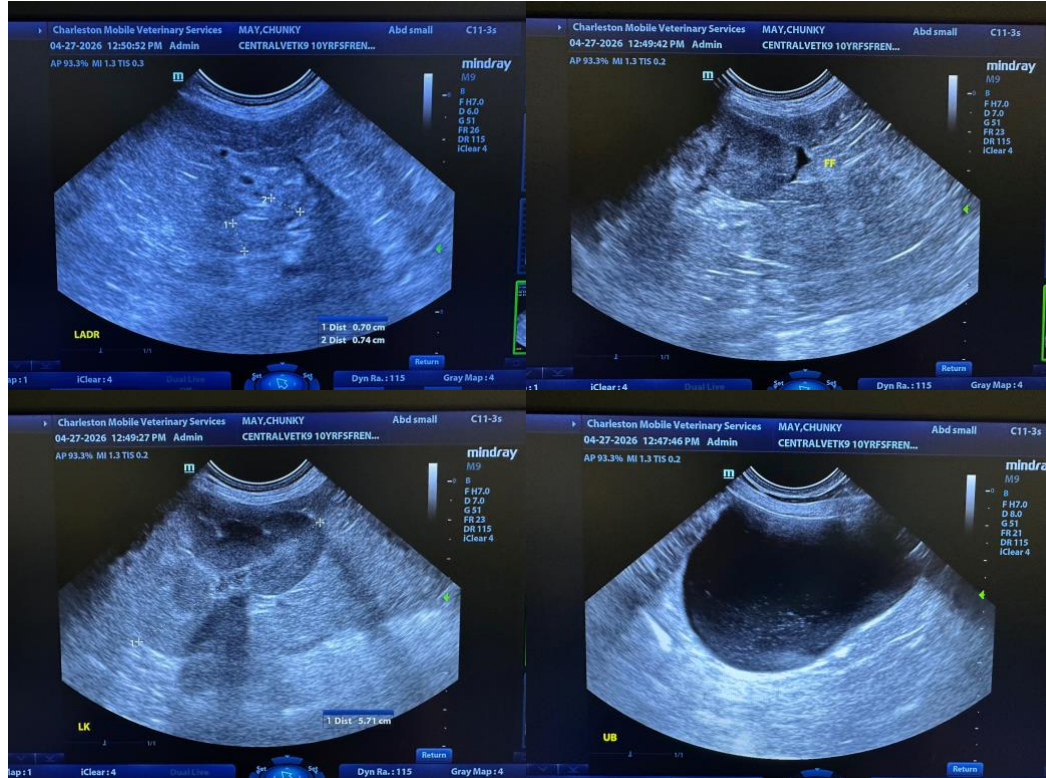
Chad Reynolds

INVOICE

22933

DATE

4-27-26



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