



## PATIENT

Rusty Scalora

## SPECIES

Canine

## BREED

Jack Russell Terrier

## SEX

Neutered male

## AGE

12 years

## WEIGHT

21.4 lbs

## INTERPRETED BY

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Meghan Morse LVT,  
CVT

## HOSPITAL NAME

Animal Hospital of  
Sussex County

## REFERRING VET

Dr. Lovell

## INVOICE

69488

## DATE

12/22/25

## PRESENTING CLINICAL SIGNS

History: Chronic elevation in ALT, ALP, PSL, decreased HCT PPHx of Splenomegaly- benign hematoma Current meds: Denamarin

Abnormal PE/Chem/CBC/UA Results: ALT 827, ALP 4214, HCT 31, PSL 478

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with anechoic urine and a mild amount of suspended, mobile echogenic debris. The bladder is otherwise normal. The ureters were not visualized, which is a normal finding. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasia is present. The capsules are uniform without significant irregularities noted. The left kidney measured 4.72 cm. The right kidney measured 4.9 cm.

### *Adrenal Glands*

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.56 x 2.03 cm and the right adrenal gland measured 0.7 x 2.63 cm.

### *Spleen*

The spleen was not visualized as it was previously removed.

### *Liver*

The visible liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder wall is mildly thickened and hyperechoic with mild amount of suspended, echogenic debris and dependent sediment. There is no evidence of intrahepatic or extrahepatic biliary dilation. The cystic and common bile duct were normal.

### *Gastrointestinal*

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction



## PATIENT

Rusty Scalora

## SPECIES

Canine

## BREED

Jack Russell Terrier

## SEX

Neutered male

## AGE

12 years

## WEIGHT

21.4 lbs

## INTERPRETED BY

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Meghan Morse LVT,  
CVT

## HOSPITAL NAME

Animal Hospital of  
Sussex County

## REFERRING VET

Dr. Lovell

## INVOICE

69488

## DATE

12/22/25

and ileocecolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

### ***Pancreas***

The visible pancreas is slightly prominent and hypoechoic with a normal pancreatic duct and a smooth capsule. There is no regional mesentery or omental fat. this is suspected to be a variation of normal for this patient.

### ***Free Abdomen***

There is a large heterogenous to multi-cameral mass effect that occupies the majority of the mid-abdomen. There are multiple regions of mildly cavitation with mixed hyperechoic and hypoechoic, ill-defined, nodular changes within the suspected mass effect. Etiology of the mass is unknown. Given the asymmetrical appearance, measurements are challenging and inconsistent; however, the largest region appears to measure 6.9 x 7.8 cm and occupies the majority of the mid-abdomen.

## **ULTRASONOGRAPHIC FINDINGS**

The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.

Large mass effect in the mid-abdomen, of uncertain origin. Concern for potential infiltrative neoplastic disease. Due to the concern for mild anemia, possible intralesional hemorrhage must be considered as a potential etiology.

The pancreas is slightly prominent and mildly hypoechoic without evidence of active steatitis or peritonitis. This may be a variation of normal for this patient. However, given the elevations in pancreatic lipase and occult pancreatitis cannot be definitively excluded.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

Fine needle aspirates of the abdominal mass and liver with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

In the absence of clinical signs, no further diagnostics or therapy may be indicated for the pancreatic changes. however, monitoring for progression or onset of clinical signs of pancreatitis is recommended as this may represent an early change.



**PATIENT**

Rusty Scalora

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

21.4 lbs

**INTERPRETED BY**

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

**IMAGING PERFORMED BY**

Meghan Morse LVT,  
CVT

**HOSPITAL NAME**

Animal Hospital of  
Sussex County

**REFERRING VET**

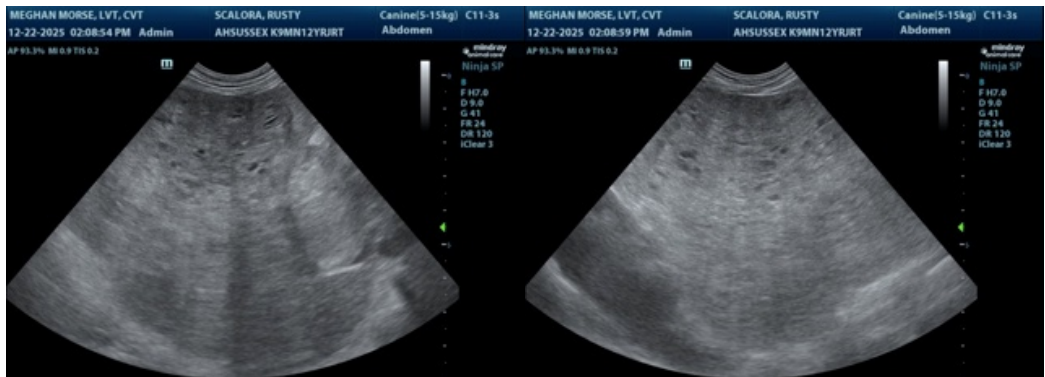
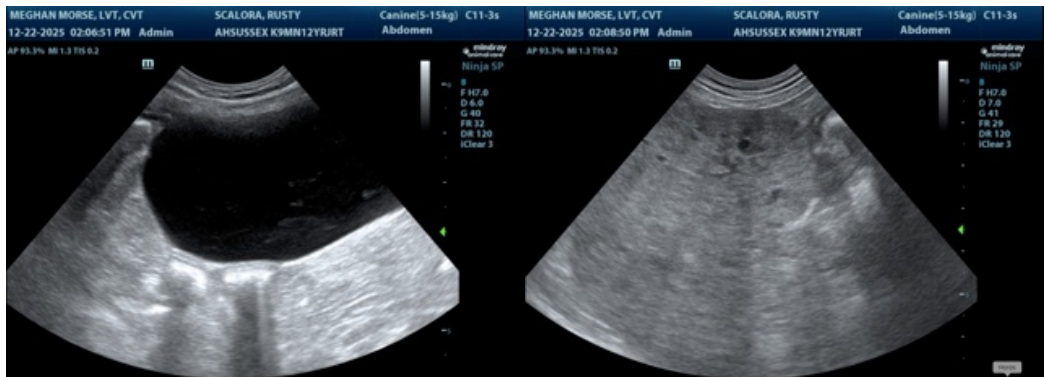
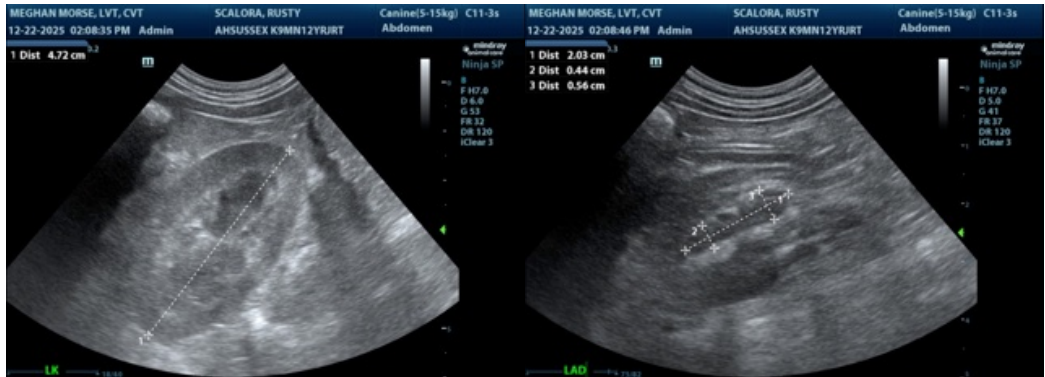
Dr. Lovell

**INVOICE**

69488

**DATE**

12/22/25





**PATIENT**

Rusty Scalora

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

21.4 lbs

**INTERPRETED BY**

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

**IMAGING PERFORMED BY**

Meghan Morse LVT,  
CVT

**HOSPITAL NAME**

Animal Hospital of  
Sussex County

**REFERRING VET**

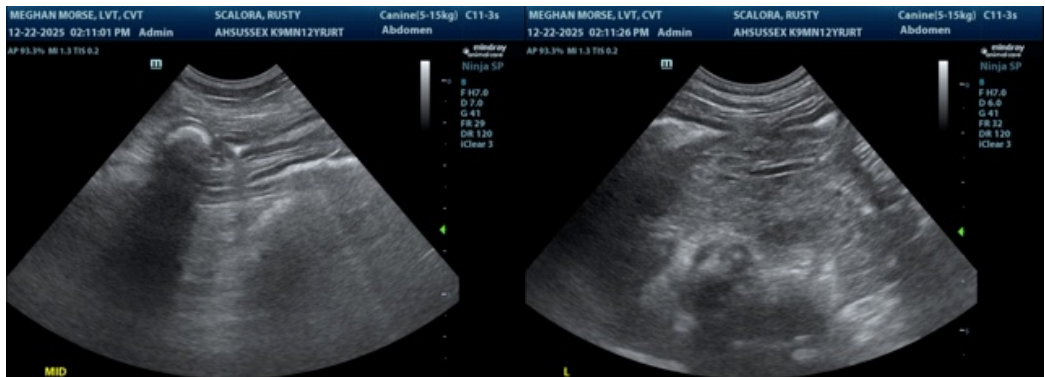
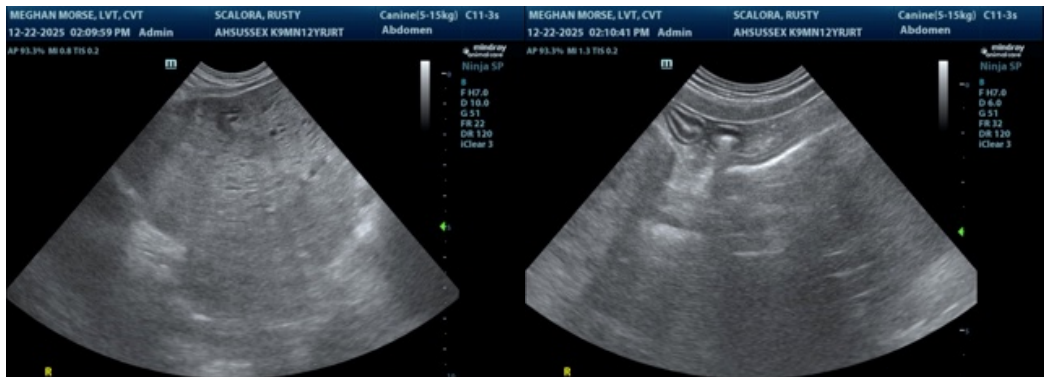
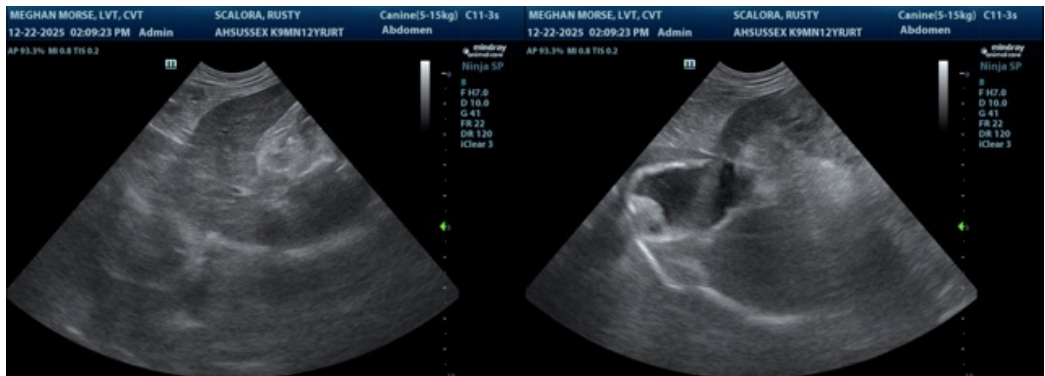
Dr. Lovell

**INVOICE**

69488

**DATE**

12/22/25



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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

[info@SonoPath.com](mailto:info@SonoPath.com)