



PATIENT

Jack Rebellato

SPECIES

Canine

BREED

Bichon Mix

SEX

Neutered Male

AGE

14 Years

WEIGHT

23 pounds

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons), DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Village Centre Animal
 Hospital

REFERRING VET

Dr. Kunnath

INVOICE

15162

DATE

04/17/26

PRESENTING CLINICAL SIGNS

Mentation: Bright, alert, and responsive Wt: 23 lbs BCS: 5/9 T: 37.8 C P: 106 bpm R: 32 /min MM: Pink and moist. CRT < 2 seconds. Hydration: Normal

Abnormal PE/Chem/CBC/UA Results: Glucose: 10.57 mmol/L (mildly elevated, likely stress-related). - Potassium: Slightly low (consistent with recent vomiting). - Alkaline Phosphatase (ALP): Mildly elevated (considered an age-related change). - Pancreatic Lipase: 283 to 63 U/L (mildly increased, normal 0-200 U/L). This is a non-specific finding and not diagnostic for pancreatitis. - Total T4: 8 nmol/L (low, normal 15-51 nmol/L). This is suspected to be due to euthyroid sick syndrome. Radiographic Findings There is reduced retroperitoneal detail which could represent hemorrhage (, septic effusion (retroperitoneal abscess secondary to migrating grass seed), urine peritonitis or neoplastic effusion/hemorrhage from an unidentified retroperitoneal mass. Reduced cardiovascular size may represent volume loss/hemorrhage or shock.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The left kidney measured 5.49 cm in length. The right kidney measured 5.79 cm in length. There is severe retroperitoneal inflammation, especially evident near the right kidney.

Adrenal Glands

The left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. The left adrenal gland measured 1.58 cm in length and 0.70 cm at the caudal pole and 0.59 cm at the cranial pole.

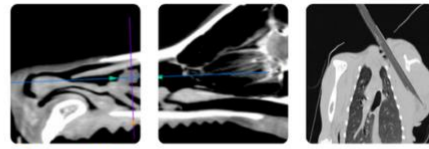
There is severe inflammation and abnormal tissue in the area of the right adrenal gland. The right adrenal gland was not definitively visualized.

Spleen

The spleen was normal with age-appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age-appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.



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Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

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The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

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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. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was not visualized. Sections of colon are visualized with gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The area of the left limb of the pancreas is normal. There is severe inflammation in the area of the right limb of the pancreas though this is not suspected to be pancreatic in origin. Definitive pancreatic tissue is not visualized.

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Lymph Nodes

Right retroperitoneal/right renal lymph nodes may be enlarged. No other significant lymphadenopathy.

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Free Abdomen

The retroperitoneal space around both the right and left kidneys is hypoechoic. There's scant effusion near the left kidney. There is effusion around the right kidney, as well as somewhat poorly defined mass effects measuring approximately 3.9 cm by 1.6 cm, and another mass effect measuring 2.9 cm by 2.7 cm. These may represent inflamed/enlarged retroperitoneal lymph nodes or a true retroperitoneal mass. The omentum in this area is severely hyperechoic and thickened, consistent with marked inflammation.

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ULTRASONOGRAPHIC FINDINGS

- Mass effect in the right retroperitoneal space with severe surrounding inflammation and scant effusion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is severe inflammation in the right retroperitoneal space and inflammation in the left retroperitoneal space as well. There is a mass effect near the right kidney, which is likely the source of inflammation. This may represent a true neoplastic mass and abscess, inflamed/enlarged lymph nodes, granuloma, etc. FNA of lesion and fluid sampling with fluid analysis and cytology is recommended.

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CT may be of use to further visualize the area and further differentiate structures. Abdominal explore could be considered pending patient stability.



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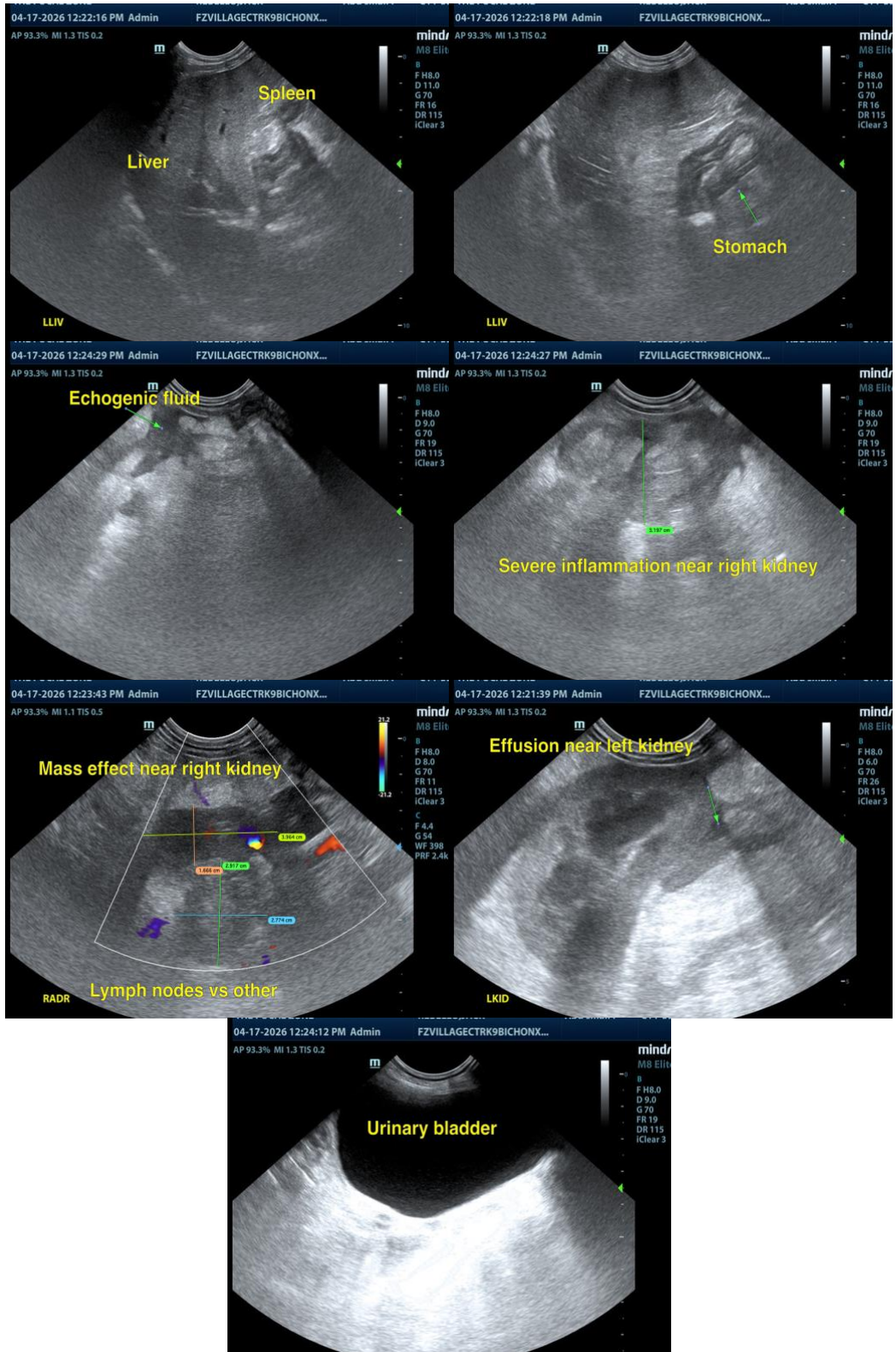
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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