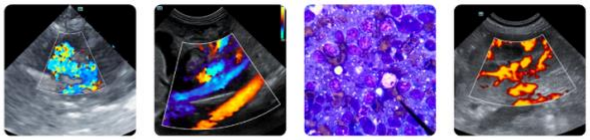


PATIENT

Gozer Bennawit

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

13.5 Years

WEIGHT

9.5 kg

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

13795

DATE

02/14/26

PRESENTING CLINICAL SIGNS

- P went to rDVM 2/12 for presurgical BW for dental and 2x mass removal. Was clinically doing well. P acutely shaking, lethargic and vomiting 2/13. O took P to rDVM and had BW and chest/abd xrays and aPOCUS. P transferred to HAEC for hosp and AUS. P has a hx of MCT removal 1/2025P has a hx of cognitive dysfunction that improved after P was put on carprofen for pain. Lens opacities OU. Periodontal disease. Harsh BV sounds x4. Reactive to abd palpation. Abdominal effort when resting. Recessed/hooded vulva. Mass R elbow and R side of head. Stiff gaited

Abnormal PE/Chem/CBC/UA Results: Intake Diagnostics: EPOC - pO2 56.9 (H) PCV/TP - 35/7.0 Albumin - 2.4 BP - 153/102 MAP 104 CONCLUSION: 1. Multifocal thickening distention of the small intestine. 2. Decreased peritoneal contrast. This finding may be due to mild effusion or steatitis 5. Diffuse bronchointerstitial pattern likely caused by combination of age and breed related bronchial thickening.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The trigone and visible urethra were normal in appearance. The urine was anechoic with no visible sediment or uroliths. The pelvic urethra was visualized to a depth of 2.0 cm past the cystourethral junction.

The residual prostate was normal in size, shape, and echogenicity.

The iliac trifurcation was normal in structure and volume. There was no visible lymphadenopathy.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There were variably sized, non-obstructive medullary mineralization present. There were multifocal, variably sized cortical renal cysts present. There was no visible inflammation around the cysts. The left kidney measured 4.6 cm in length. The right kidney measured 4.8 cm in length.

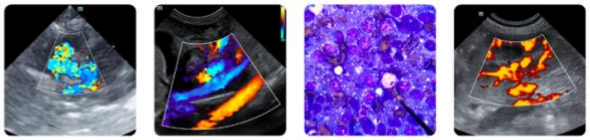
Adrenal Glands

Both adrenal glands were normal in size and shape, with a smooth capsule contour. The parenchyma displayed normal echogenicity. There was no evidence of capsular expansion or pericapsular inflammation. There were no nodules or masses visible. The left adrenal gland measured 0.50 cm width at the caudal pole and o.50 cm width at the cranial pole. The right adrenal gland measured 0.43 cm width at the caudal pole and 0.66 cm width at the cranial pole.

Spleen

The spleen was normal in size with a moderately irregular capsule contour. There are variably sized hyperechoic densities, most consistent with benign myelolipomas, however, some of these organize into a larger more expansive mass that measures 2.4 cm in diameter. There are also several hypoechoic splenic nodules with an example measuring 0.75 cm in width. The unaffected portion of the splenic parenchyma is diffusely heterogenous.

Liver



PATIENT

Gozer Bennawit

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

13.5 Years

WEIGHT

9.5 kg

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

13795

DATE

02/14/26

The liver is subjectively normal in size with mildly irregular capsule contour. The hepatic parenchyma appears homogenous overall with no distinct masses or nodules. The hepatic parenchyma may be more hypoechoic than typical. The portal markings are normal. There is no distinct masses or nodules within the liver.

The gallbladder was normal in size and shape. The gall bladder was normal in size and shape. The luminal contents were anechoic. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

Gastrointestinal

The stomach contains some shadowing gas yet otherwise appears normal with no fluid distention or obstruction to pyloric outflow. There appears to be maintained layering in the stomach. The small intestine is diffusely thickened with largely intact wall layering with the exception of an irregular small intestinal mass that has a complete loss of layering and measures approximately 4 .0centimeters in diameter. There is a large amount of reactive mesentery adjacent to the mass. The colon is normal.

Pancreas

The pancreas was mildly to moderately enlarged in size. The capsule contour was mildly asymmetric and irregular. The parenchyma was hypoechoic to heterogeneous with mildly bright mesentery around it. There was no overt evidence of neoplasia.

Free Abdomen

There is diffusely hypoechoic mesentery, particularly adjacent to the pancreas and the small intestinal mass. There are diffusely enlarged mesenteric lymph nodes that are mildly rounded and hypoechoic. An example of the mesenteric lymph node that measures 1.2 x 0.75 centimeters.

ULTRASONOGRAPHIC FINDINGS

- SI mass - meets neoplastic criteria
- Enteritis pattern, moderate to severe
- Peritoneal effusion, small volume
- Splenic nodules (hyper and hypoechoic) with small mass (heterogeneous) - ddx pronounced benign myelolipoma changes vs potential for early metastasis
- Pancreatitis, moderate
- Diffuse mesenteric inflammation
- Mesenteric lymphadenopathy, moderate

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the history of previous MCT and recent mass removal, systemic MCT is a possibility. The SI mass could be a MCT, or severe inflammatory lesion. Of note, there can be hepatosplenic spread of MCT with a normal sonographic appearance.

IVF, supportive care and administration of diphenhydramine and steroids could all be considered.

Sampling of the abdominal fluid for cytospin and fluid analysis is recommended, if accessible. FNA or biopsy of the SI mass would be needed for further assessment. Screening FNA of the spleen and/or liver could be considered as well.

PATIENT

Gozer Bennawit

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

13.5 Years

WEIGHT

9.5 kg

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Cara Sinopoli

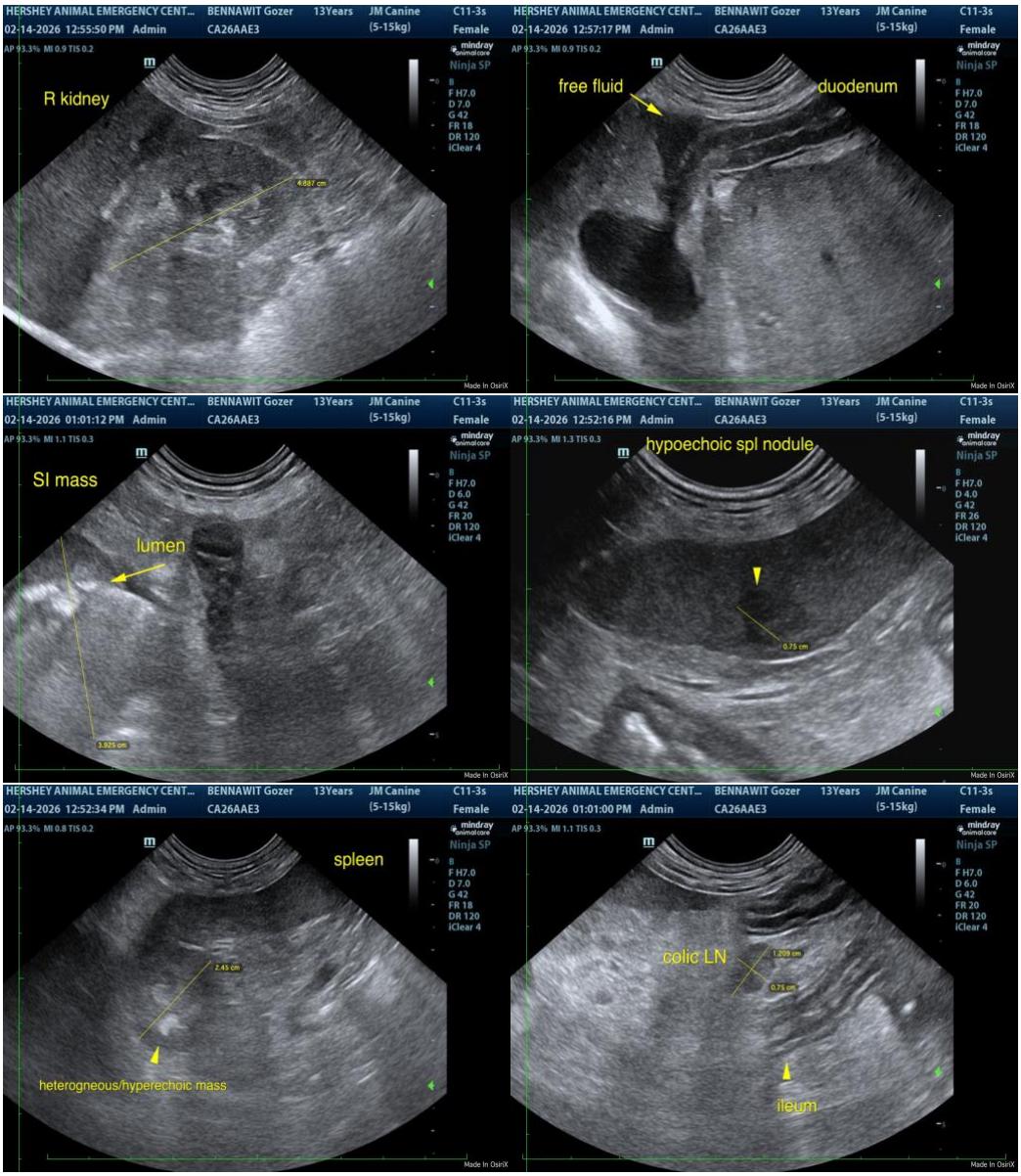
INVOICE

13795

DATE

02/14/26

A recheck ultrasound could be done 24-48 hours after supportive care and treatment to potentially better visualized the SI mass if any surgical intervention was being considered.



PATIENT

Gozer Bennawit

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

13.5 Years

WEIGHT

9.5 kg

INTERPRETED BY

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

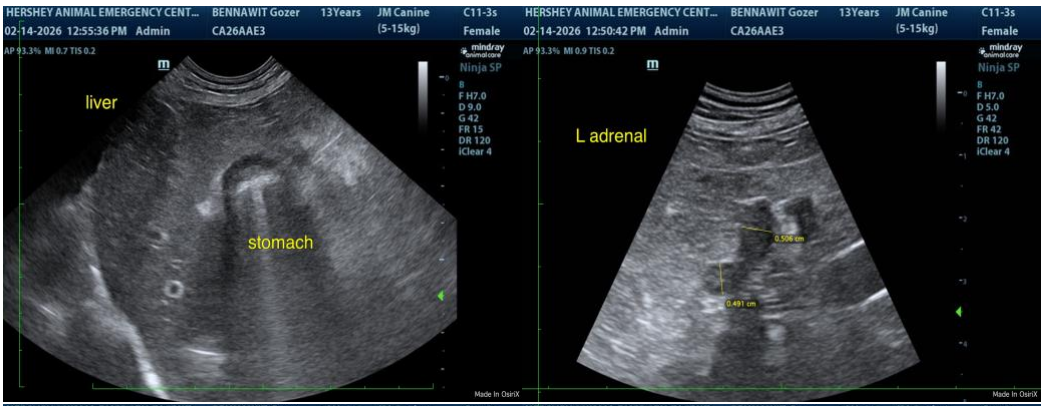
Dr. Cara Sinopoli

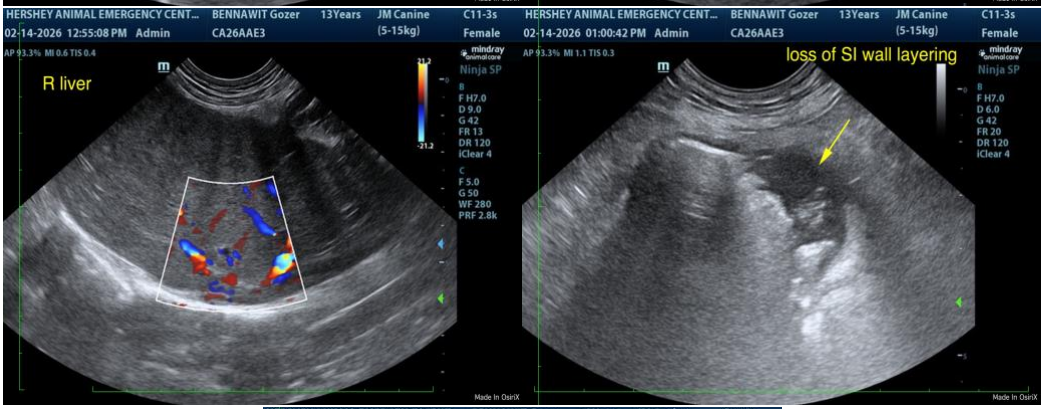
INVOICE

13795

DATE

02/14/26





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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

info@SonoPath.com