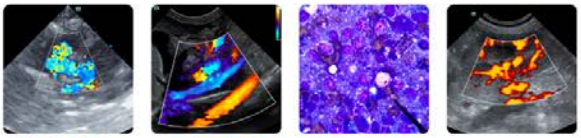


PATIENT

Mugsy Lanza

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

13 Years

WEIGHT

31.2 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Harmony Animal Hospital

REFERRING VET

Dr. Epple

INVOICE

72217

DATE

1/14/26

PRESENTING CLINICAL SIGNS

Decreased appetite, hx of diabetes, on Novolin N 5 units BID
Abnormal PE/Chem/CBC/UA Results: Creat high, BUN >130, PHos 12, ALT 135, ALP 1706, ^ Lipase 4357

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (0.72 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.66 cm). The cortex is increased in echogenicity with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There are numerous small cortical cystic lesions visualized in the cortex. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.04 cm). The cortex is increased in echogenicity with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There are numerous small cortical cystic lesions visualized in the cortex. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is large, measuring 1.12 cm at the cranial pole ad 0.90 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

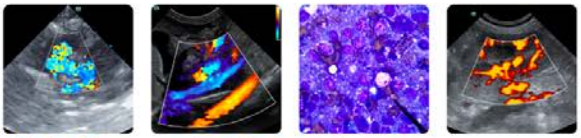
The right adrenal gland is large, measuring 0.81 cm at the cranial pole and 0.88 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is normal in size and shape. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous, somewhat poorly defined, irregular, hypoechoic nodules visualized in the spleen. A nodule cranial to the hilus measures 0.87 cm in diameter. A nodule caudal measures 0.64 cm. A cystic cavitated lesion in the cranial spleen measures 0.40 cm.

Liver

The liver is large in size, and hyperechoic with rounded margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



PATIENT

Mugsy Lanza

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

13 Years

WEIGHT

31.2 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Harmony Animal Hospital

REFERRING VET

Dr. Epple

INVOICE

72217

DATE

1/14/26

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild to moderate fluid/ingesta/gas. The majority of the gastric wall appears normal with intact wall layering, measuring at 0.43 cm. There is a focal section of gastric wall that appears more significantly thickened with intact but slightly reduced detail of wall layering measuring up to 1.7 cm.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.54 cm. Jejunum wall measures 0.36 cm. There is mild mucosal fogging visualized associated with some sections of small intestine. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild to moderate pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy. The omentum is hyperechoic in the cranial abdomen in the region of the pancreas.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.
- Renal changes consistent with chronic renal disease.
- Multiple hypoechoic splenic nodules – There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Pancreatic changes consistent with chronic active pancreatitis and pancreatic remodeling.

PATIENT

Mugsy Lanza

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

13 Years

WEIGHT

31.2 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Harmony Animal Hospital

REFERRING VET

Dr. Epple

INVOICE

72217

DATE

1/14/26

- Large, hyperechoic, heterogeneous, rounded liver – Findings are most consistent with a vacuolar hepatopathy/diabetic hepatopathy. Other hepatopathies are possible.
- Gastric wall thickening with intact bur reduced wall layering – Findings could be consistent with severe focal gastritis or an early mass lesion (adenoma, carcinoma, round cell neoplasia, other).
- Thickened small intestine with some areas exhibiting mucosal fogging – Findings are most consistent with inflammatory change. Early neoplastic change cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenals appear large. This could be consistent with early hyperplasia or pituitary dependent hyperadrenocorticism. Additionally, this could be a mild stress response. Given the concurrent medical issues, adrenal function testing is not recommended at this time, but potentially when the patient is stabilized.

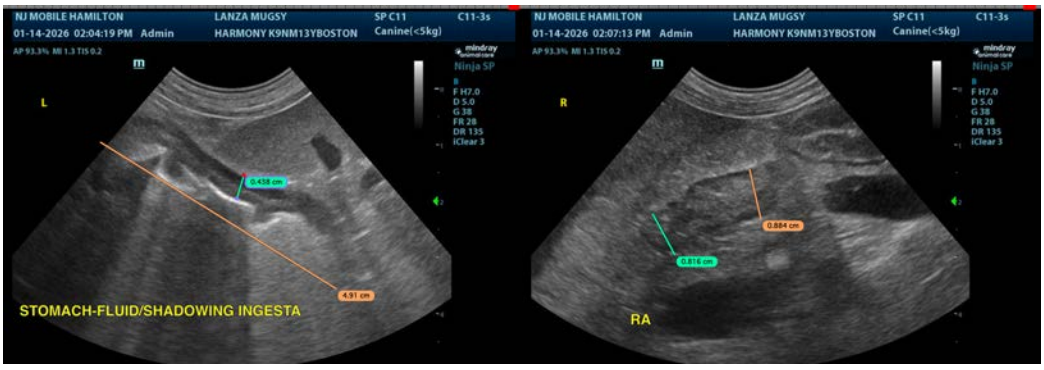
Both kidneys have changes consistent with chronic renal disease. Given the severe azotemia reported, this would be a concern. Recommend diuresis and a urine culture, looking for any evidence of pyelonephritis or similar. Additionally, a blood pressure evaluation would be recommended.

There are hypoechoic nodules in the spleen. These could represent benign or neoplastic lesions. Options moving forward would include a fine needle aspirate or continued monitoring with ultrasound.

Pancreatic changes are most consistent with chronic pancreatitis. Correlate with a PLI level and consider empirical treatment for pancreatitis.

The gastric wall changes are concerning. This could be consistent with severe gastritis (uremic gastritis, etc.), but an early neoplastic process would also be a significant concern. Options would include treatment for gastritis/pancreatitis and reassessment in 3-4 weeks. Additionally, an upper GI endoscopy could be considered to obtain biopsies and/or possibly a fine needle aspirate.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



PATIENT

Mugsy Lanza

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

13 Years

WEIGHT

31.2 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Harmony Animal Hospital

REFERRING VET

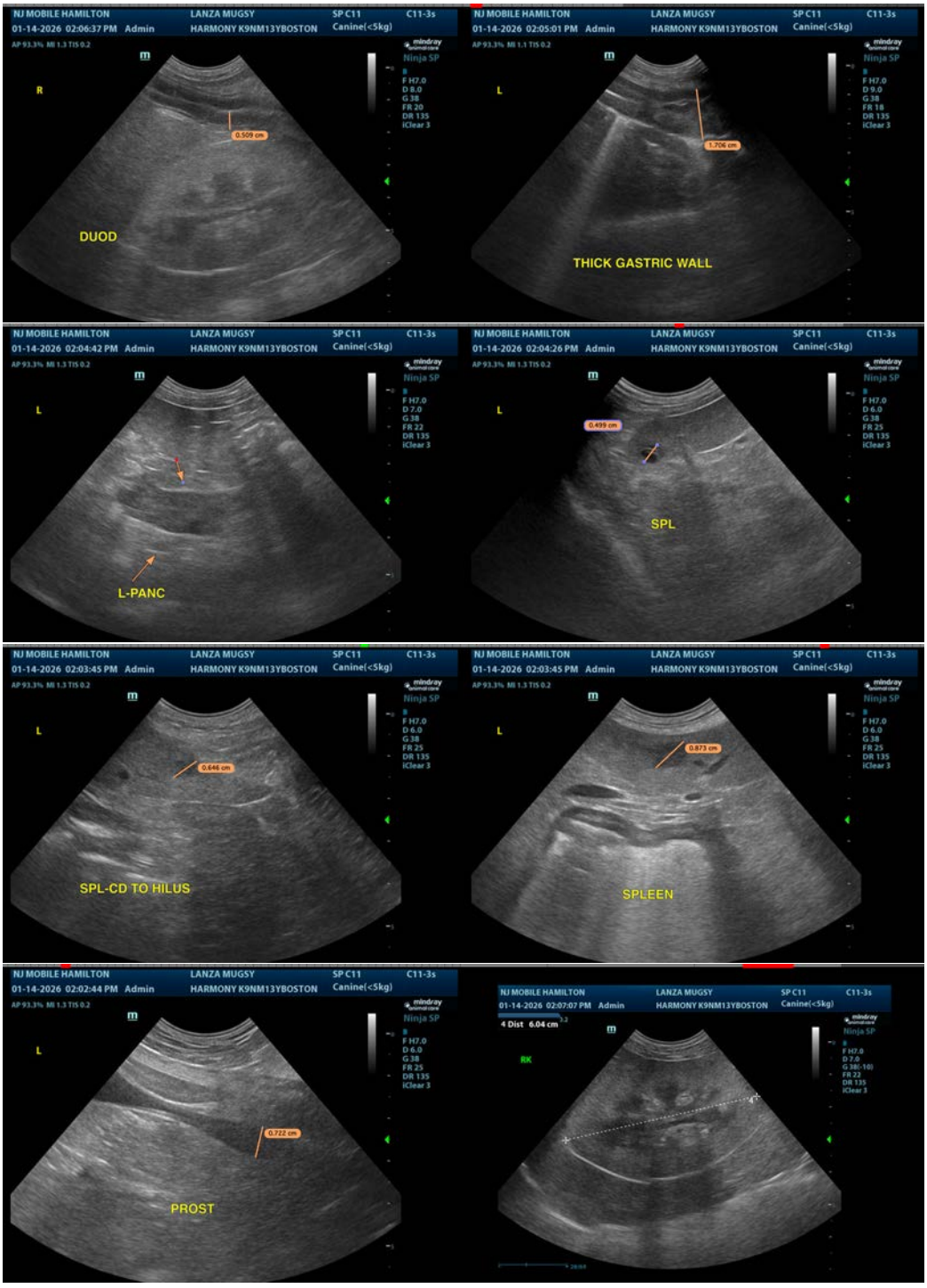
Dr. Epple

INVOICE

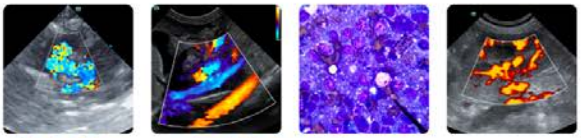
72217

DATE

1/14/26



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath www.SonoPath.com info@sonopath.com 800.838.4268

PATIENT

Mugsy Lanza

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

13 Years

WEIGHT

31.2 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Harmony Animal Hospital

REFERRING VET

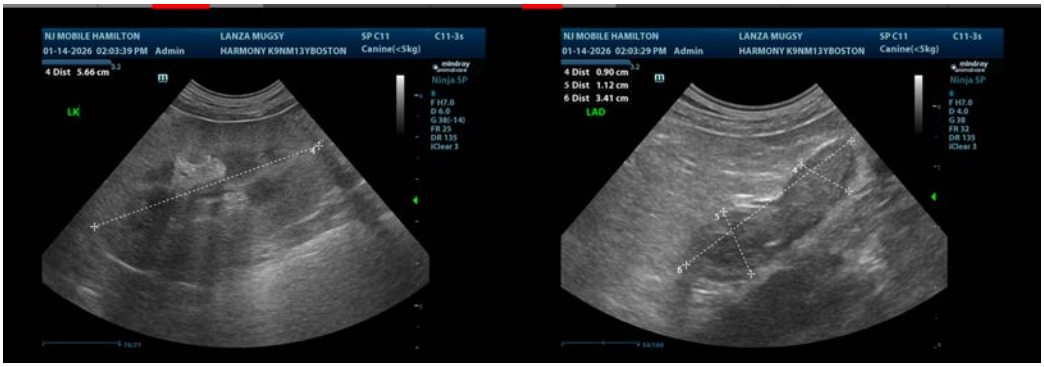
Dr. Epple

INVOICE

72217

DATE

1/14/26



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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com