PATIENT

Tucker Kornbrust

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

14 years

WEIGHT

16.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView Animal Hospital

REFERRING VET

Dr. Kalivoda

INVOICE

11120

DATE

1/15/2026

PRESENTING CLINICAL SIGNS

Chief Concern / Reason for Ultrasound: Dysuria - r/out prostate vs. urinary vs. new mass that was noted on dorsolateral caudal abdomen that seems to be infiltrating into the abdomen? See radiographs report Relevant Medical History and Physical Exam Findings: Overtly healthy dog Recent Diagnostics: Relevant Laboratory Results / Abnormalities: Low USG (1018) however quiet UA. Current medications (include full name, dosage, and frequency): Proviable Herbal Invigorate the Collaterals (herbal for IVDD) Corydalis (herbal for inflammation) Relevant Radiograph There is the impression of swelling visible along the dorsum in the slightly oblique right lateral radiograph of the abdomen. This appears to be fat opacity and there is no firm evidence of disruption of fascial planes. There is no evidence of involvement of the dorsal spinous process of vertebral bodies. The visible left lateral abdominal wall is unremarkable on the ventrodorsal view however the entire abdomen is not included. This could be compatible with a lipoma. Infiltrative lipoma cannot be completely excluded. Ultrasound of the swelling and fine-needle aspirate biopsy is recommended. There is a mild bronchial lung pattern which is likely to be an age-related change however chronic airway disease is possible. There is moderately severe narrowing of the L1-L2 intervertebral disc space with ventral spondylosis deformans. This is concerning for intervertebral disc disease.

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 (1.06 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 (4.82 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. 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 (5.12 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. 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 in size, and slightly irregular in shape. It is observed in its normal position cranial to the left renal artery. It measures 0.8 cm at the cranial pole and 0.95 cm at the caudal pole, with a hyperechoic nodule in the caudal pole measuring 0.78 cm x 0.87 cm. No evidence of vascular invasion is visualized.

The right adrenal gland is plump in size measuring 0.72 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.

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Spleen

The spleen is subjectively normal in size (1.46 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size 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. There is an iso- to slightly hyperechoic “mass effect” visualized in the mid right region of the liver measuring 3.01 cm x 2.35 cm. A rounded liver lobe is suspected.

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 minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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. The duodenum measured as normal (0.43 cm in wall thickness) and the jejunum measured as normal (0.3 cm.) 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 mottled in the left limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

A still image is visualized of a hyperechoic subcutaneous structure most consistent with fat opacity/lipoma measuring 0.89 cm x 1.86 cm.

ULTRASONOGRAPHIC FINDINGS

- Mild bilateral adrenomegaly with a prominent hyperechoic caudal pole of the left adrenal. Findings could be consistent with mild bilateral hyperplasia. Questionable nodule is visualized in the caudal pole of the left adrenal. This has a benign appearance at this time, most

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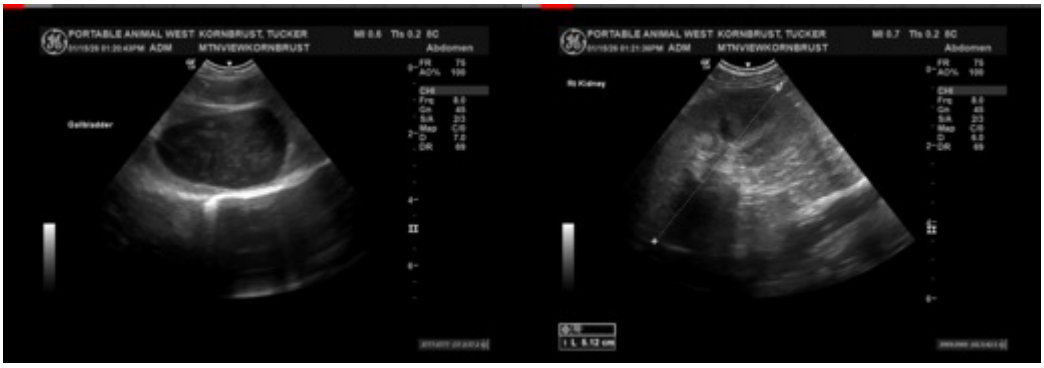
consistent with focal hyperplasia, an adenoma, other. Continued monitoring is warranted as an early neoplastic lesion cannot be ruled out.

- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Heterogenous, rounded liver with an ill-defined “mass effect” on the right side. The general appearance is most consistent with a vacuolar hepatopathy. Although other hepatopathies are possible. The “mass effect” has the appearance most consistent with a rounded liver lobe but a very subtle true mass (adenoma, carcinoma, other) cannot be ruled out.
- Suspect subcutaneous lipoma. Recommend fine needle aspirate if an infiltrative lipoma is suspected, consider a contrast CT scan of the region.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal abnormalities are visualized associated with the urinary bladder to explain the dysuria reported. Both adrenals are somewhat plump, and the left adrenal in particular has a hyperechoic caudal pole, possibly consistent with an early nodule. These findings could be consistent with hyperplasia. If symptoms consistent with Cushing’s disease are present, you could consider adrenal function testing. Recommend continued monitoring of the adrenals (particularly the left.) Re–check in 2 – 3 months looking for progressive enlargement which could be concerning for a more aggressive mass lesion.

The liver is large, and somewhat rounded. Most consistent with a vacuolar hepatopathy, although other hepatopathies are possible. Correlate these findings with current lab work. There is an iso- to slightly hyperechoic rounded region on the right side of the liver most consistent with a rounded liver lobe or a nodule/mass effect. The appearance favors a benign process. Options include continued monitoring with ultrasound and/or a fine needle aspirate.



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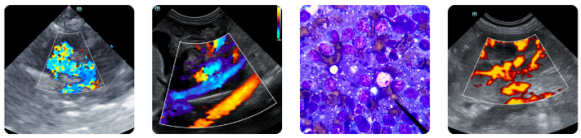

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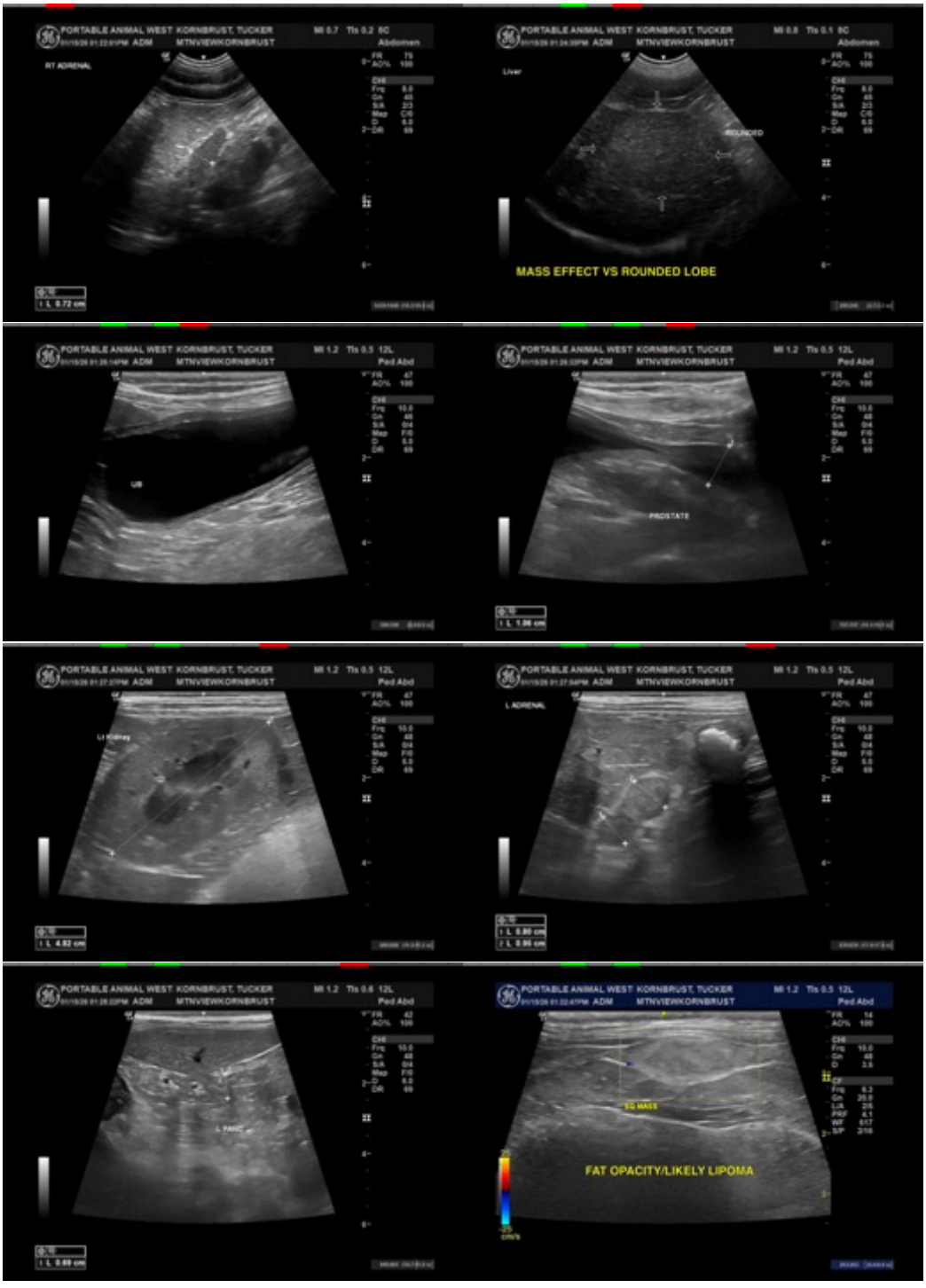

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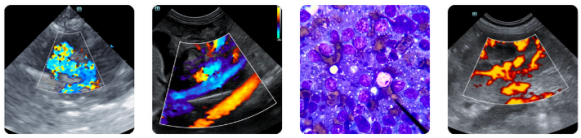

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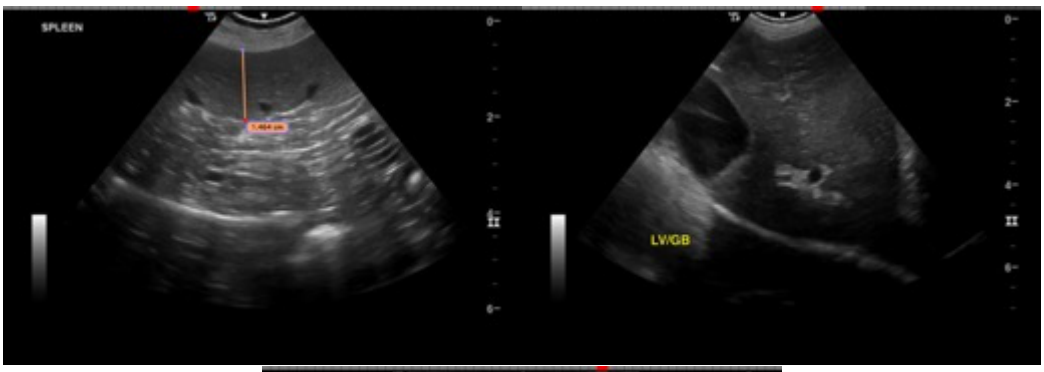

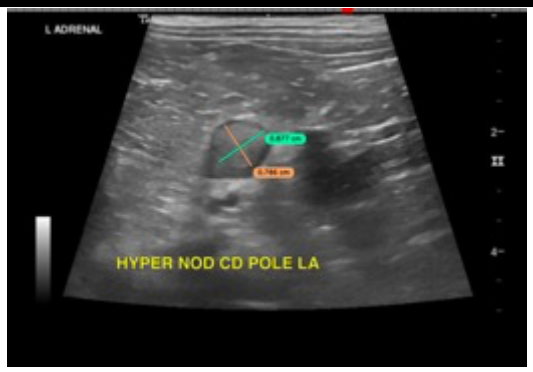

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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