



DATE PRESENTING CLINICAL SIGNS

1/16/2026

PATIENT

Boh Smith

SPECIES

Canine

BREED

Basset Hound

SEX

Neutered Male

AGE

9 years

WEIGHT

66.9 lbs

INTERPRETED BY

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

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Ruby

INVOICE

11140

Patient History: Boh Smith presents for acute onset of tremors, vomiting, reluctance to rise, abnormal mentation, pain, and lethargy. Patient History: - Chronic inappropriate urination; urinalysis (in-house dipstick and lab) 2 weeks ago: within normal limits - Previous foreign body ingestion (ball) requiring surgery at 2-3 years old - No recent changes in appetite, activity, or interaction until acute episode - No observed diarrhea; defecation not always observed due to large, wooded yard - No known recent toxin or foreign body ingestion; history of dietary indiscretion Current medications: - Intermittent Cosequin supplementation

Current Medications: Buprenorphine.

Labwork Results: Labwork not attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Declined.

Imaging Performed by: Rachel Brillhart, RDMS.

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 (0.95 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 (6.71 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 (7.16 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 normal in size measuring 0.73 cm at the cranial pole and 0.79 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 normal in size measuring 0.85 cm at the cranial pole and 0.76 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 subjectively normal in size (1.79 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, and hypoechoic. The parenchyma is mildly 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.

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 to moderate 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 (0.31 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 prominent and mottled in the right 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. There is no evidence of a diffuse lymphadenopathy. There is a large, irregular expansile mixed echogenicity, partially cystic sub lumbar/pelvic mass lesion (right sided.) Suspicious of severely enlarged/effaced sub lumbar lymph nodes or a mass effect in the region (anal gland?) Measuring 11.61 cm x 6.61 cm. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Large, mixed echogenicity, irregular, expansile, partially cystic sub lumbar/pelvic mass lesion. Suspect and effaced/metastatic sub lumbar lymph node, primary mass lesion of the anal gland less likely. Colon or prostate cannot be definitively ruled out.

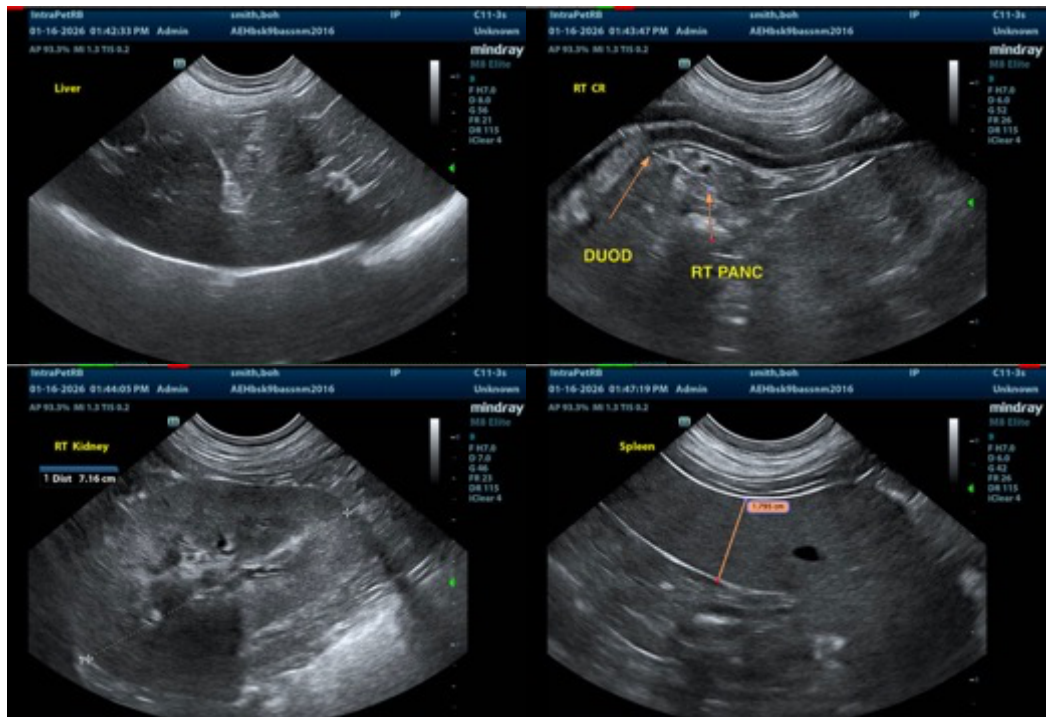
SECONDARY FINDINGS

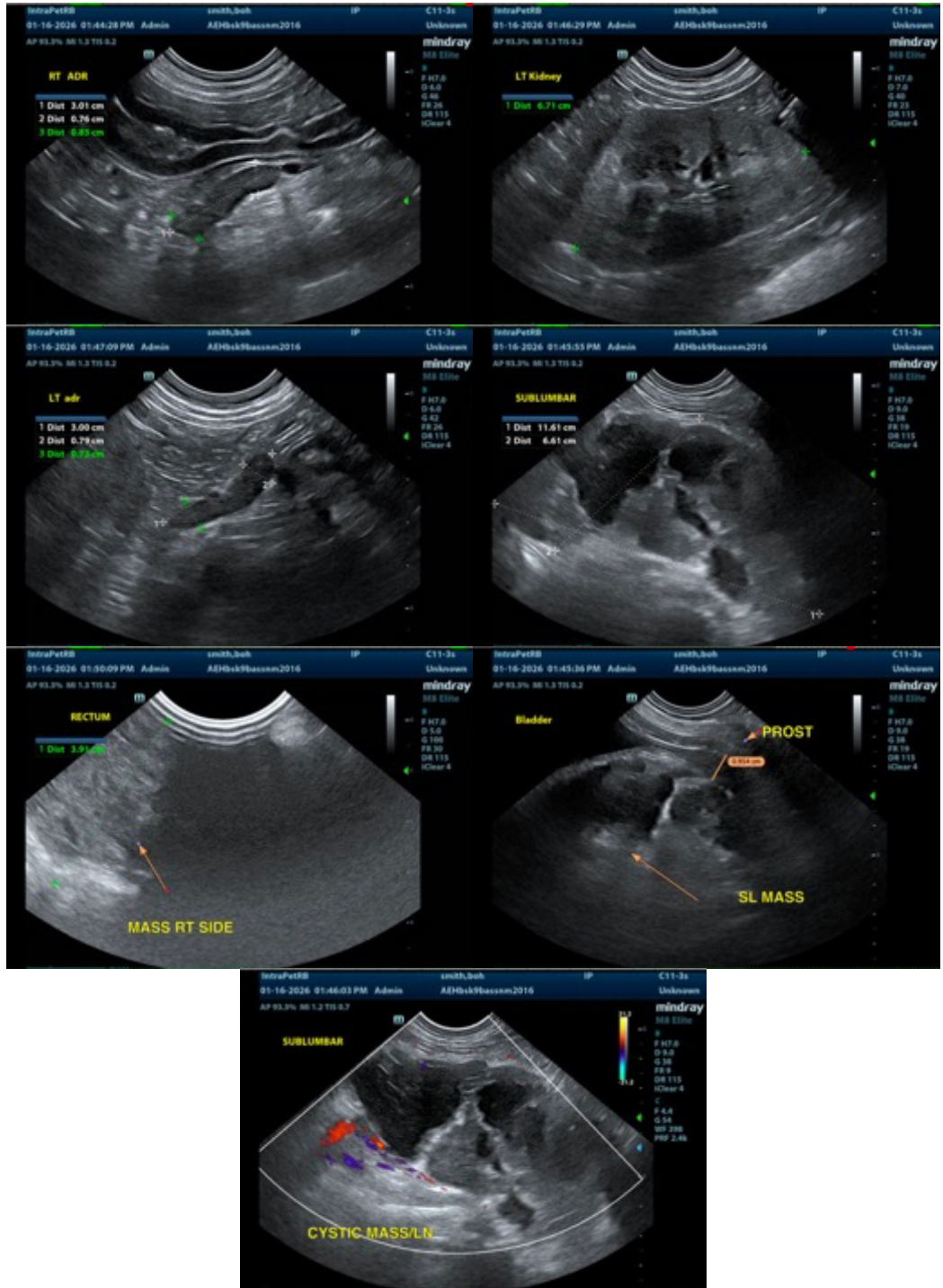
- Pancreatic changes consistent with mild pancreatic remodeling.
- Mildly heterogenous liver. Findings could represent a mild vacuolar hepatopathy or similar.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's a large, cystic, mixed echogenicity sub lumbar/ pelvic mass lesion. An association between the structure and the prostate is not clearly visualized. A large sub lumbar mass lesion is suspected, possibly metastatic secondary to possibly metastatic? Additionally, a primary anal gland or similar mass lesion cannot be ruled out. Recommend a fine needle aspirate or more solid ultrasound guided fine needle aspirate of a more solid region of mass lesion and consider a contrast CT scan to better delineate the intrapelvic structures, and to assess for possible surgical removal.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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.
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