



PATIENT

Rey Schroeder

SPECIES

Canine

BREED

Border Collie

SEX

Neutered Male

AGE

15 Years

WEIGHT

40 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Judy Schroeder, DVM

HOSPITAL NAME

Animal Health
Associates

REFERRING VET

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PRESENTING CLINICAL SIGNS

Geriatric with increased drinking and urine production, and intermittent episodes of panting/anxiety. Intermittent hyporexia and soft stool. Hx of mitral valve disease, currently on Vetmedin, sertraline (noise anxiety), carprofen, gabapentin, and omeprazole.

Abnormal PE/Chem/CBC/UA Results: Grade III/VI murmur Muscle wasting/ataxia hind legs. BUN 44 mg/dl UPC 0.6 USG 1.018

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 (0.93 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). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (6.11 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.60 cm at the cranial pole and 0.70 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 0.66 cm at the cranial pole and 0.69 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 (1.61 cm in width at the level of the hilus) but irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is an isoechoic to slightly hypoechoic rounded mass effect that appears partially cystic/cavitated, measuring 2.57 cm x 1.49 cm.

Liver

The liver is large in size and rounded. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. In one



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view of the liver (transverse view?), there is an area that appears hyperechoic and more rounded, creating a “mass effect”. This is not apparent on previous views. The significance of this is uncertain. The mass effect measures 5.6 cm x 8.2 cm.

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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.

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Gastrointestinal

The stomach contains moderate fluid. 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.

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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. Jejunum wall measures 0.33 cm. Duodenum wall measures 0.63 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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 right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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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.

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PRIMARY FINDINGS

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- Borderline “plump” adrenal glands – The adrenal margins are somewhat difficult to clearly visualize for measurements. No mass lesions were observed. Findings could be consistent with early hyperplasia, anatomic variation, etc.

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- Age related changes visualized associated with both kidneys.
- Iso- to hypoechoic splenic mass effect with some cystic regions/cavitations – Differentials include : benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)

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- Large, heterogeneous, rounded liver with a questionable hyperechoic mass effect – This could represent a prominent rounded liver or a primary hepatic mass lesion (adenoma, carcinoma, other).



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SECONDARY FINDINGS

- Pancreatic changes most consistent with chronic pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

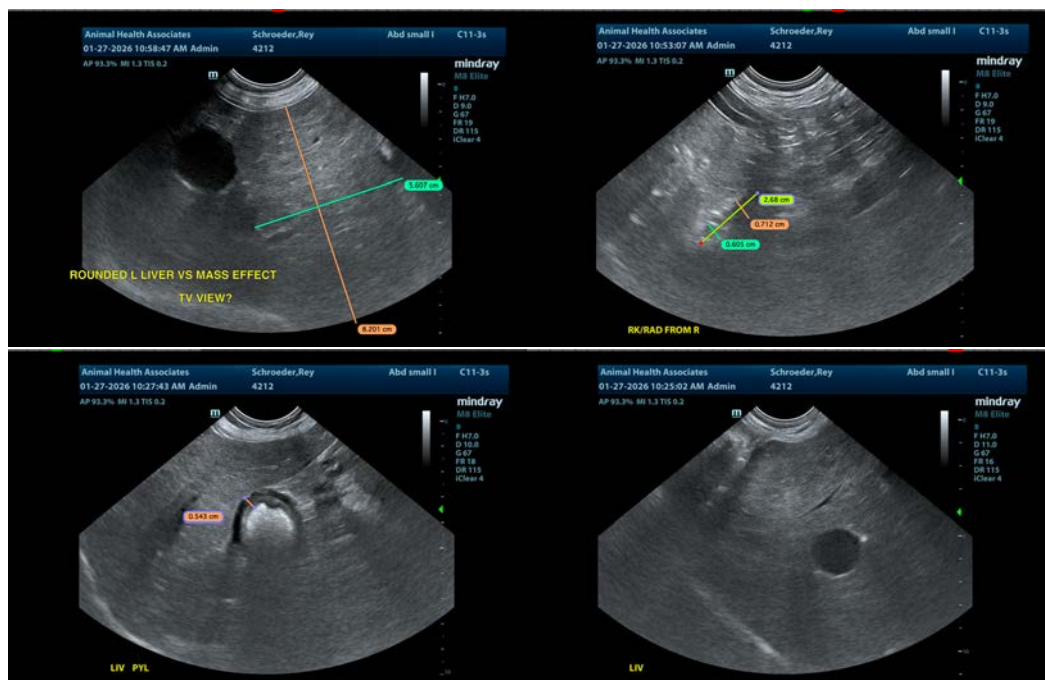
No definitive pathology is visualized associated with the adrenals, although the left adrenal gland appears somewhat “plump”. If there are other symptoms consistent with Cushing’s disease, you could consider adrenal function testing.

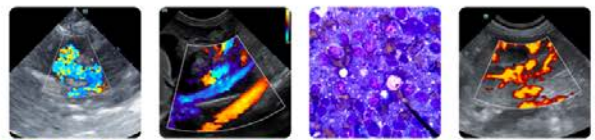
Based on the appearance of the kidneys and the information provided, early renal disease is suspected. Recommend a blood pressure +/- urine culture for further evaluation.

There is an iso- to slightly hypoechoic cystic/cavitated mass effect visualized associated with the spleen. This could represent a benign or neoplastic process. Options could include continued monitoring, fine needle aspirate, or even splenectomy with samples for histopathology.

The liver is large, heterogeneous and rounded. On one view towards the end of the study, an area of liver appears more rounded and hyperechoic (not sure if this is sagittal or transverse view). This could represent a primary hepatic mass lesion or a prominent rounded liver lobe. Further evaluation could include a fine needle aspirate. In the absence of liver enzyme elevations, the significance of this is questionable.

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





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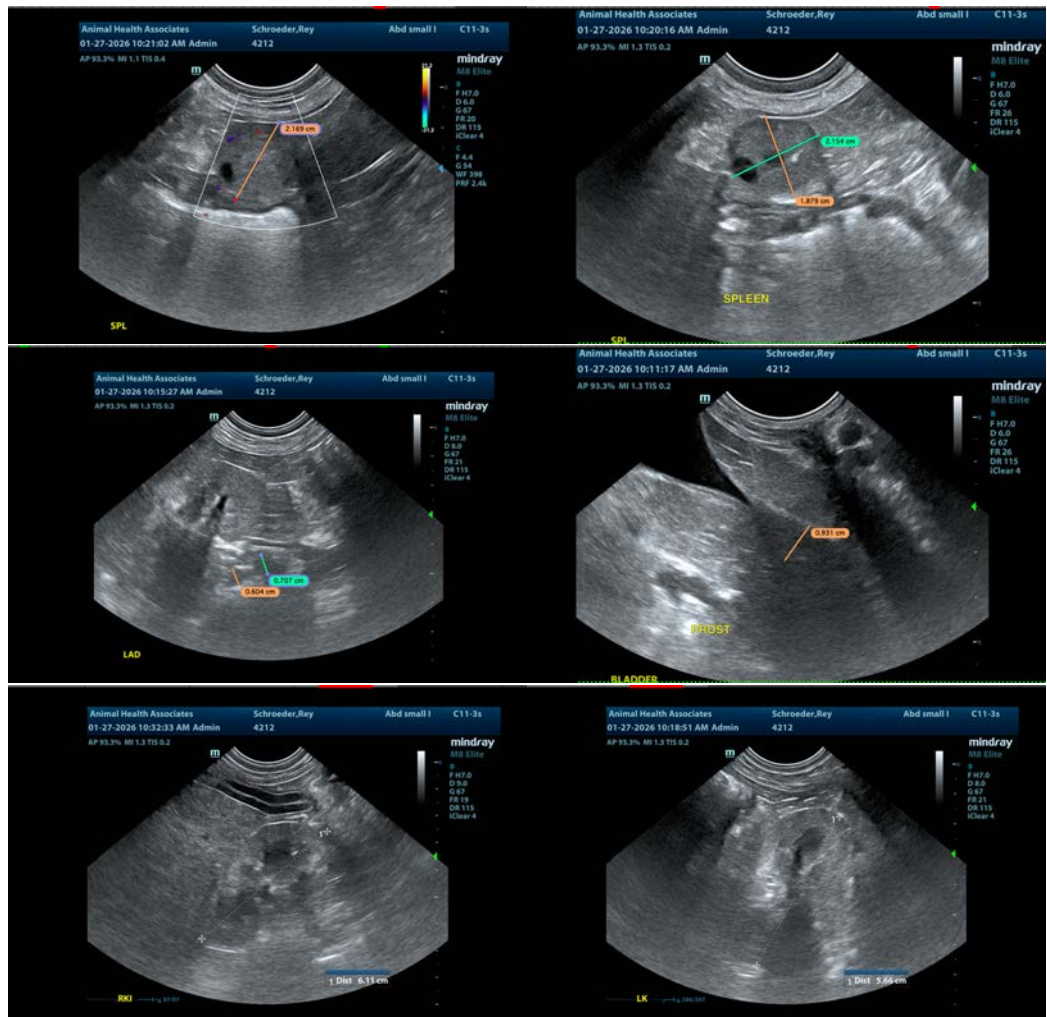
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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