



PATIENT

Biscuit CBHR

SPECIES

Canine

BREED

Basset Hound x Beagle

SEX

Intact Male

AGE

8 Years

WEIGHT

38.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Monroe Road Animal
 Hospital

REFERRING VET

Dr. Widay

INVOICE

71731

DATE

11/12/25

PRESENTING CLINICAL SIGNS

P presented for echo due to murmur heard on exam. P is a rescue and has had no recent medical care. Please comment on anesthesia for neuter. Hepatic cysts seen on echo- abdominal US recommended.

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 large and hyperechoic, measuring 3.0 cm in height in the sagittal view.

The left kidney is normal in size but irregular in shape, measuring 5.22 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is focal irregularity/thickening of the cortex region, resulting in a “mass effect” measuring 4.64 cm x 2.18 cm. 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 (6.73 cm). Overall echogenicity is slightly hyperechoic with poor 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 and irregular, measuring 0.86 cm at the cranial pole and 1.0 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery.

The right adrenal gland is large, measuring 1.79 cm at the cranial pole and 0.92 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 large and irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a large, solid, hypoechoic mass effect visualized measuring 5.48 cm x 4.4 cm. Additionally, in the midbody of the spleen there is an irregular, mixed echogenicity, nodular lesion measuring 1.27 cm x 1.04 cm.

Liver

The liver is large and irregular in shape. The visible portions of the vasculature and biliary tract appear normal. There is a small cystic lesion visualized within the parenchyma in the mid body of the liver measuring 1.47 cm x 2.22 cm. Additionally, in the right cranial abdomen/caudal liver there is a large, anechoic, poorly vascularized structure consistent with a cystic lesion originating from the liver, measuring 5.25 cm x 6.85 cm.

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 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. Duodenum wall measures 0.54 cm. Jejunum wall measures 0.26 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 normal and isoechoic to surrounding mesentery. 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

Both testicles are visualized and appear within normal limits.

ULTRASONOGRAPHIC FINDINGS

- Prostatic changes most consistent with benign prostatic hypertrophy.
- Bilateral adrenomegaly with an irregular left adrenal gland.
- Decreased corticomedullary distinction in both kidneys with a focal cortical irregularity in the left kidney, concerning for a possible "mass effect" – Findings could be concerning for a primary benign or neoplastic renal mass, focal thickening of the cortex, etc.
- Large, hypoechoic splenic mass as well as a smaller mixed echogenicity nodular lesion – Findings could be consistent with benign or neoplastic lesions.
- Cystic appearing structures visualized associated with the liver – Findings are most consistent with benign hepatic cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are two lesions visualized associated with the spleen, a large hypoechoic mass lesion and a smaller mixed echogenicity/nodular appearing lesion in the mid body. These lesions likely represent different processes and could be benign or neoplastic in nature. A splenectomy with samples for histopathology would be an ideal diagnostic and therapeutic plan. If this is not an option, consider continued monitoring with ultrasound +/- fine needle aspirate.



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There is an irregularity visualized associated with the left kidney. The cranial aspect of the cortex appears thickened and somewhat irregular. This could represent an anatomic abnormality, etc., but a poorly defined mass lesion is a concern. Consider a fine needle aspirate of the renal cortex in this region.

SPECIES

Canine

There are two cystic lesions visualized associated with the liver. One is relatively small, the other is very large and appears to be in the mid right caudal aspect of the liver. These likely represent benign processes. Recommend continued monitoring. Drainage could be considered, but typically these refill relatively quickly. If these lesions are thought to be causing clinical signs, a contrast CT scan could be considered to assess for surgical removal.

BREED

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The prostate is large and hyperechoic. Recommend a urinalysis and culture, looking for any evidence of prostatitis. Ideally this individual should be neutered.

SEX

Intact Male

Both adrenals are large. The left adrenal gland is somewhat irregular. If signs of Cushing's are present, you could consider adrenal function testing, although interpretation of test results may be challenging due to the concurrent medical issues.

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

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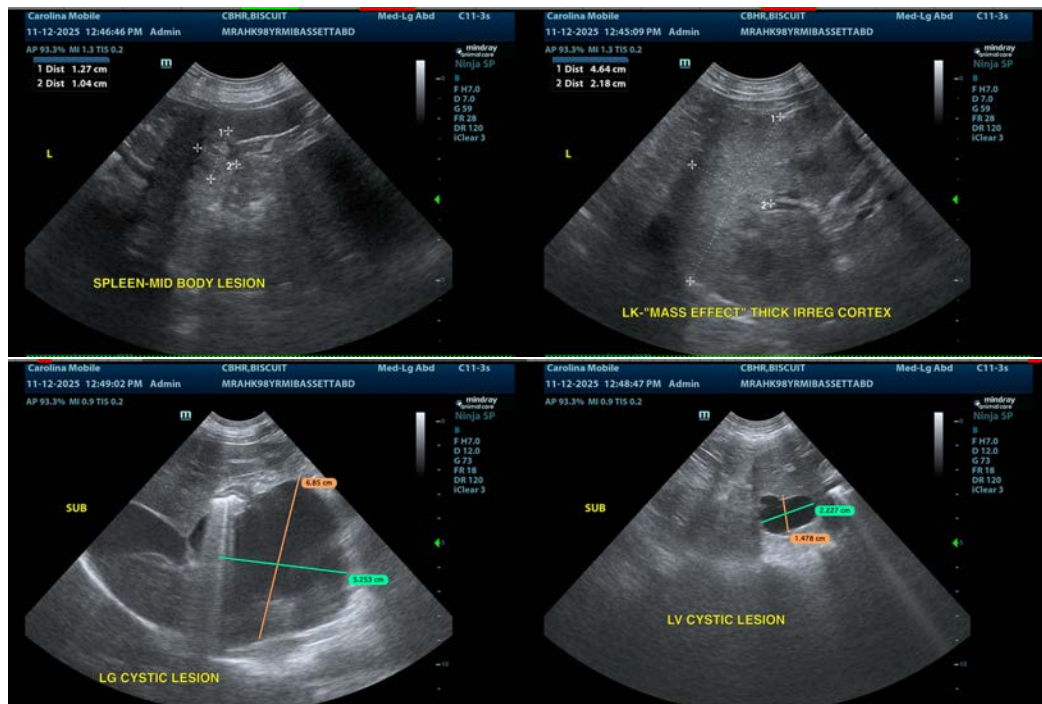
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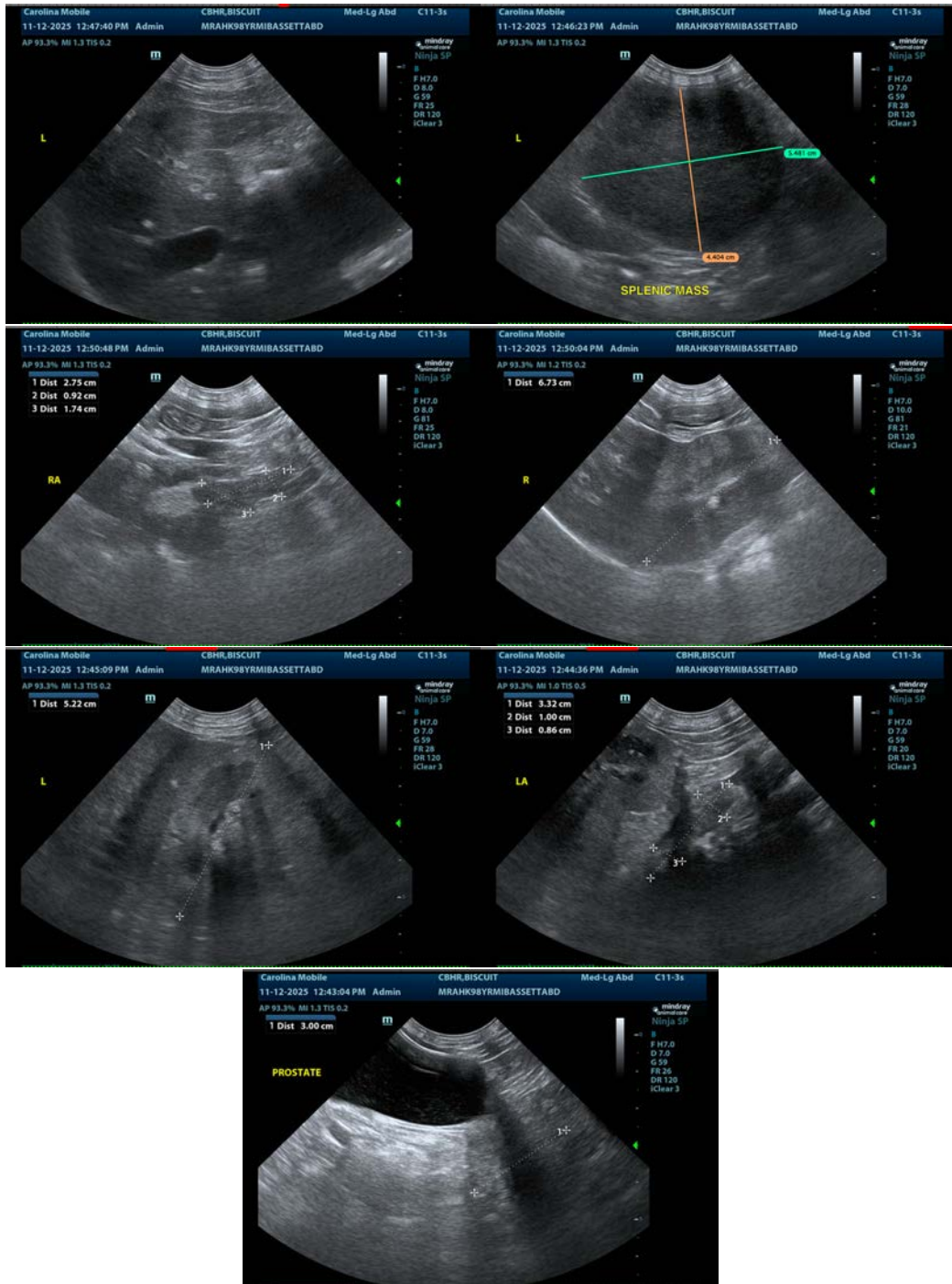
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com