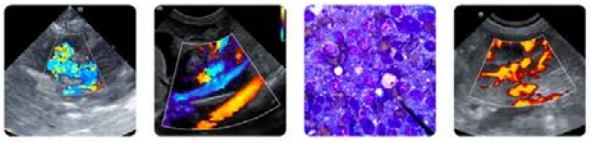


PATIENT

Butters Keep

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

12 Years

WEIGHT

11.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo Animal Clinic

REFERRING VET

Dr. Trindade (Westood Animal Hospital)

INVOICE

71737

DATE

11/12/25

PRESENTING CLINICAL SIGNS

Significant weight loss (700gm), hyporexia, multiple bouts of vomiting and abdominal pain since 1 month. The owner also reports increased licking and water consumption, but without any increased urine output. Currently receiving cerenia and gabapentin Was on cephalexin 250mg BID for infected skin masses, but discontinued do to multiple bouts of vomiting DDx: Intra-abdominal neoplasia, IBD, metabolic disease, partial obstruction

Abnormal PE/Chem/CBC/UA Results: PE: T:37.9C, HR:122BPM, panting, Pk MM Pain on abdominal palpation NSAID panel and CBC from Oct 10th WNL Thorax and abdominal rads - potential mass effect in cranial abdomen and a very prominent sternal lymphadenopathy

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 (1.01 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 (4.92 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a mixed echogenicity, poorly vascular lesion/nodule visualized in the cortical region measuring 1.32 cm x 1.14 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 (5.52 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. In the cranial pole there is a hypoechoic/mixed echogenicity lesion most consistent with a mass effect or cystic lesion measuring 1.77 cm x 2.66 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.

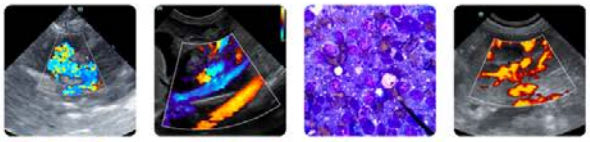
Adrenal Glands

The left adrenal gland is normal in size measuring 0.60 cm at the cranial pole and 0.57 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 0.48 cm at the cranial pole and 0.52 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 (1.5 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.



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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. 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 0.37 cm 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 0.48 cm. Jejunum wall measures 0.36 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.

ULTRASONOGRAPHIC FINDINGS

- Mixed echogenicity/poorly vascular lesion in the cortex of the left kidney and a larger hypoechoic/mixed echogenicity lesion in the cranial pole of the right kidney – Findings could be consistent with mass lesions/nodules, complex/echogenic cystic lesions, abscesses, granulomas, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach and GI tract appear normal on today's exam. No focal lesions were identified. This does not rule out the possibility of underlying gastrointestinal disease but makes it somewhat less likely.

There are abnormal lesions visualized associated with both kidneys. The significance of these lesions is questionable. The lesion on the left kidney is smaller and appears poorly vascular on power doppler. The right kidney appears more hypoechoic and somewhat cyst-like. Consider evaluation of this lesion with power doppler as well, but a mass lesion cannot be ruled out. Consider sampling of both lesions. The right lesion in particular should ideally be sampled with a needle that passes through normal renal parenchyma prior to it in case it is fluid filled, and this can help prevent continued leakage. Alternately,

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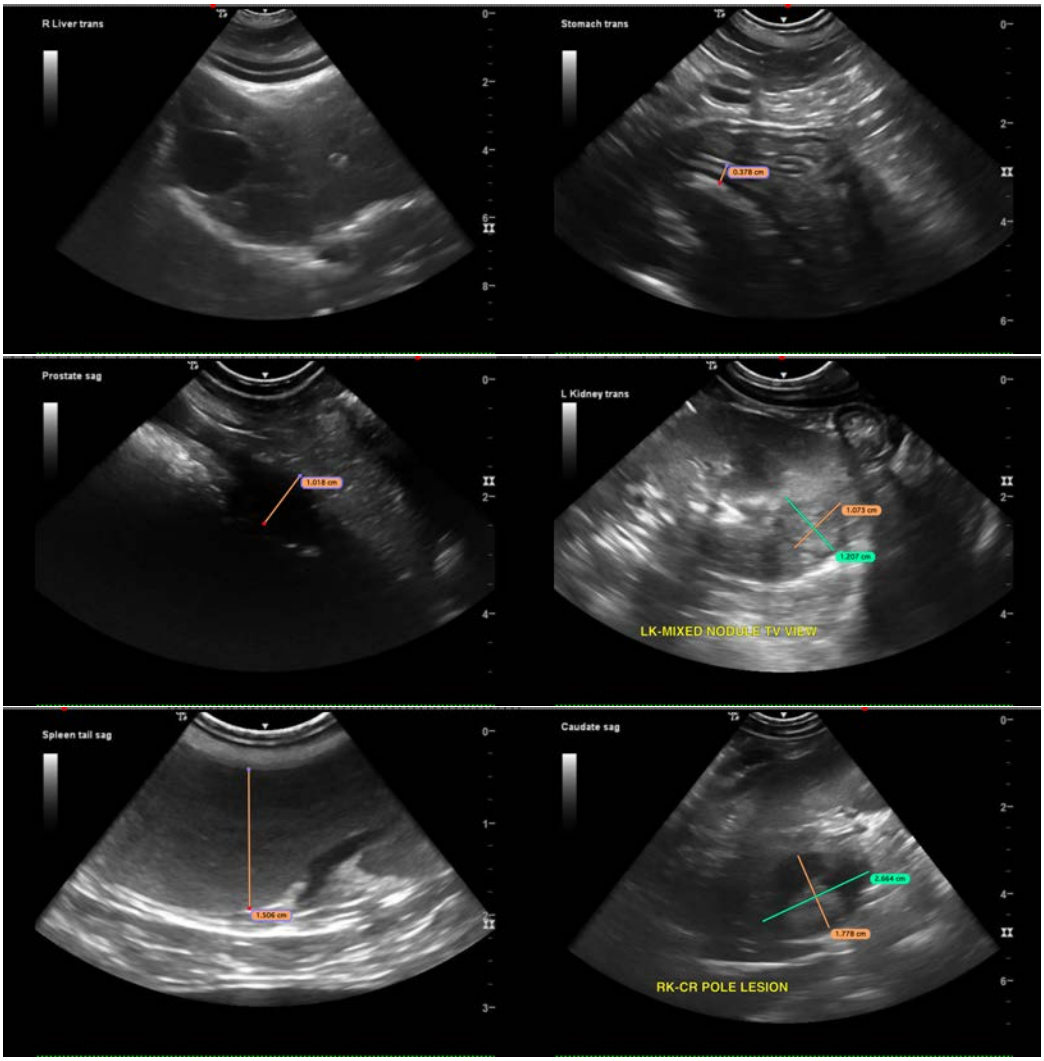
you could consider a contrast CT scan to further evaluate these lesions and look for any irregularities not noted on today's exam.

Further evaluation for the nausea could include upper GI endoscopy to evaluate the esophagus, stomach, and proximal GI tract and obtain biopsies if this is strongly suspected based on clinical assessment.

Reevaluation of these lesions could also be considered in 6-8 weeks to see if there has been significant change.

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



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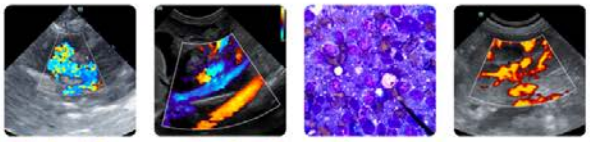

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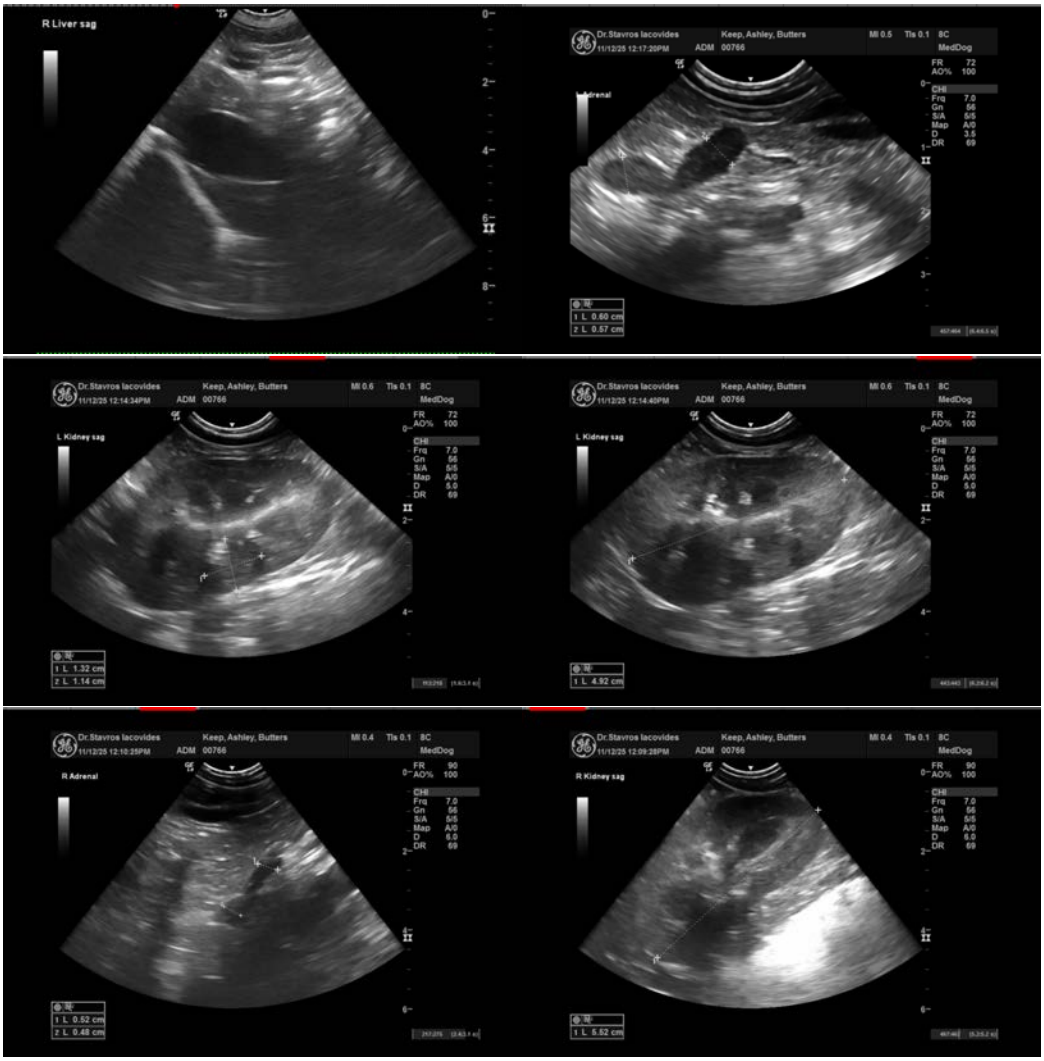

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com