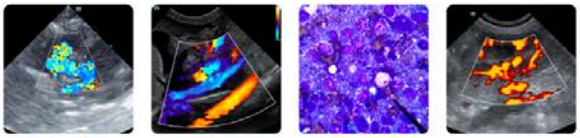


SonoPath www.carolinavetmobile.com info@carolinavetmobile.com 800.808.5948

PATIENT

Phil Morrison

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

10 Years

WEIGHT

20.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Boone

REFERRING VET

Dr. Shutt

INVOICE

72075

DATE

11/25/25

PRESENTING CLINICAL SIGNS

P presented ADR, vomiting, diarrhea, Rads have nodular appearance, Rad attached
Abnormal PE/Chem/CBC/UA Results: Neu 11.6, Mono 1.47, Baso 0.12 chem normal

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 (1.09 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 (4.64 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 (5.19 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 0.47 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.

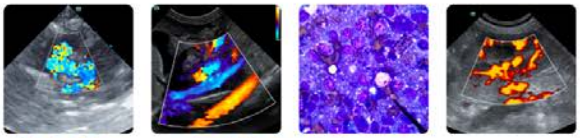
The right adrenal gland is normal in size measuring 0.78 cm at the cranial pole and 0.56 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.83 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.

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. There is a hyperechoic nodule visualized on the left side of the liver measuring 1.62 cm x 1.43 cm. A larger caudal hypoechoic nodule/mass effect is visualized measuring 2.57 cm x 2.12 cm.



PATIENT

Phil Morrison

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

10 Years

WEIGHT

20.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Boone

REFERRING VET

Dr. Shutt

INVOICE

72075

DATE

11/25/25

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. There is focal bowel thickening and reduced detail of wall layering in the right cranial abdomen, most consistent with proximal duodenum/gastroduodenal junction, creating a mass effect measuring 2.72 cm x 1.82 cm.

Some of 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 0.28 cm. Visualized peristalsis appears appropriate. *See description under stomach. Suspect proximal duodenal/pyloroduodenal junction mass effect. No evidence of an obstruction is noted.

Sections of colon are visualized with formed fecal material and gas shadowing distally. Towards the caudal abdomen there is a loop of bowel with asymmetrical wall thickening and reduced detail of wall layering most consistent with colon. The thickening in this region measures 0.96 cm.

Pancreas

The area of 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

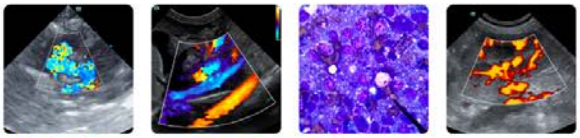
There is scant free fluid noted. The omentum is diffusely hyperechoic with too numerous to count, variably sized, irregular, hypoechoic nodules most consistent with severely nodular omentum. Definitive lymph node enlargement is not visualized but would be very difficult to distinguish from the nodular mesentery.

ULTRASONOGRAPHIC FINDINGS

- Diffusely nodular mesentery with inflammation – Findings are concerning for carcinomatosis. Nodules could also represent sterile granulomas, infectious or inflammatory lesions.
- Hypo- and hyperechoic lesions visualized in the liver – The larger hypoechoic lesion in the caudal liver is concerning for a mass effect (benign or neoplastic). The hyperechoic lesion has a somewhat benign appearance.
- Focal bowel thickening and loss of layering in the region of the proximal duodenum – Findings are concerning for infiltrative disease (round cell neoplasia, carcinoma, other).
- Focal thickening and loss of layering of distal bowel – Findings are suggestive of a colonic mass lesion.

Carolina Veterinary Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND

SonoPath www.carolinavetmobile.com info@carolinavetmobile.com 800.808.5948



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Phil Morrison

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

10 Years

WEIGHT

20.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Boone

REFERRING VET

Dr. Shutt

INVOICE

72075

DATE

11/25/25

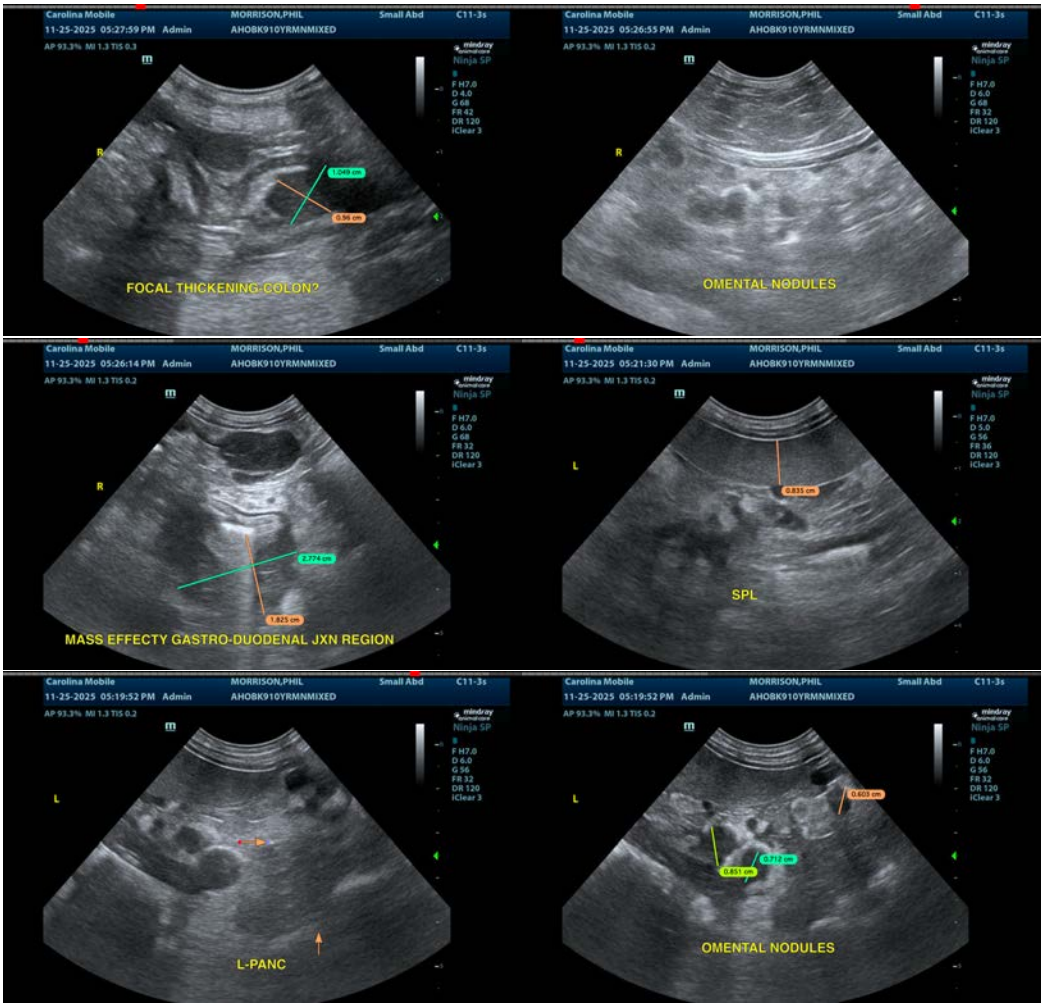
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The omentum is diffusely hyperechoic and nodular with too numerous to count variably sized hypoechoic nodules. The appearance is highly concerning for carcinomatosis, although other differentials are possible. Recommend a fine needle aspirate of a larger mesenteric lesion.

Additionally, in the right cranial abdomen there is focal hypoechoic bowel wall thickening most consistent with infiltrative disease to the proximal duodenum/pyloroduodenal region. If a safe window for sampling is available, consider a fine needle aspirate.

In the caudal abdomen, there is a less definitive lesion that has the appearance of asymmetrical bowel wall thickening, possibly involving the colon. This is visualized just cranial to the apex of the urinary bladder. A fine needle aspirate could be considered.

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



PATIENT

Phil Morrison

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

10 Years

WEIGHT

20.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Boone

REFERRING VET

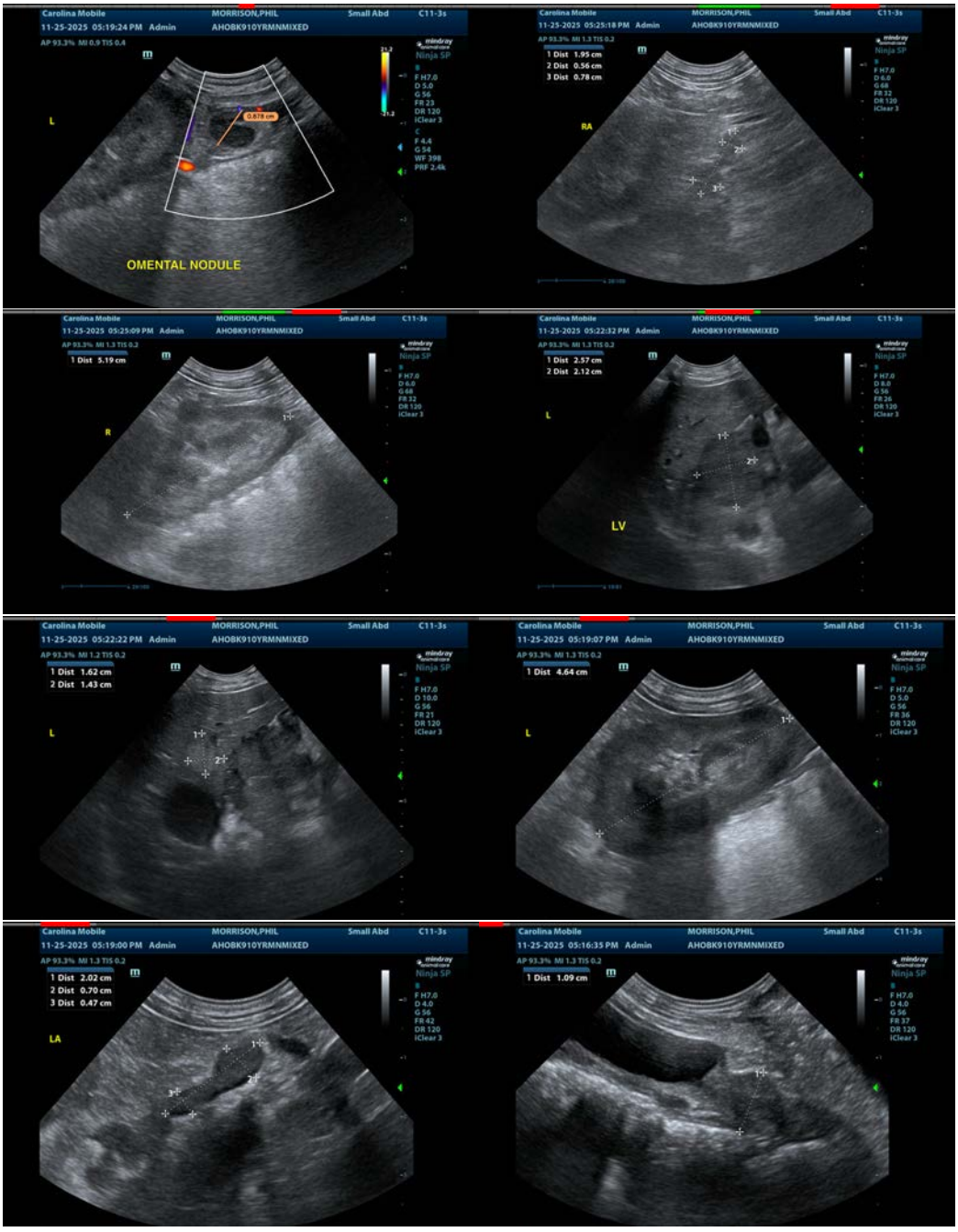
Dr. Shutt

INVOICE

72075

DATE

11/25/25



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