

## PATIENT

Jaxon O'Brien

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

MN

## AGE

10 years

## WEIGHT

45.4 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Loetitia Saint-Jacques,  
LVT

## HOSPITAL NAME

Critter Care Mobile  
Veterinary Clinic

## REFERRING VET

Dr. Bruce Hartzell

## INVOICE

10838

## DATE

11/26/2025

## PRESENTING CLINICAL SIGNS

Recheck Ultrasound - Patient admitted 7/13/2025 for 2nd-degree AV block at UC Davis; pacemaker placed. AUS and Echo performed with PAWS 7/12/2025 and repeated at UC Davis 7/13/2025 (attached AUS reports). Chem/CBC July 2025 WNL Follow-up 3 month AUS for splenic nodules revealed a new finding near ICJ/cecum that may correlate with UC Davis observations. Labs repeated 11/24/2025; results not yet available. Clinical status: Asymptomatic for GI or urinary disease. Diet: Royal Canin; normal bowel movements. Vomited twice in last month (cookies and dog food). Current medications: Clopidogrel SID, Rimadyl, Sotalol, Cephalexin, Gabapentin. Recheck evaluation submitted for scan performed on 11/24.

Abnormal PE/Chem/CBC/UA Results: Urinalysis 7/13/2025: USG 1.037, protein 500, UPC 2.0; repeated UPC/UA 10/16/2025 (attached, free catch).

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly prominent measuring at 0.37 cm. The 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 in size (2.85 cm) and mottled for this neutered male dog. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (7.19 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.

The right kidney was not fully visualized.

### Adrenal Glands

The left adrenal gland is normal in size measuring 0.67 cm at the cranial pole and 0.88 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 was not clearly visualized.

### Spleen

There is a hypoechoic poorly defined, irregular nodule visualized associated with the spleen measuring 1.56 cm x 2.14 cm (previous measurement 10/19/2024 was 1.31 cm x 1.45 cm), and a subtle, mixed echogenicity nodule visualized measuring 2.29 cm x 1.43 cm (previous measurement 1.22 cm x 1.75 cm.) Both lesions appear relatively stable.

### 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.



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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.

**SPECIES**

Canine

**Gastrointestinal**

The stomach contains mild 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.

**BREED**

Golden Retriever

The visualized areas of small intestine appear within normal limits. The jejunum was visualized measuring 0.25 cm.

**SEX**

MN

The ileocecal junction was visualized. There was a hypoechoic irregular region associated with this area exhibiting a loss of layering. Concerning for a mass effect. This measures 1.25 cm x 1.07 cm (previous measurement 10/19 was 1.31 cm x 1.31 cm)(previous measurement 07/2025 was 1.2 cm x 0.4 cm, indicating an enlargement in size).

**AGE**

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**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.

**WEIGHT**

45.4 kg

**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no lymphadenopathy noted. A mesenteric lymph node is visualized measuring 0.45 cm. The omentum is of normal uniform echogenicity.

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**ULTRASONOGRAPHIC FINDINGS**

- Stable splenic masses. There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Hypoechoic areas associated with the ileocecal junction. Findings are concerning for focal loss of layering which appears to have enlarged over the last 4 months. Likely differentials would include neoplastic infiltration or focal inflammation.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The focal hypoechoic area associated with the ileocecal junction appears to have progressed. Consider a fine needle aspirate of this area. Consider discontinuation of Clopidogrel for at least 5 – 7 days prior to a fine needle aspirate.

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The splenic lesions appear stable. For future imaging recommend labeling them as nodule 1 and 2 so that they can be clearly marketed and followed.

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The proteinuria described is very mild and likely incidental at this time. Follow up sampling should involve submitting a pooled sample so is to get an average over the day. Often patients with significant proteinuria have minimal ultrasonographic changes to the kidneys.

Imaging performed by



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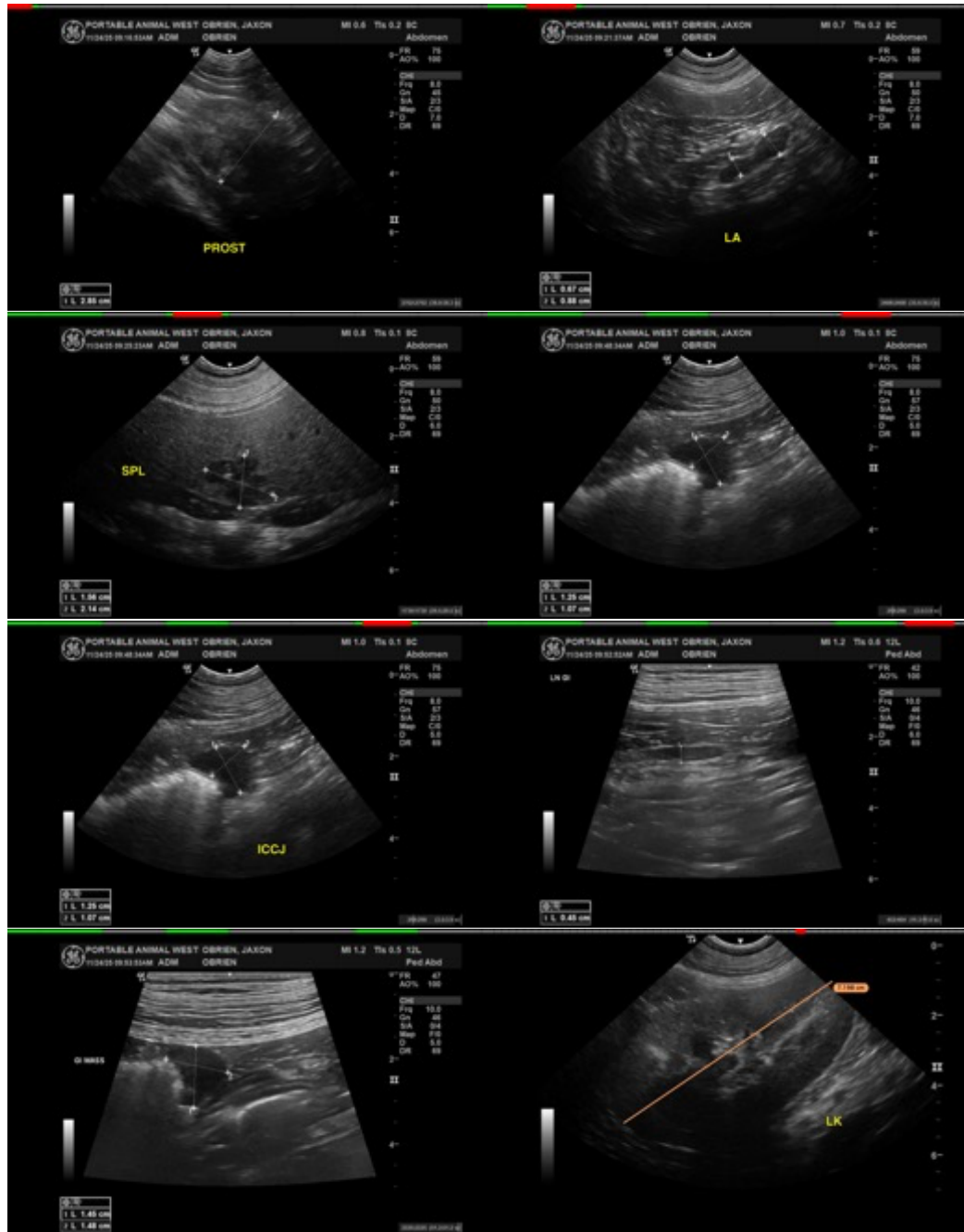
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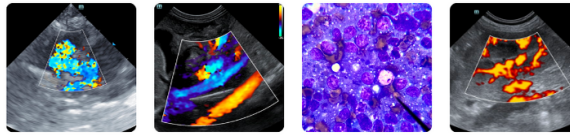
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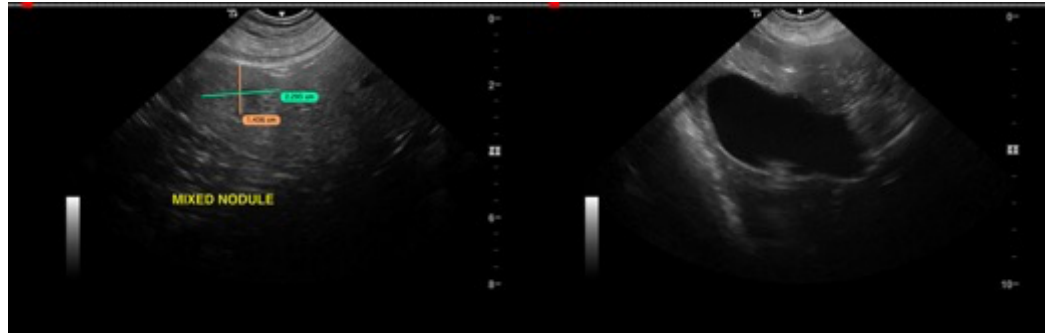
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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