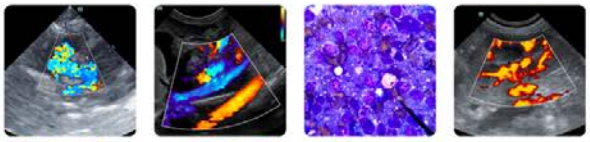


PATIENT

Taz Rogers

SPECIES

Canine

BREED

Papillon x

SEX

Neutered Male

AGE

13 Years

WEIGHT

9.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Law

INVOICE

72112

DATE

11/26/25

PRESENTING CLINICAL SIGNS

2 weeks ago shaking- barely walking- two Fridays ago- seen by RDVM- diagnosed with disc disease- given Carprofen suppose to give 1/2 tablet BID- O was giving 1 1/2 tablets BID- not doing better- was giving that for about a week- at follow up appointment stopped giving the carprofen- did bloodwork that Saturday- started new medications- Monday legs splaying- barley walking again- yesterday when seen told P has an infection- bloodwork done- P got home and wont take any medications- on Prilosec- got this medication into P- tried to get Enrofloxacin PO but unsuccessful- today decreased eating and drinking- lethargic Previous Health Concerns collapsing trachea Current Medication Prilosec BID, Theophylline

Abnormal PE/Chem/CBC/UA Results: Reactive to abdominal palpation, Painful on palpation, causes gulping and licking CPL 389.6 Lepto witness Negative Bloodwork: WBC 28.48; NEU 26.75; LYM 0.57; Mono 1.06; MCV 59.3; Glob 4.8; Chol >450; ALP 567; GGT 27; AMY 1503

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall appears mildly thickened and irregular with a focal irregularity in the dorsal apical region measuring 0.89 cm x 0.86 cm, concerning for a possible mass lesion. There is some dependent hyperechoic shadowing debris present most consistent with mineralized debris. The region of the trigone, ureteral papillae and proximal urethra are free of any focal mass lesions.

The prostate is normal in size (1.03 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.

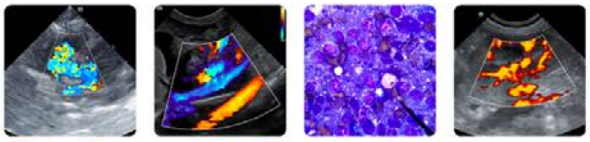
The left kidney has a normal shape and size (5.19 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.76 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 large, measuring 0.72 cm at the cranial pole and 0.76 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 large, measuring 0.95 cm at the cranial pole and 0.76 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.



PATIENT

Taz Rogers

SPECIES

Canine

BREED

Papillon x

SEX

Neutered Male

AGE

13 Years

WEIGHT

9.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Law

INVOICE

72112

DATE

11/26/25

Spleen

The spleen is subjectively normal in size (1.71 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 large in size, irregular and rounded. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are too numerous to count, large, hypoechoic, rounded lesions throughout the liver. These are most consistent with hypoechoic masses, although echogenic cystic lesions/abscesses, etc. are possible. Examples measure 1.79 cm, 1.54 cm, 2.52 cm, and 0.97 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.

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 uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.52 cm. Jejunum wall measures 0.34 cm. Visualized peristalsis appears appropriate. In the mid caudal abdomen there is a poorly defined hypoechoic lesion concerning for a focal section of bowel with thickening and reduced detail of wall layering. This area measures 2.05 cm x 2.05 cm. The wall thickness is 0.50 cm.

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 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a prominent pancreaticoduodenal lymph node in the cranial abdomen measuring 1.14 cm. The omentum is hyperechoic in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Focal thickening/irregularity visualized associated with the urinary bladder – Findings could be consistent with a focal bowel mass. Lack of urine distention interferes with full evaluation.
- Bilateral adrenomegaly – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative

PATIENT

Taz Rogers

SPECIES

Canine

BREED

Papillon x

SEX

Neutered Male

AGE

13 Years

WEIGHT

9.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Law

INVOICE

72112

DATE

11/26/25

neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.

- Large, heterogeneous liver with too numerous to count hypoechoic lesions – Possible differentials include benign or neoplastic masses, cystic lesions, abscesses, etc.
- Focal thickened area of bowel with loss of layering – Findings are concerning for a focal area of inflammation or infiltrative disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

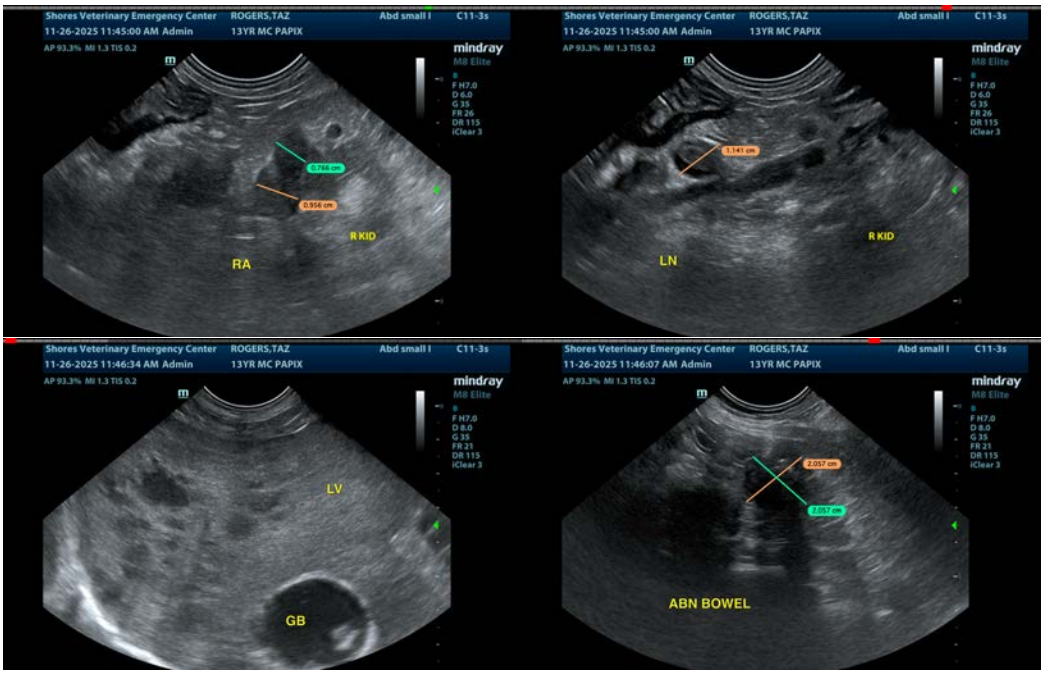
The liver is large, with too numerous to count hypoechoic lesions. These are suspicious for neoplastic lesions, although echogenic cystic lesions, abscesses, etc. cannot be ruled out. Recommend evaluation with power doppler and a fine needle aspirate for further evaluation.

There are some enlarged, prominent cranial abdominal lymph nodes and a poorly defined hypoechoic region in the mid caudal abdomen suspicious for a focal bowel mass lesion.

The urinary bladder is mildly distended, and the bladder wall appears diffusely thickened and irregular, but there is concern for a possible focal mass lesion. Recommend urinalysis and culture and reevaluation of the urinary bladder with more distention to better evaluate.

If cytologic evaluation is not helpful, consider a contrast CT scan to further evaluate the nature and location of the lesions observed. Additionally, the spine could be included if there is concern for possible orthopedic or neurologic disease contributing to the current clinical picture.

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



PATIENT

Taz Rogers

SPECIES

Canine

BREED

Papillon x

SEX

Neutered Male

AGE

13 Years

WEIGHT

9.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

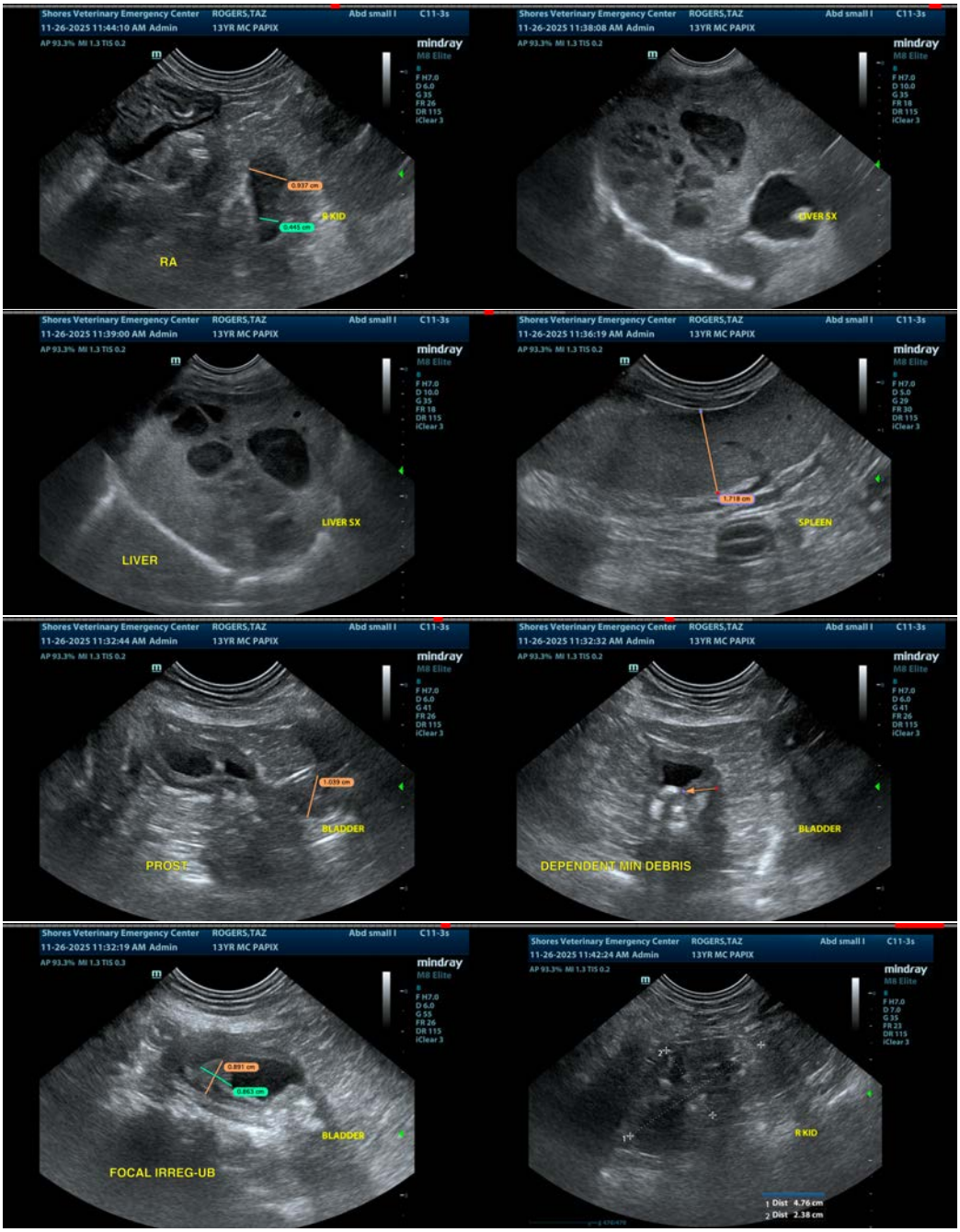
Dr. Law

INVOICE

72112

DATE

11/26/25



PATIENT

Taz Rogers

SPECIES

Canine

BREED

Papillon x

SEX

Neutered Male

AGE

13 Years

WEIGHT

9.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

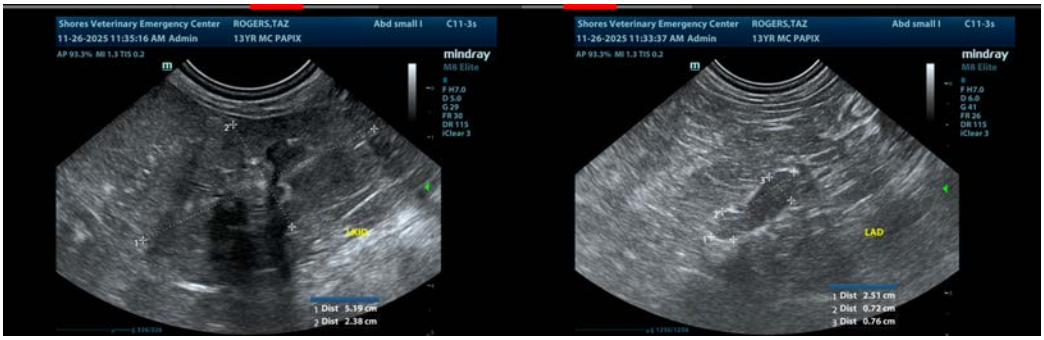
Dr. Law

INVOICE

72112

DATE

11/26/25



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