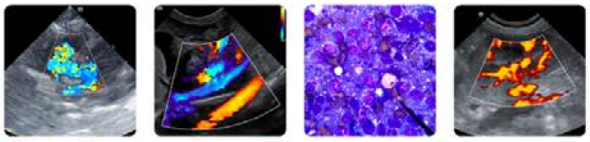


PATIENT

Clyde Fillion

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

6 Years

WEIGHT

35.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Oakbank Animal Hospital

REFERRING VET

Dr. Carly Mayo

INVOICE

72723

DATE

12/23/25

PRESENTING CLINICAL SIGNS

Clyde presented on Dec. 4th for decreased appetite, increased thirst/urination. Dec.19th Clyde has been fussy with his food. No V/D but difficult to eat, only accepting home cooked foods. Weight has remained stable at 35.6 kg. No weight loss despite reported hyporexia. Meds: Benazepril 0.5 mg/kg - started Dec. 8th. Discontinued Dec. 18th. Cerenia 60 mg PRN since Dec. 4th Telmisartan 30 mg - started Dec, 19th - ongoing Mirtazapine - 7.5 mg PO q 48 hrs, PRN

Abnormal PE/Chem/CBC/UA Results: NSF on PE. Non-painful upon abdominal palpation. NSF on oral exam. No peripheral lymphadenopathy. Non-febrile CBC: WBC 4.12 (5.05-16.76 x10^9/L) LYM 0.77 (1.05-5.10 x10^9/L) EOS 0.05 (0.06-1.23 x10^9/L) MPV 16.3 (8.7-13.2 fL) CHEM: CREA 220 (44-159 µmol/L) UREA 16.2 (2.5-9.6 mmol/L) CA 2.97 (1.98-3.00 mmol/L) ALT 155 (10-125 U/L) K 6 (3.5-5.8 mmol/L) QPL 429 (0-200 U/L) U/A : proteinuria (4+ on dipstick, inactive sediment), USG 1.019 UPC >3.45. 4DX = negative Was not able to obtain blood pressure reading given patient FAS status (excitable, mouthy, would not tolerate BP cuff)/ 12/19/25 - UPC = >2.93 (improved with benazepril)

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

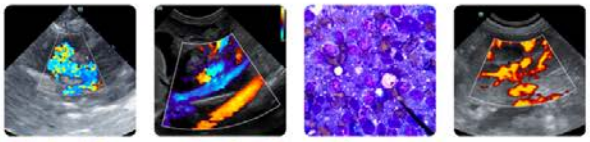
The left kidney is irregular in shape, measuring 7.45 cm in length. The cortex is of increased echogenicity and appears mottled and irregular, with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is an irregular hypoechoic nodule visualized at the caudal pole measuring 2.31 cm x 3.26 cm, and there is a rim of hypoechoic tissue surrounding the kidney, most consistent with subcapsular fluid. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is irregular in shape, measuring 7.26 cm in length. The cortex is of increased echogenicity and appears mottled and irregular, with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a hypoechoic nodule visualized at the caudal pole measuring 3.21 cm x 2.82 cm, and there is a rim of hypoechoic tissue surrounding the kidney, most consistent with subcapsular fluid. 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 0.46 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 0.60 cm at the cranial pole and 0.50 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

Clyde Fillion

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

6 Years

WEIGHT

35.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Oakbank Animal Hospital

REFERRING VET

Dr. Carly Mayo

INVOICE

72723

DATE

12/23/25

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are too numerous to count ill-defined hypoechoic nodules visualized throughout the parenchyma.

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 poorly defined hypoechoic nodule in the mid caudal region of the liver measuring 1.55 cm x 2.42 cm. Additionally, there is some irregular hypoechoic tissue visualized in the region of the caudate lobe of the liver, most consistent with a poorly defined mass effect, large hypoechoic lymph node, etc. This measures 2.59 cm x 5.03 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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 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 0.38 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. There are occasional prominent lymph nodes in the cranial abdomen. A lymph node visualized near the left kidney measures 1.01 cm x 1.73 cm. The omentum is hyperechoic in the cranial abdomen and around the kidneys.

ULTRASONOGRAPHIC FINDINGS

- Both kidneys have decreased corticomedullary distinction, irregular cortices, and hypoechoic nodule at the caudal pole with suspected subcapsular fluid – Findings are concerning for neoplastic nodules in the kidneys. Other differentials could include an abscess, granuloma, other.

PATIENT

Clyde Fillion

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

6 Years

WEIGHT

35.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Oakbank Animal Hospital

REFERRING VET

Dr. Carly Mayo

INVOICE

72723

DATE

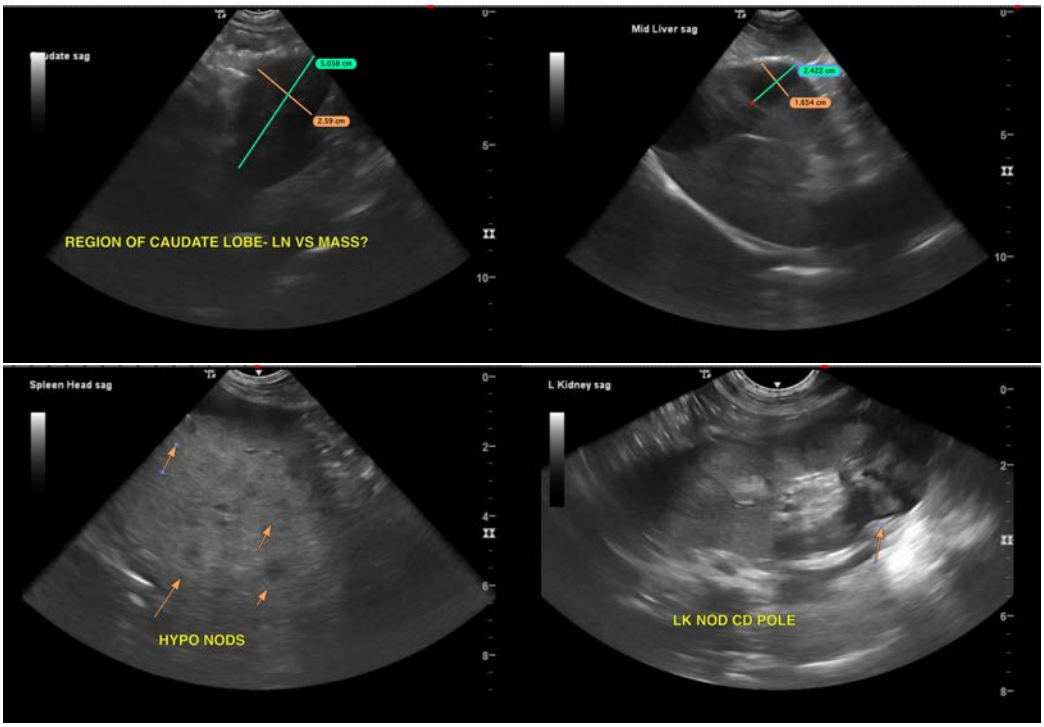
12/23/25

- Nodular/mottled spleen – 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 nodules in the liver with an irregular, hypoechoic area near the caudate lobe – Findings could represent benign or neoplastic lesions. Given the other findings, there is concern for possible metastatic lesions.
- Moderate cranial abdominal lymphadenopathy – Findings could represent highly reactive or neoplastic lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is somewhat mottled with too numerous to count, poorly defined, hypoechoic nodules. Additionally, both kidneys have decreased corticomedullary distinction with hypoechoic nodules in the caudal pole and subcapsular fluid, and there are hypoechoic nodules in the liver. The combination of these findings is concerning for a diffuse metastatic process, although benign lesions are possible. Recommend a fine needle aspirate of the spleen and potentially a renal nodule (if a safe window for sampling is available, coagulation parameters are normal, and blood pressure is normal). If a diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding the best treatment options and prognosis.

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



PATIENT

Clyde Fillion

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

6 Years

WEIGHT

35.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Oakbank Animal Hospital

REFERRING VET

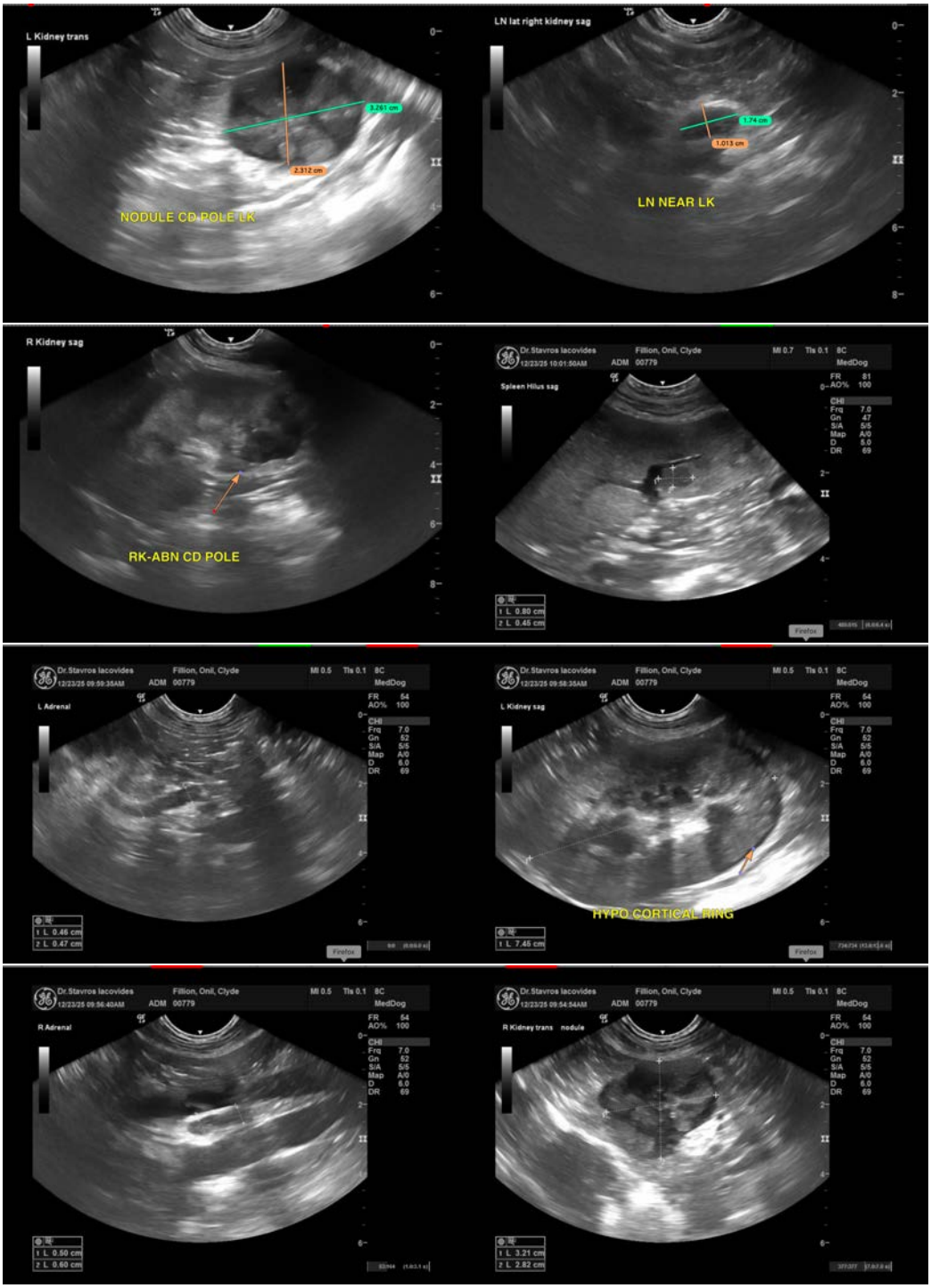
Dr. Carly Mayo

INVOICE

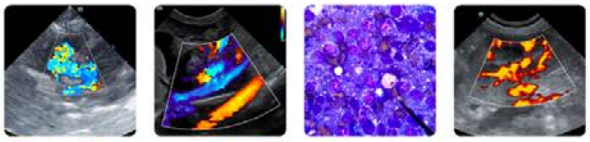
72723

DATE

12/23/25



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Clyde Fillion

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

6 Years

WEIGHT

35.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Oakbank Animal Hospital

REFERRING VET

Dr. Carly Mayo

INVOICE

72723

DATE

12/23/25

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