PATIENT

Charlie Russell

SPECIES

Canine

BREED

English Bulldog

SEX

FS

AGE

8 years

WEIGHT

64.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

South Reno Veterinary Hospital

REFERRING VET

Dr. Schmitt

INVOICE

10855

DATE

12/3/2025

PRESENTING CLINICAL SIGNS

Senior wellness - dog doing well- has a mass on leg to be removed and gingival growth- dental prophylaxis with tumor excision needed.

Abnormal PE/Chem/CBC/UA Results: RADS- A: Cardiomegaly. Possible abdominal mass. DDX: Neoplasia of abdomen, possible spleen, neoplasia versus congestion versus positioning rest is folded on itself but rule out other sources. Possible cardio metastasis. All of this may be from positioning the patient and due to the conformation. There is severe degenerative joint disease of bilateral coxofemoral joints and risk of luxation versus subluxation. Also, severe DJD of spine and lumbar sacral region. LABS-MS: 11/20/2025 at 1:32p: Chemistry screen:ALKP 327 CHOL 345 CBC: MONO856 Heartworm test antigen: Neg Fecal: All undetected UA: free catch. Decreased specific gravity. Increased pH, protein, occult blood, red blood cells, white blood cells and bacteria.

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 left kidney has a normal shape and size (6.45 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 (6.96 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 0.5 cm at the cranial pole and 0.69 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 borderline plump in size measuring 0.61 cm at the cranial pole and 0.86 m 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, and slightly in a curved configuration. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are two small hypoechoic nodules in the spleen. One at the tail, measuring 0.53 cm. Another small lesion more cranial, measuring 0.52 cm in diameter.

Liver

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The liver is normal in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. 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 <0.7cm 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (0.3 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 no significant lymphadenopathy. Visualized mesenteric lymph nodes measure 0.85 cm, and 0.76 cm. A portal lymph node measures 0.7 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Two small hypoechoic nodules in the 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

- Subjectively, mildly heterogenous liver. Findings could be consistent with a mild vacuolar hepatopathy or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of a large mass effect is visualized. Cranial aspect of the spleen is slightly curled, possibly causing super imposition or artifact? There are two small nodules in the spleen. Options moving forward would include a fine needle aspirate or continued monitoring with ultrasound.

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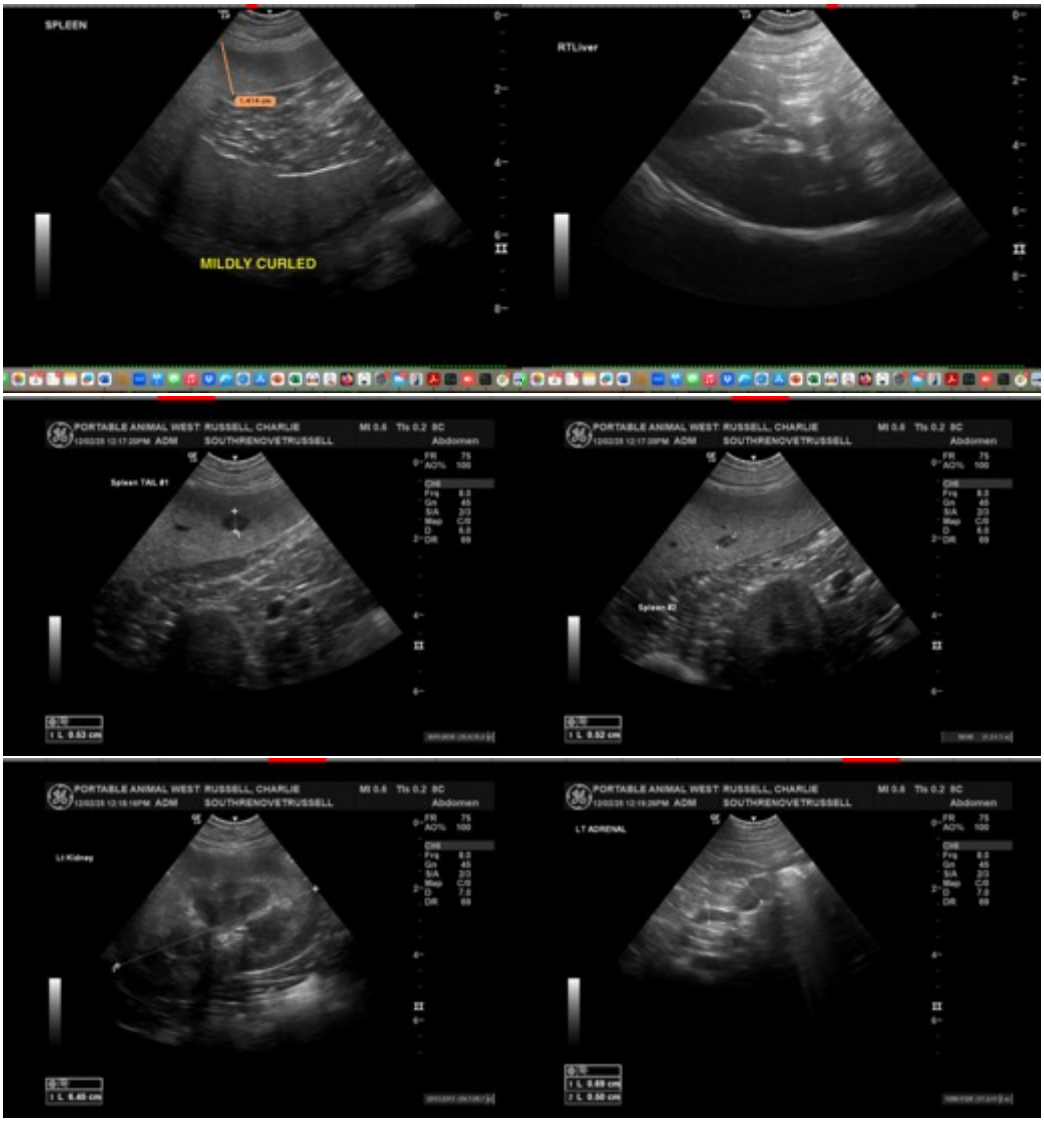
The liver appears very mildly heterogenous, possibly consistent with a mild vacuolar hepatopathy, which could be consistent with the ALP elevation reported. Recommend continued monitoring.

The right adrenal is borderline plump. The left appears normal. Continued monitoring is recommended as this could progress to mild bilateral hyperplasia, or similar.



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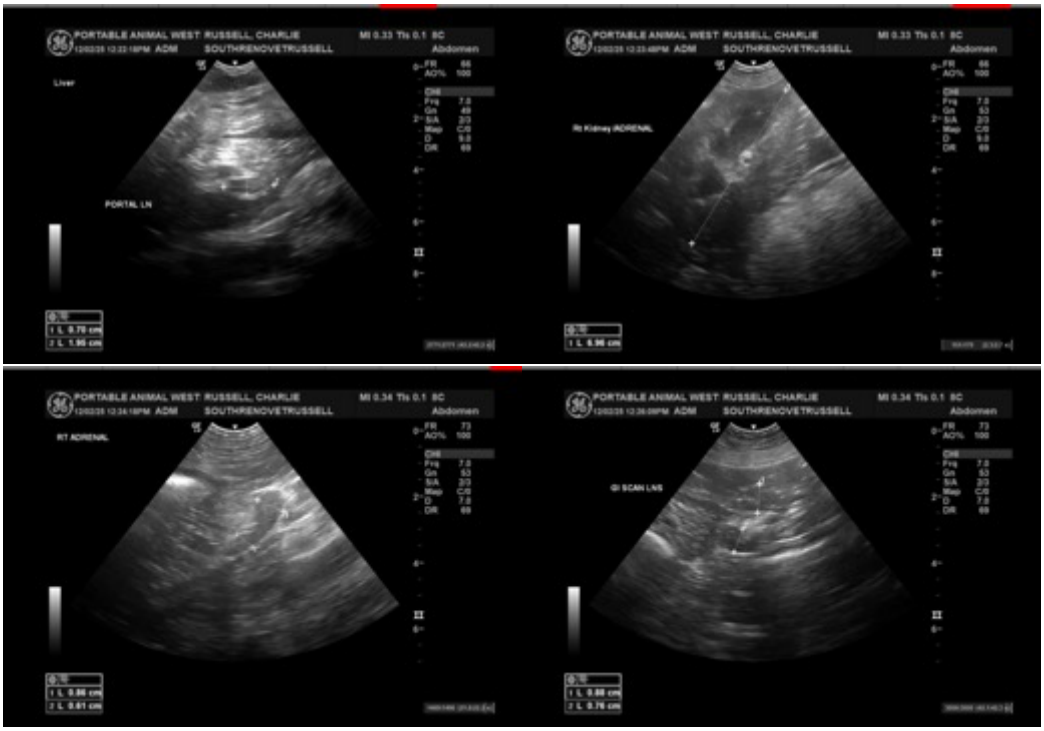

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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