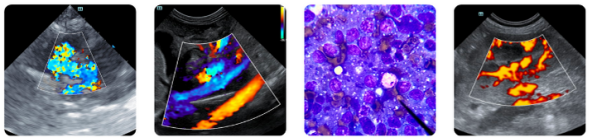


PATIENT

Charlie Rice

SPECIES

Canine

BREED

Pitbull

SEX

MN

AGE

8

WEIGHT

63 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shane Stafford

HOSPITAL NAME

West Newton Animal Clinic

REFERRING VET

Dr. Aaron Hofmeister

INVOICE

11268

DATE

2/10/2026

PRESENTING CLINICAL SIGNS

- The patient presented for a scheduled oral mass removal. The owner also reported several other concerns. The owner noted that the pet seemed painful when being petted behind the ear. There was also a report of an episode of tremors. The patient has a history of increased thirst and urination.

Abnormal PE/Chem/CBC/UA Results: Physical exam was unremarkable. Labs that was done today CBC: Leukocytosis and Eosinophilia Chemistry: Hyperglobinemia D-Dimer: Normal Cytology of the mass that was found on AUS was read in house and showed signs of mesenchymal cells with lymphocytes spread throughout with red cells (thinking splenic in origin). Slides are saved to be sent out to the specialist as well. Labs on 1/13/26 Urinalysis showed Hypostheniuria with a possible UTI (started on Amoxiclav) CBC: Lymphopenia Chemistry Moderate Hypocalcemia, with a Hypoalbueminemai and a hypergloinemia.

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 (1.28 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 (6.69 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.

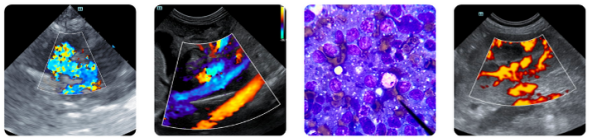
The right kidney has a normal shape and size (7.38 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.65 cm at the cranial pole and 0.65 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.

A normal right adrenal gland was not clearly visualized. There is a hypoechoic, irregular, heterogenous mass effect visualized cranial to the right kidney measuring 4.37 cm x 5.51 cm, suspected to represent an abnormal lymph node but a right adrenal mass is not visualized.

Spleen



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The spleen is subjectively normal in size (1.94 cm in width at the level of the hilus) and the echotexture is homogenous. The splenic capsule is smooth with no visible 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. 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

Visualization of the stomach is somewhat limited. The visualized areas in the region of the pylorus and the body appear normal with no obvious pathology noted.

Most 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. The duodenum measured as normal (0.62 cm in wall thickness) and the jejunum measured as normal (0.37 cm.) Visualized peristalsis appears appropriate. There is a large, hypoechoic, irregular, heterogenous mass effect visualized in the mid caudal abdomen. This structure has the appearance of a possible lumen, most consistent with GI origin measuring roughly 7.41 cm x 8.79 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. The suspected GI origin mass effect visualized in the mid caudal abdomen could also be associated with the region of the ileocecal junction.

Pancreas

The pancreas is prominent and mottled in the left limb. 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 revealed scant free fluid. There is no evidence of a diffuse lymphadenopathy. The omentum is hyperechoic around the mid abdominal mass lesion.

PRIMARY FINDINGS

- Hypoechoic, heterogenous mass effect visualized cranial to the right kidney. This is suspected to represent an abnormal/possibly metastatic lymph node. Although a right adrenal mass lesion cannot be ruled out.
- Large, hypoechoic, irregular, heterogenous mid caudal abdominal mass lesion. The appearance is suspicious for GI origin (large or small intestine.) An association with other structures cannot be ruled out.

SECONDARY FINDINGS

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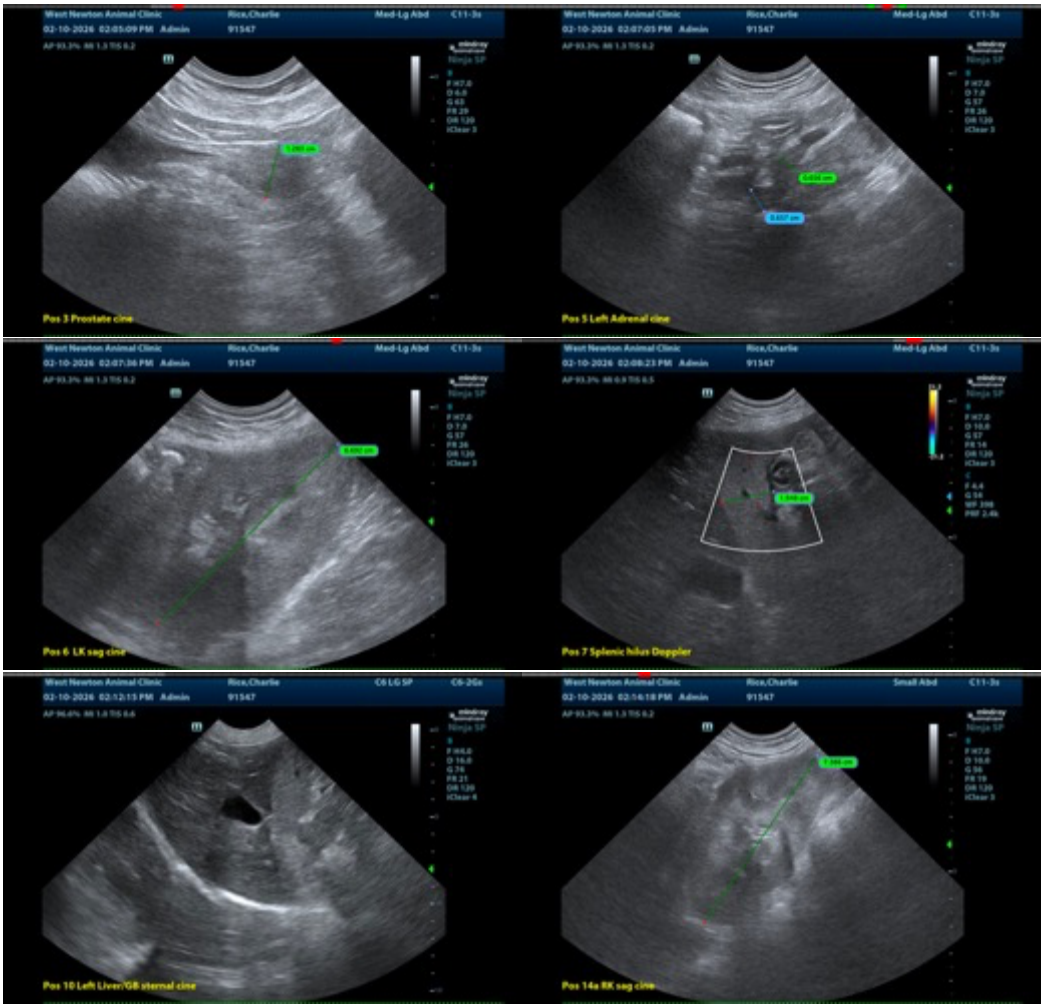
- Pancreatic changes consistent with mild pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's a very large, irregular, hypoechoic mass effect visualized in the mid caudal abdomen. This has the suspicion of a lumen, increasing the likelihood of a GI origin lesion but an association with another structure cannot be ruled out. Additionally, there is a similar appearing smaller mass effect visualized cranial to the right kidney. I suspect this could represent a metastatic lymph node but adrenal mass or similar cannot be ruled out. Correlate these findings with your radiographs and physical exam (is the patient anorexic, vomiting, etc?) and recommend a submission of an aspirate from the mass lesion observed. Ideally, a contrast CT scan would be considered to get a more global view of the abdomen and the association of this mass effect with other abdominal structures. If this is not an option, consider referral to a veterinary surgeon for exploratory and biopsy, or possible mass removal.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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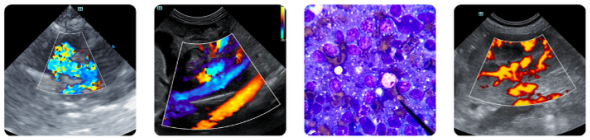

Clinical Sonography & Telecytology
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video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