



PATIENT

Nacho Kohr

SPECIES

Canine

BREED

Terrier x

SEX

Neutered Male

AGE

13 Years

WEIGHT

10.6 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

72853

DATE

2/11/26

PRESENTING CLINICAL SIGNS

P seemed ok this am. Tonight when (male) O came home he didn't eat. He jumped off the bed and stumbled/fell on dog bowl. He went outside and was running around. He then ate a little bit for mom. He's belly seems distended and tight, he was quiet, not following mom around. O put patient on her bed and he couldn't/wouldn't lay down (downward dog). O did mention that

Abnormal PE/Chem/CBC/UA Results: CBC unremarkable Mildly elevated lactate Elevated ALT and ALP Elevated Amylase and Lipase Canine CPL result (ng/ml) 1416.3 ng/ml Rads: Loss of serosal detail, more so in R cranial upper quad, no obstructive pattern

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 (1.06 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 (5.64 cm). Overall echogenicity is slightly hyperechoic with poor 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 is normal in size but irregular in shape, measuring 6.02 cm in length. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. There is irregular hypoechoic tissue visualized surrounding the caudal aspect of the kidney and involving the caudal pole, most consistent with a mass effect, measuring >1.11 cm x 4.3 cm. There is significant surrounding inflammation and free fluid in the region. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.33 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (2.58 cm in width at the level of the hilus). The spleen echotexture is mildly mottled, 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.



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Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is 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 significantly distended. Some areas of the wall appear mildly thickened with adherent debris and some areas have early mucosal stranding and organization of the debris into an early mucocele. There is a large amount of primarily non-organized echogenic debris present as well. There is no evidence of bile duct dilation.

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 0.37 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

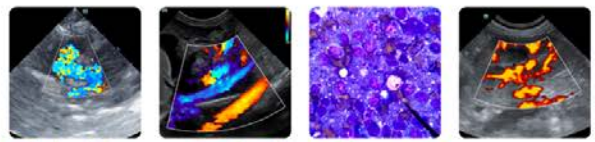
The left limb of the pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

Free Abdomen

There is a large amount of echogenic free fluid in the cranial abdomen. No significant lymphadenopathy noted. The omentum is hyperechoic in the cranial abdomen around the region of the right kidney and the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Mildly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Pancreatic changes most consistent with moderate pancreatitis in the left limb.
- Large, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.



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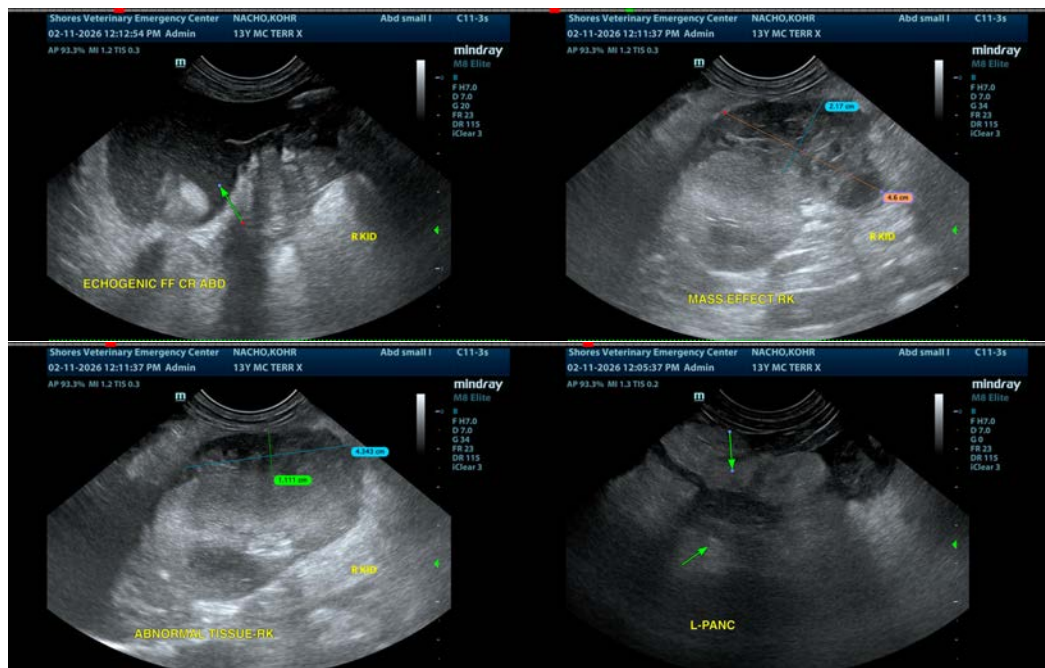
- Large gallbladder with a large amount of intraluminal debris exhibiting early organization/striations – The gall bladder changes are most consistent with a developing mucocele. Consider medical management and close monitoring for progression of this lesion.
- Abnormal hypoechoic, mottled tissue surrounding the left kidney and involving the caudal pole, most consistent with a focal mass lesion – Findings are concerning for hemangiosarcoma, hematoma, carcinoma, other.
- Moderate/large echogenic free fluid visualized in the cranial abdomen – Findings are concerning for possible hemoabdomen, although echogenic fluid is possible. Recommend fluid analysis and cytology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large amount of inflammation in the cranial abdomen. This appears to be localized around the left limb of the pancreas and the right kidney. There is irregular tissue most consistent with a mass effect associated with the right kidney. Recommend sampling of the free abdominal fluid, supportive care for pancreatitis, and a fine needle aspirate of the abnormal tissue at the caudal pole of the left kidney using a low gauge needle (provided coagulation parameters are normal and blood pressures are normal).

Further evaluation may involve a contrast CT scan to further evaluate the right kidney and to assess for possible removal depending on the function of the left kidney, etc.

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





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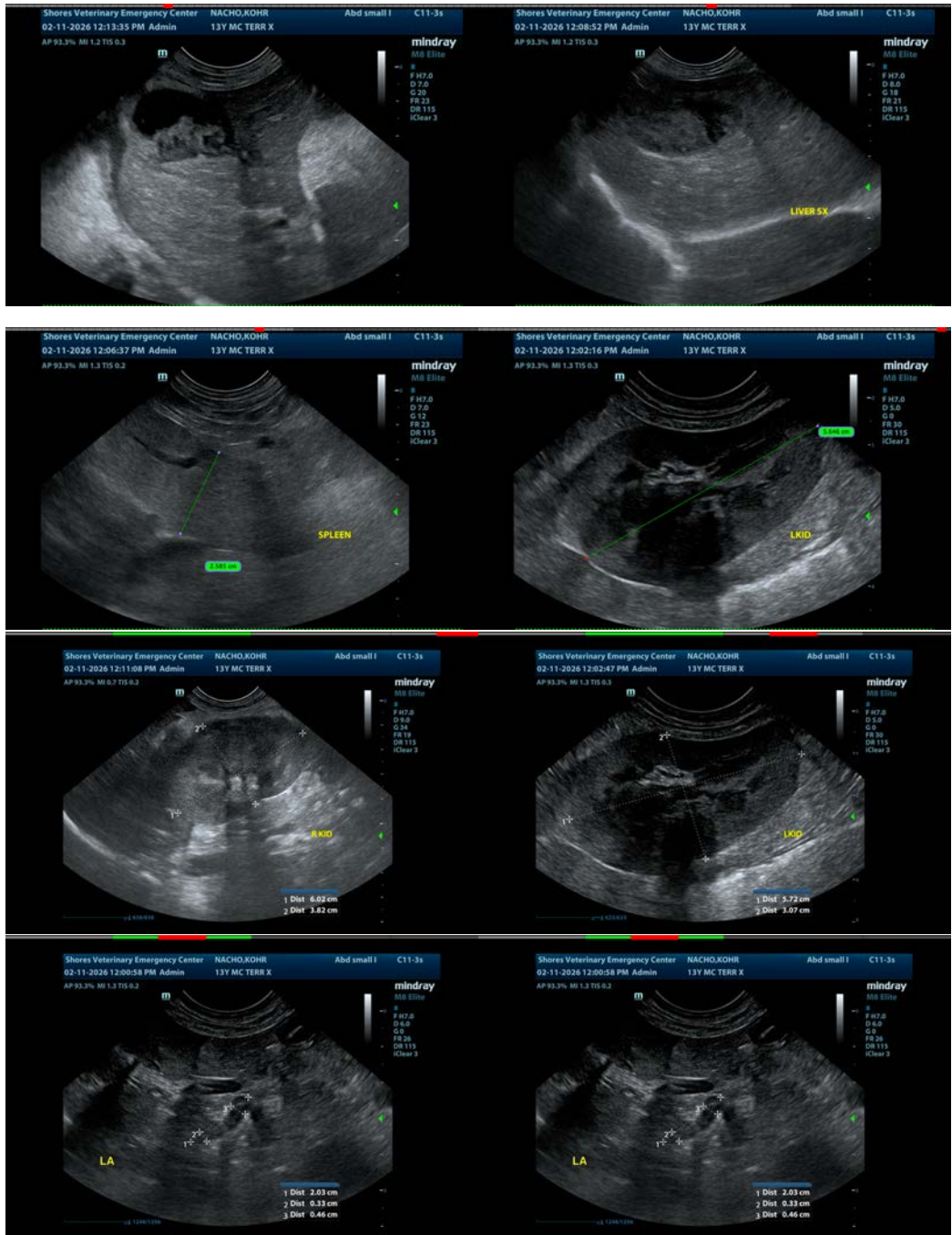
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com