



PATIENT

Penny Jeffery

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

7.3 Years

WEIGHT

12.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Emily Kirk

HOSPITAL NAME

Shiloh Animal Hospital

REFERRING VET

Dr. Audra Alley

INVOICE

72951

DATE

2/12/26

PRESENTING CLINICAL SIGNS

Patient diagnosed with an aggressive mast cell tumor on the left hip. Surgically removed in July 2025 and an ultrasound was performed and submitted to Sonopath at that time. Patient received chemotherapy with Vinblastine weekly for 4 weeks then every other week for 4 doses. The goal of the scan was to screen for evidence of internal metastasis. Surgery site and all peripheral lymph nodes appear stable.

Abnormal PE/Chem/CBC/UA Results: Multiple CBCs in the last 6 months- unremarkable. Chemistry last performed in September- no significant findings.

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 (3.88 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 (3.23 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 adrenal glands are not evaluated.

Spleen

The spleen is subjectively normal in size (1.51 cm in width at the level of the hilus), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a small poorly defined hypoechoic nodule towards the cranial aspect of the spleen measuring 0.67 cm x 0.37 cm.

Liver

The liver is borderline large 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.



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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 appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.34 cm. Jejunum wall measures 0.23 cm. There is mild mucosal speckling visualized. 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 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 evidence of a diffuse lymphadenopathy. A prominent sublumbar lymph node is visualized measuring 0.37 cm x 1.22 cm.

ULTRASONOGRAPHIC FINDINGS

- Small, hypoechoic nodule in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Subjectively large, mildly heterogeneous liver – This is a non-specific finding. Correlate with current lab work. Findings could be consistent with a vacuolar hepatopathy, less likely neoplastic infiltration.
- Mild segmental thickening of the small intestine with rare mucosal speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.
- Prominent iliac lymph node – This has the appearance most consistent with a reactive lymph node but continued monitoring is warranted, as an early neoplastic lymph node cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a small, hypoechoic nodule in the spleen. Given the history of mast cell disease, a fine needle aspirate of this lesion or the spleen in general could be considered. Additionally, this could be monitored with ultrasound.



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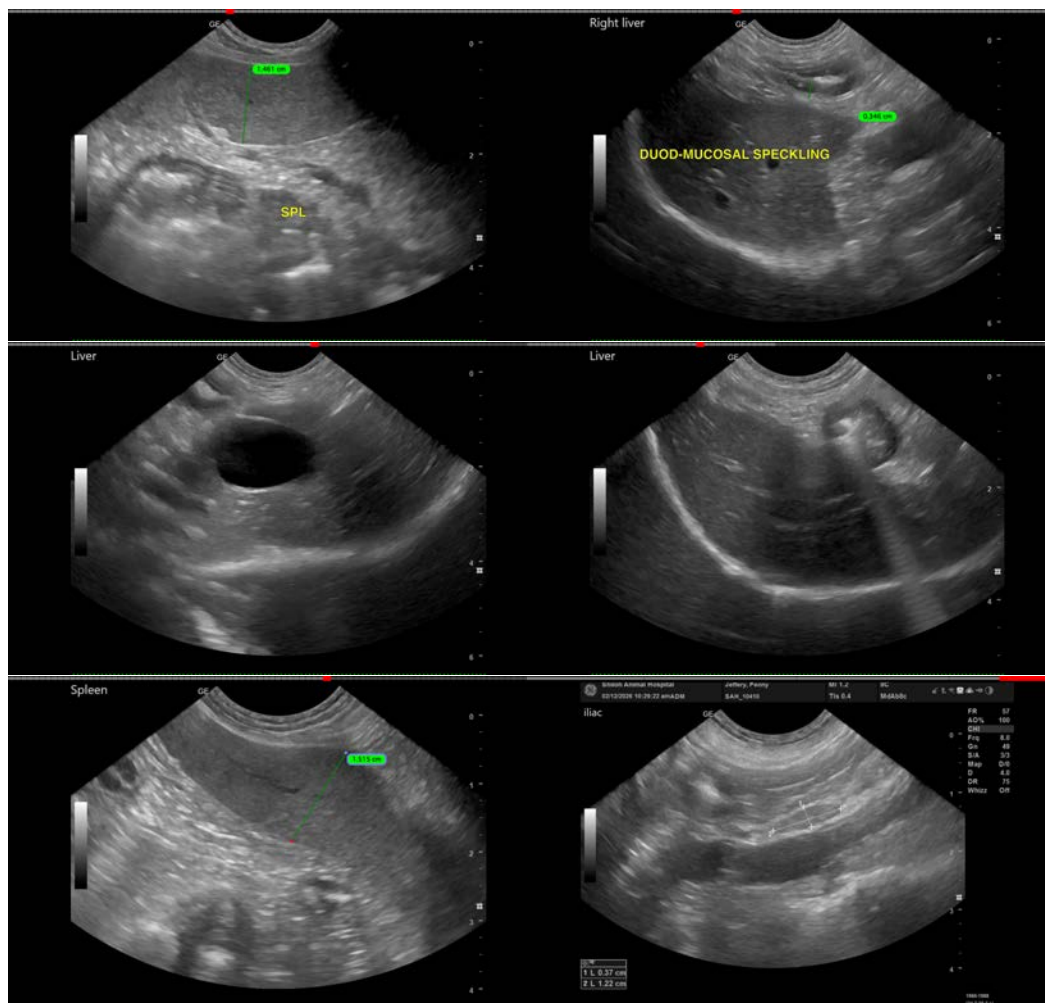
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Dr. Audra Alley

The liver subjectively appears mildly large and heterogeneous. A significant change from the previous exam is not noted. This is a non-specific finding. Correlate with current lab work. A fine needle aspirate of the liver could be considered, particularly if liver enzyme elevations have progressed, or if patient is not feeling well.

Some sections of the small intestine appear mildly thickened with some mild mucosal speckling. The significance of this in the absence of underlying gastrointestinal symptoms is uncertain.

Recommend continued monitoring of the iliac lymph nodes for progressive enlargement.



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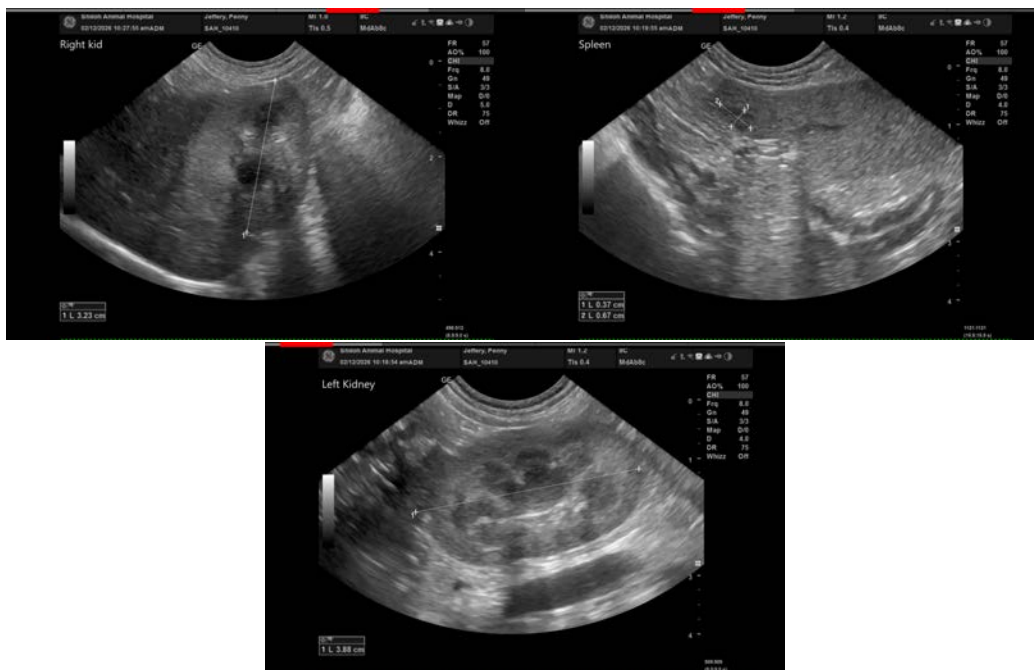
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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