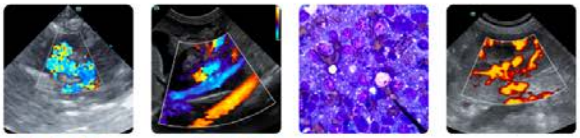


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Riley Snow

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

12 Years

WEIGHT

29 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Chippawa Animal Hospital

REFERRING VET

Dr. Kilkenny

INVOICE

72702

DATE

2/4/26

PRESENTING CLINICAL SIGNS

Solid structure palpated in cranial abdomen. AFAST revealed free fluid between liver lobes. Abnormal looking architecture of liver and intestines. Hypersalivation. Weight loss of 3.3kg since March 2025.

Current Medications: Gabapentin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall appears significantly thickened (particularly in the apical region) and irregular, measuring at 0.94 cm. The 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 was not clearly visualized.

The left kidney has a normal shape and size (6.87 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 (5.61 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 “plump” measuring 0.88 cm at the cranial pole and 0.76 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.

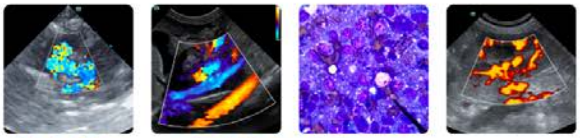
Spleen

The spleen is subjectively normal in size (1.5 cm), echotexture is homogenous, and 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.

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.



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Gastrointestinal

The stomach contains mild fluid. 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. Duodenum wall measures 0.46 cm. Jejunum wall measures 0.32 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

A discrete pancreas is not clearly visualized, although there is abnormal, poorly defined inflammatory tissue visualized in the regions of the left and right limbs of the pancreas, which is highly concerning for pancreatic pathology. There is a hypoechoic mass effect visualized cranial to the left kidney/caudal to the spleen measuring 1.53 cm x 1.44 cm, which could represent a lymph node, pancreatic mass lesion, etc. Additionally, there is hypoechoic abnormal tissue visualized in the region of the left limb of the pancreas ventral to the stomach measuring 2.34 cm x 2.57 cm, and large, amorphous, poorly delineated mixed echogenicity inflammatory tissue almost coalescing into a mass effect in the right cranial abdomen. Findings are concerning for severe pancreatitis and/or pancreatic neoplasia.

Free Abdomen

There is a moderate to large amount of echogenic free fluid. The mesentery in the cranial mid abdomen appears diffusely hyperechoic, irregular and nodular in many areas. A hypoechoic nodule/lymph node is visualized medial to the spleen measuring 1.23 cm x 1.2 cm.

ULTRASONOGRAPHIC FINDINGS

- Severe inflammation with abnormal poorly defined, mixed echogenicity tissue and some hypoechoic mass effects/lymph nodes in the regions of the left and right limbs of the pancreas – Findings are concerning for necrotizing pancreatitis, pancreatic neoplasia, etc. Other differentials are possible.
- Echogenic free fluid – Recommend fluid analysis and cytology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is abnormal mixed echogenicity inflammatory, poorly defined tissue visualized in the region of the left limb of the pancreas (largely medial to the spleen and caudoventral to the stomach). Additionally, in the right limb of the pancreas (particularly in the right cranial abdomen) there is an amorphous, poorly defined mass effect consistent with a true mass effect or an aggregate of abnormal inflammation/tissue. Findings are concerning for pancreatic pathology (severe pancreatitis, pancreatic neoplasia, etc.). Other differentials are possible. Recommend a fine needle aspirate of the region of the pancreas. In particular, there is a superficial hypoechoic mass effect caudal to the spleen, but any regions of generalized more solid inflammation are reasonable. Additionally, recommend a sample of echogenic free fluid for fluid analysis and cytology. While awaiting cytology results, consider treatment for severe pancreatitis. Given the relatively mild symptoms reported, there would be concern for a more chronic progressive

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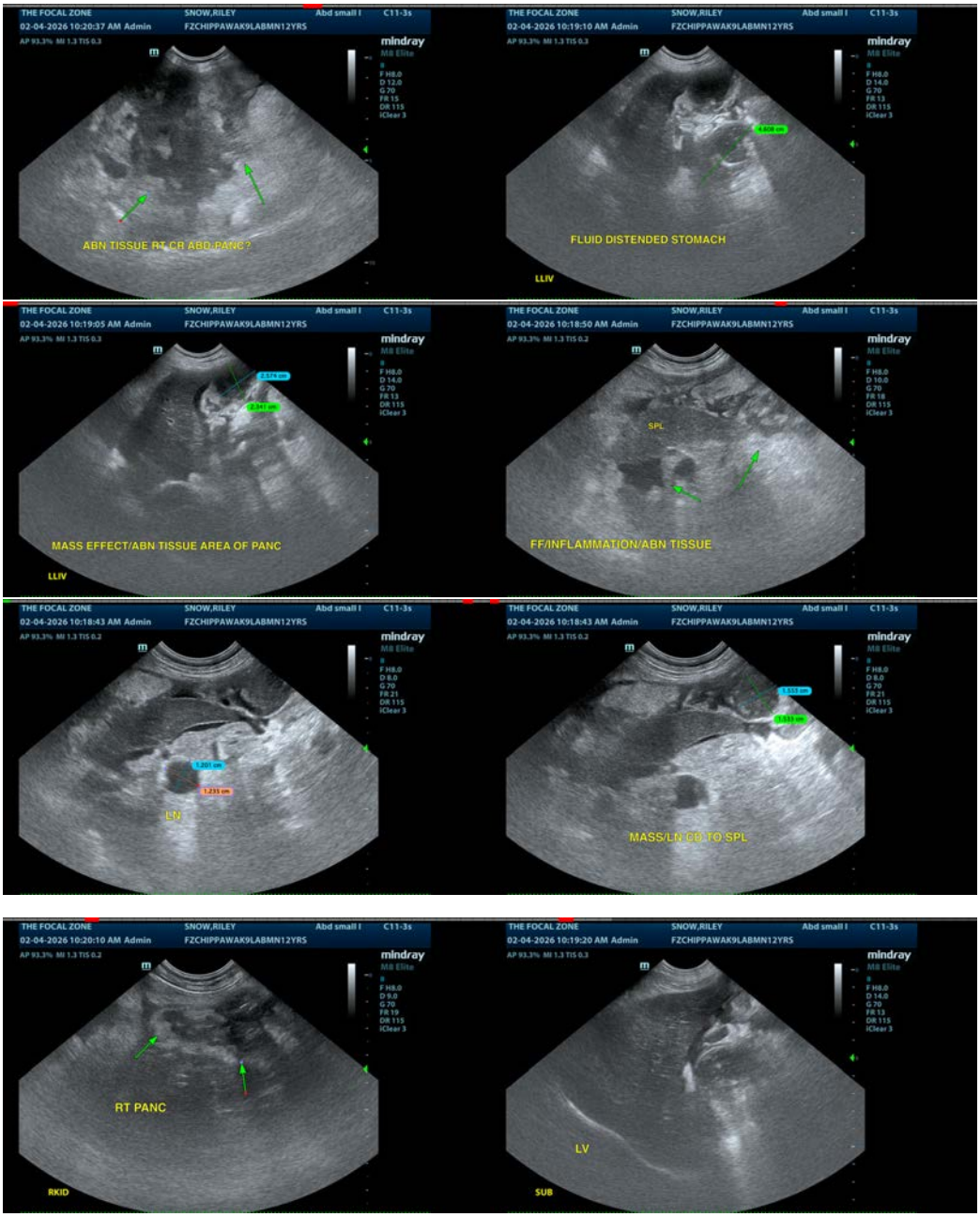
disease process favoring neoplasia over acute necrotizing pancreatitis. If further evaluation is desired, you could consider a contrast CT scan to determine if this better localizes the tissue.

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



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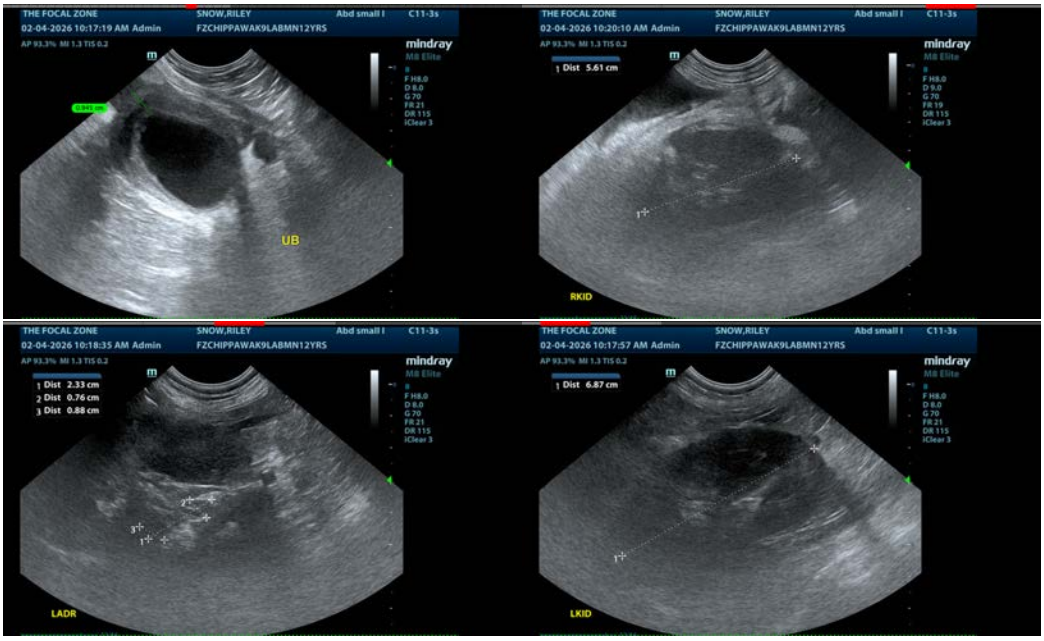

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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