



PATIENT

Jack Fore

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Neutered Male

AGE

15 Years

WEIGHT

12.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mary Pearce

HOSPITAL NAME

Chambersburg Animal
Hospital

REFERRING VET

Dr. Mary Pearce

INVOICE

72741

DATE

2/5/26

PRESENTING CLINICAL SIGNS

Hx suspected cardiac disease, on pimobendan d/t left atrial enlargement on radiographs. Has not pursued cardiology specialist.

Chronic intermittent cough recently worsened, radiographs showed development of suspected tracheal collapse. Started on Hycodan and p is responding well to this.

O also noted concerns for hyporexia, no v/d. Abdominal radiographs concerning for caudal abdominal mass effect, fat opacity, ultrasound recommended as next step.

Abnormal PE/Chem/CBC/UA Results: 2/4/26: Radiographs - Cardiomegaly with left atrial enlargement. Pulmonary parenchyma appears normal with no evidence of pulmonary edema or fluid accumulation. Mild narrowing of the trachea noted in the thoracic inlet region, with some variability in amount of narrowing between lateral images, consistent with extrathoracic dynamic tracheal collapse. Mild bridging spondylosis present. There is good abdominal detail. There is a mass effect in the caudal abdomen, displacing intestines and spleen cranially and bladder caudally; no distinct margins noted in the images for a specific mass, and area has opacity consistent with fat. 10/30/25: BUN 43, Creat 1.8, SDMA 11. ALP 268, ALT 77. TT4 normal 1.7. PLT 138, HCT normal, WBC normal. 3/13/25: BUN 34, ALT 247, ALP 176.

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 (0.72 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 (3.66 cm) with numerous small cortical cysts. 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 has a normal shape and size (3.79 cm) with numerous small cortical cysts. 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.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

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.



PATIENT

Jack Fore

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Neutered Male

AGE

15 Years

WEIGHT

12.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mary Pearce

HOSPITAL NAME

Chambersburg Animal
Hospital

REFERRING VET

Dr. Mary Pearce

INVOICE

72741

DATE

2/5/26

Spleen

The spleen is subjectively normal in size (1.41 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 are numerous hyperechoic nodules visualized at the periphery of the spleen, most consistent with benign myelolipomas.

Liver

The liver is subjectively normal in size, and 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. There is a moderate amount of non-organized echogenic debris. 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. Duodenum wall measures 0.37 cm. Jejunum wall measures 0.26 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 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

There is a slightly lobulated, isoechoic, homogeneous mass effect visualized in the caudal abdomen, extending from the level of the spleen to the urinary bladder. This mass effect displaces other abdominal structures such as the bowel and has the general appearance of fat. It measures >3.06 cm x 4.83 cm.



PATIENT

Jack Fore

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Neutered Male

AGE

15 Years

WEIGHT

12.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mary Pearce

HOSPITAL NAME

Chambersburg Animal
Hospital

REFERRING VET

Dr. Mary Pearce

INVOICE

72741

DATE

2/5/26

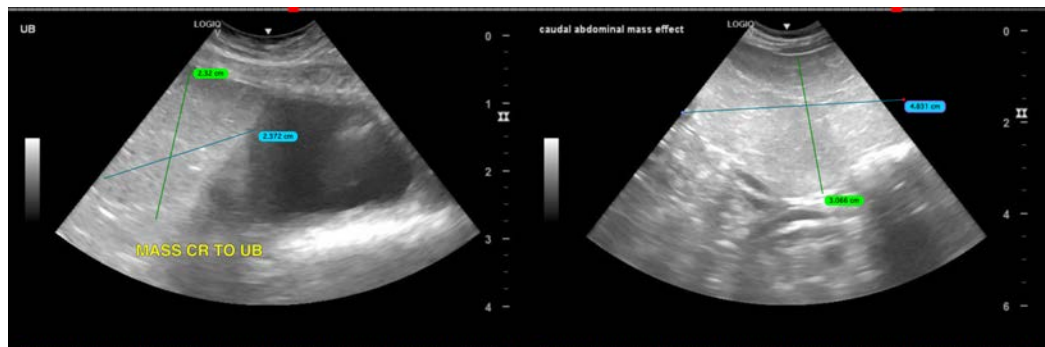
ULTRASONOGRAPHIC FINDINGS

- Decreased corticomedullary distinction in both kidneys – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Mildly 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.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Isoechoic, homogeneous, large mid caudal abdominal mass lesion – The general appearance is suggestive of an intraabdominal lipoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys have changes consistent with chronic renal disease, and the liver appears mildly heterogeneous. This is a non-specific finding possibly consistent with a mild vacuolar hepatopathy or similar hepatopathy.

There is a large, homogeneous, isoechoic mass effect visualized in the mid caudal abdomen that displaces other abdominal structures. This has the appearance most consistent with fat. An intraabdominal lipoma would be the primary differential. Consider a fine needle aspirate. If surgical removal would be considered, a contrast CT scan would be recommended, looking for any evidence of invasion indicating a possible infiltrative lipoma, liposarcoma, etc.





PATIENT

Jack Fore

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Neutered Male

AGE

15 Years

WEIGHT

12.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mary Pearce

HOSPITAL NAME

Chambersburg Animal
Hospital

REFERRING VET

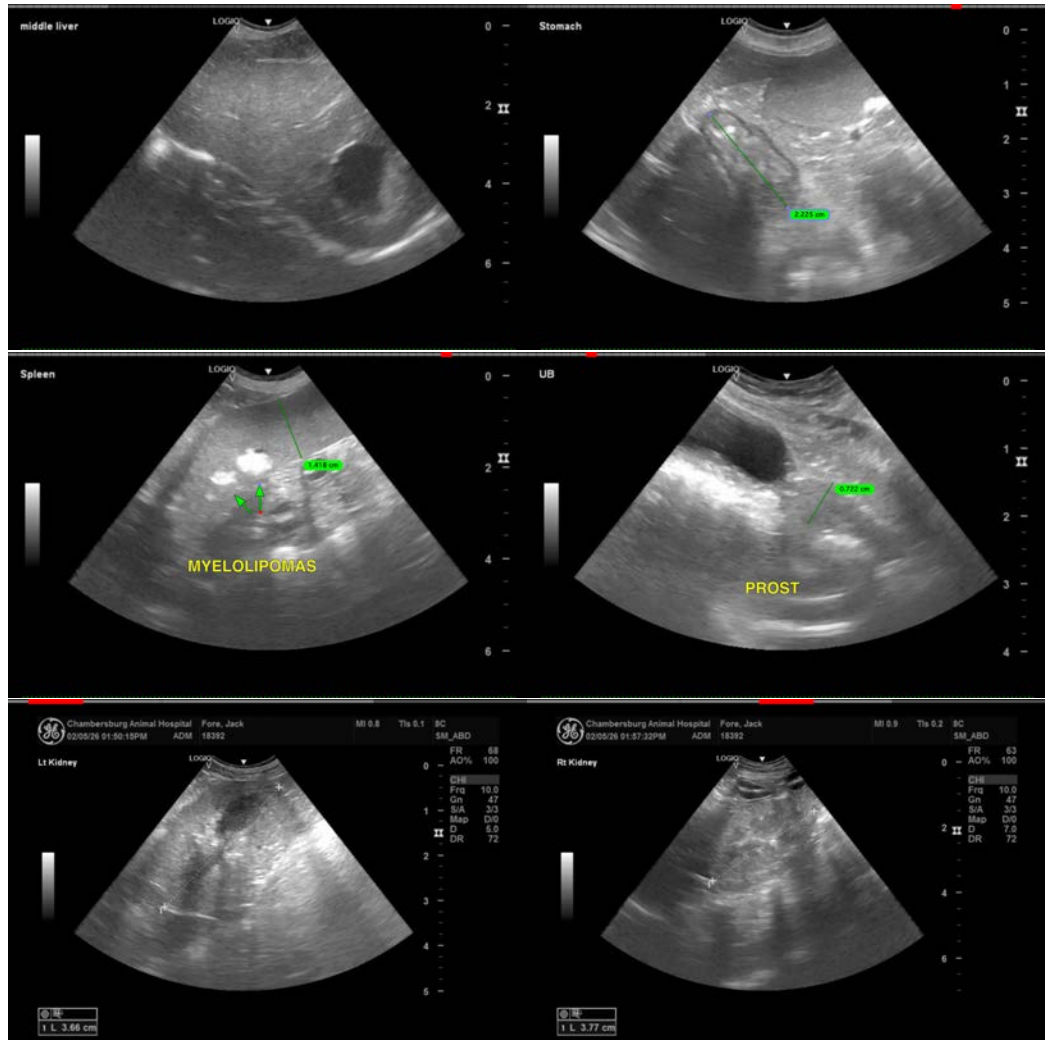
Dr. Mary Pearce

INVOICE

72741

DATE

2/5/26



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