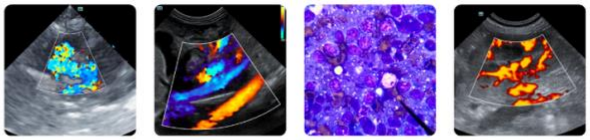


PATIENT

Rascal Rickrode

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

9 Years

WEIGHT

10.57 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary Emergency Center

REFERRING VET

Dr. Julia Kerr

INVOICE

14225

DATE

03/11/26

PRESENTING CLINICAL SIGNS

- 1/22/26 P seen at rDVM for vomiting. possible intestinal parasites in vomit (tape worms?). P was treated with Cerenia, clindamycin, and drontal. Seen again at rDVM 2/6/26 for vomiting, diarrhea, hyporexia/anorexia, and found to have a fever. rdvm PE noted firm swelling/mass-like ball in cranial abdomen, central to right sided. P treated with Cerenia sq, carprofen sq, SQF, drontal dose. 1/13/25 weighed 28.8 pounds, 12/30/25 26.6 pounds, 2/7/26 25 pounds. P is continuing to have hyporexia. Not eating well for at least 1-2 weeks, if not longer. Owner notes small amounts of stool at a time. P had a larger amount of diarrhea last night. lethargy.
- concern for elevated liver values, pancreatitis, gastroenteritis, abdominal mass, neoplasia, other

PE: T 104.3; submandibular LN enlarged; significant dental disease; mid abdominal right side firm irregular mass palpated; area is visibly evident on right side body wall 1/22 chem: TP 7.5 H, glob 4.1 H, GGT 30 H, amylase 2,237 H 1/22 precision PSL: 696 H 1/22 cbc: wbc 22,000 H, neu 18,480 H, mono 1,540 H 2/6/26 rads: stomach thickening, liver extending behind ribs ventrally, tail of spleen visible, no distinct mass, possible intestinal adhesions, gastritis 3/3 chem: globulin 4.0 H, ALP 186 H, GGT 37 H, BUN 36 H, amylase 1510 H 3/3 Precision PSL: 354 H 3/3 cbc: monocytes 1,128 H 3/3 fecal: negative

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (4.66 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

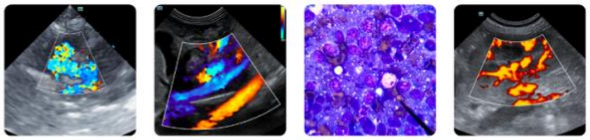
There is a structure visualized in the region of the right kidney measuring 2.55 cm. It generally has the shape of an irregular right kidney, but minimal evidence of retained renal architecture. Findings could be consistent with a neoplastic right kidney or an irregular neoplastic right kidney or a large mass effect in the region could be displacing the normal right kidney.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.65 cm at the cranial pole and 0.59 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 right adrenal gland was not clearly visualized. The mass effect in the region obscures visualization.

Spleen



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The spleen is subjectively normal in size, 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. The spleen measured 1.97 cm.

Liver

The liver is subjectively large in size, irregular/rounded and echogenicity. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a large irregular, multi-lobulated, solid, hypoechoic mass effect visualized extending to right middle/caudal abdomen, measuring greater than 8.41 by 8.77 cm, most consistent with a hepatic mass lesion.

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 primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 cm 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. The duodenum measured as normal (0.35 cm in wall thickness) and the jejunum measured as normal (0.25 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

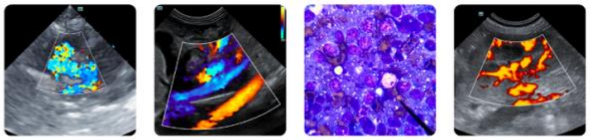
The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is scant free fluid. There is no evidence of a significant diffuse lymphadenopathy. A lymph node medial to the left kidney is visualized measuring 0.98 cm x 1.21 cm. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular, heterogeneous liver with a suspected large, irregular, lobulated, right-sided mass effect. Findings could be consistent with a primary hepatic mass lesion (adenoma, adenocarcinoma, or the mass lesion could originate somewhere and be coming in contact with the large, rounded liver).
- Suspect irregular hypoechoic right kidney with decreased corticomedullary distinction. Findings are concerning for neoplastic change affecting the right kidney.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is hypoechoic large and rounded in the region of the right caudal liver. There is a large multi-lobulated hypo-echoic mass effect with a similar appearance. This is strongly suspected to be arising from the right caudal liver, but clear visualization is difficult due to the size of the mass lesion. The right kidney is also in this area and is suspected to be abnormal, possibly consistent with neoplastic change as a normal right kidney is not clearly visualized. Strongly consider a contrast CT scan of the abdomen to better clarify the margins and origins of the abnormal tissue and a fine needle aspirate of the mass lesion to further evaluate.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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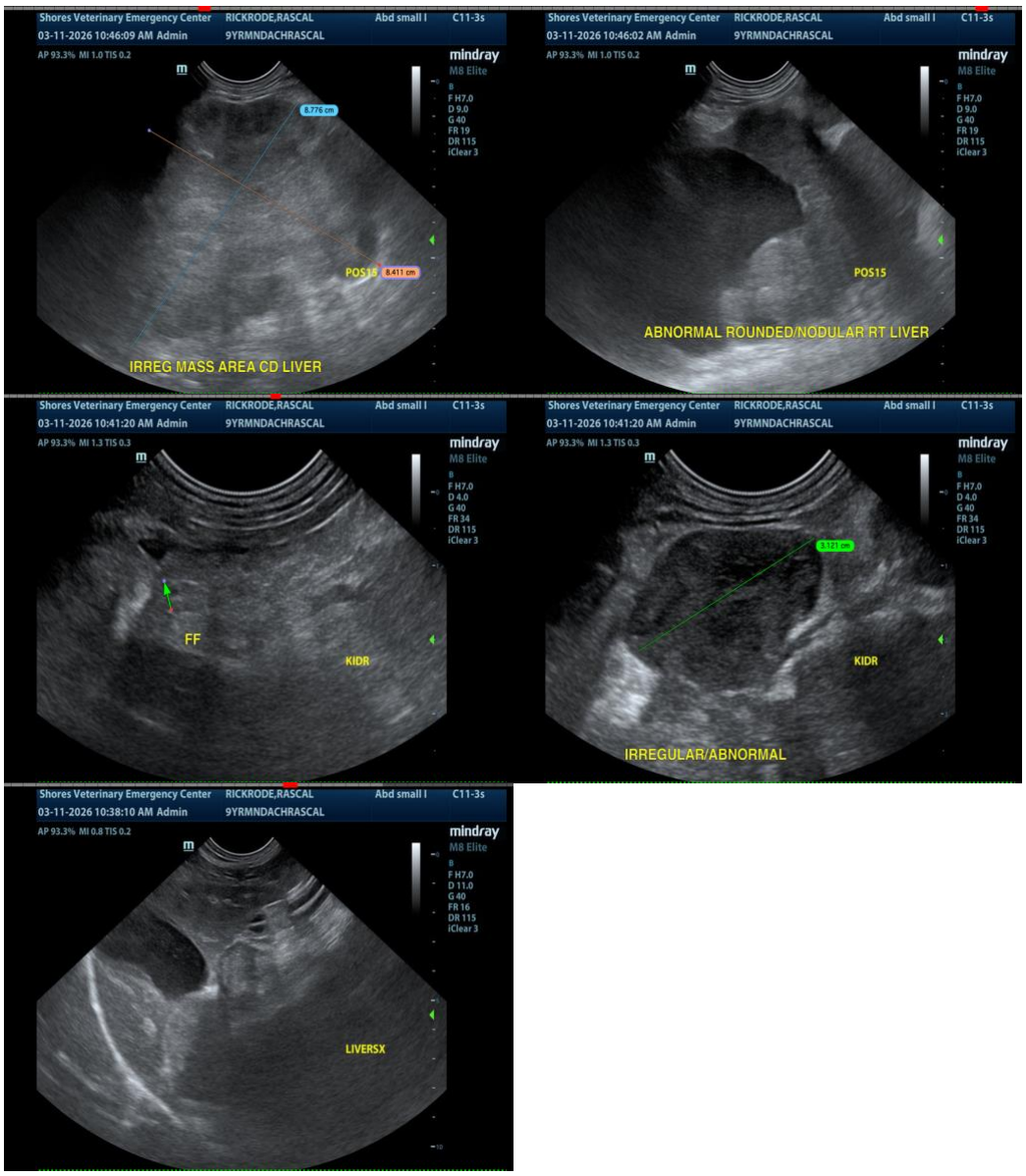

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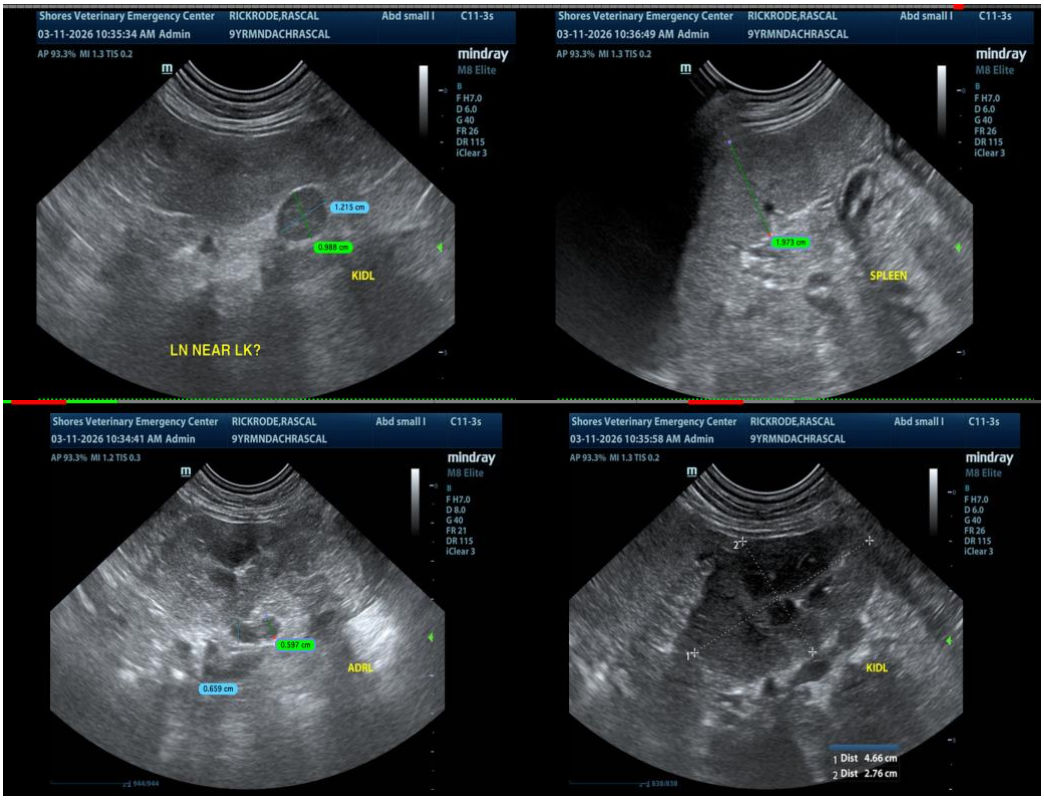

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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