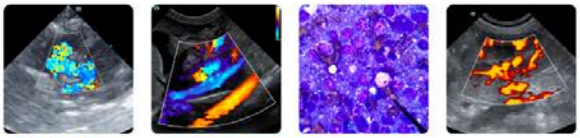


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Rylie Lackie

SPECIES

Canine

BREED

Poodle x

SEX

Neutered Male

AGE

15 Years

WEIGHT

6.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. MacFarlane

INVOICE

73766

DATE

3/18/26

PRESENTING CLINICAL SIGNS

Inappetent, weight loss, history of pancreatitis, elevated kidney/liver values, mild anemia

Current Medications: Gabapentin 100, metronidazole 100, cerenia 16, prednisone 5

Abnormal PE/Chem/CBC/UA Results: See attached lab work Primary Question to Be Answered in This Exam cancer vs kidneys vs liver

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, or masses. In the dependent portion of the urinary bladder there are occasional small hyperechoic shadowing foci most consistent with small mineralizations/calculi. Examples measure 0.49 cm and 0.31 cm.

The prostate was not clearly visualized.

The left kidney has a normal shape and size (3.68 cm) with numerous small pinpoint non-obstructive nephroliths and mild pyelectasia at 0.20 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 infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.87 cm) with pinpoint non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.41 cm at the cranial pole and 0.38 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.

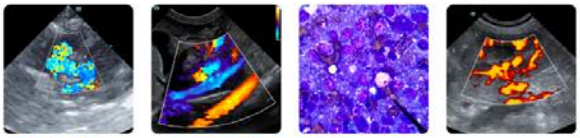
The right adrenal gland is normal in size measuring 0.58 cm at the cranial pole and 0.39 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.45 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 large and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are too



PATIENT

Rylie Lackie

SPECIES

Canine

BREED

Poodle x

SEX

Neutered Male

AGE

15 Years

WEIGHT

6.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. MacFarlane

INVOICE

73766

DATE

3/18/26

numerous to count, variably sized (some very large), hypoechoic nodules/mass effects. These deviate the hepatic margins, and some have target-like appearance. Examples measure 1.28, 0.58, and 0.44 cm in diameter. Additionally, there is a mixed echogenicity mass effect on the left side measuring 3.81 cm x 3.61 cm.

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.

Gastrointestinal

The stomach contains moderate fluid/ingesta. 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. The patient is reported as non-fasted, so this is likely within normal limits for this individual.

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 0.35 cm. Jejunum wall measures 0.30 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 right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic 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 noted. No significant lymphadenopathy noted. The omentum is diffusely hyperechoic in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic shadowing foci visualized in the urinary bladder- Findings are most consistent with small stones/mineralized debris.
- Bilateral renal changes consistent with chronic renal disease.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Severely enlarged, irregular, heterogeneous liver with too numerous to count expansile hypoechoic nodules and mass effects – Findings are most concerning for hepatic neoplasia and metastatic nodules. A benign process is possible.
- Scant free abdominal fluid.

PATIENT

Rylie Lackie

SPECIES

Canine

BREED

Poodle x

SEX

Neutered Male

AGE

15 Years

WEIGHT

6.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. MacFarlane

INVOICE

73766

DATE

3/18/26

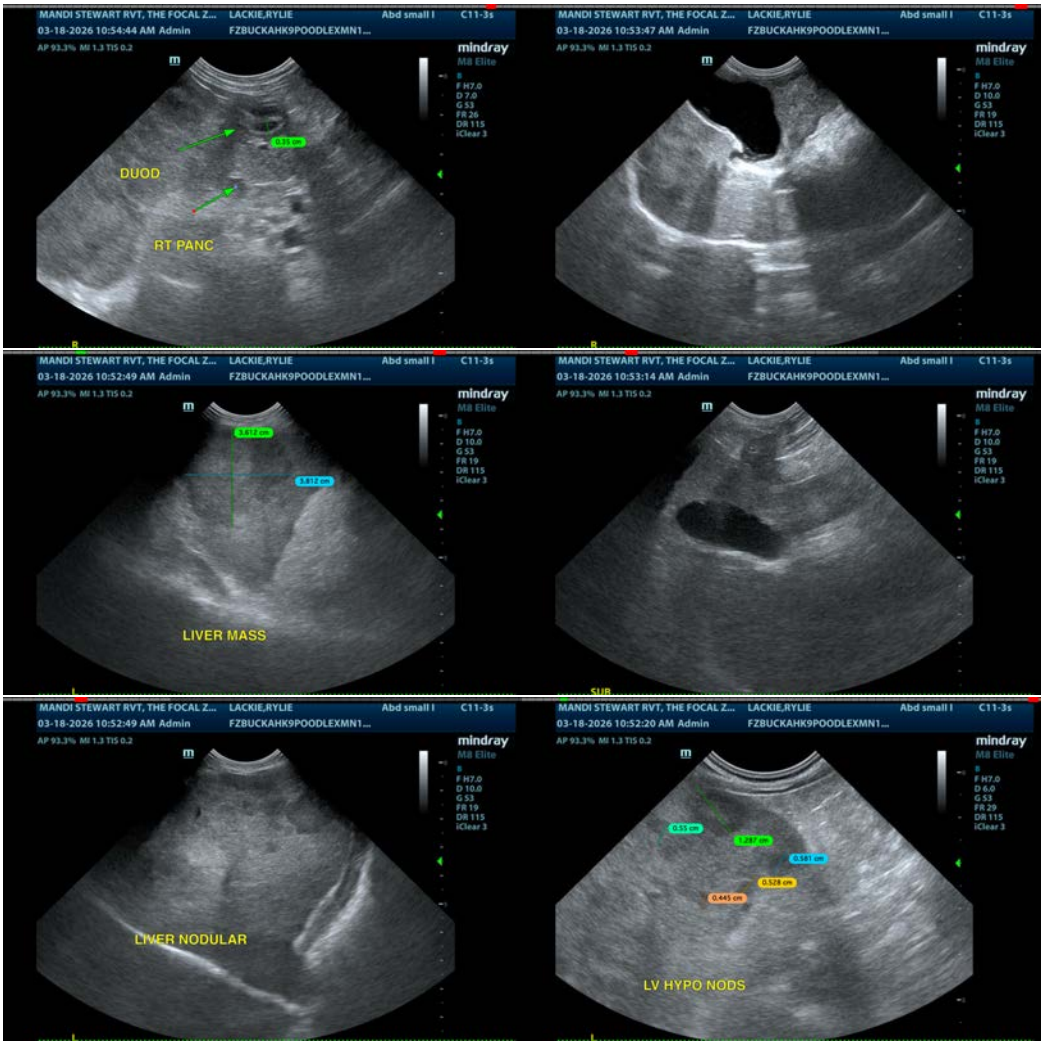
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is severely enlarged and irregular with too numerous to count, variably sized, hypoechoic (some with a target-like appearance) expansile nodules. Some of these are large enough to be mass lesions. The appearance of these lesions is concerning for metastatic neoplasia, although a benign process is possible. Consider a fine needle aspirate. If cytologic diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding treatment options and prognosis. I suspect surgical options would be limited, as this appears to involve the majority of the liver.

Both kidneys have changes consistent with chronic progressive renal disease. Consider a blood pressure, urinalysis and culture as a baseline.

The pancreas is visible and hypoechoic in the right limb, possibly consistent with mild chronic pancreatitis on top of pancreatic remodeling.

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



PATIENT

Rylie Lackie

SPECIES

Canine

BREED

Poodle x

SEX

Neutered Male

AGE

15 Years

WEIGHT

6.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

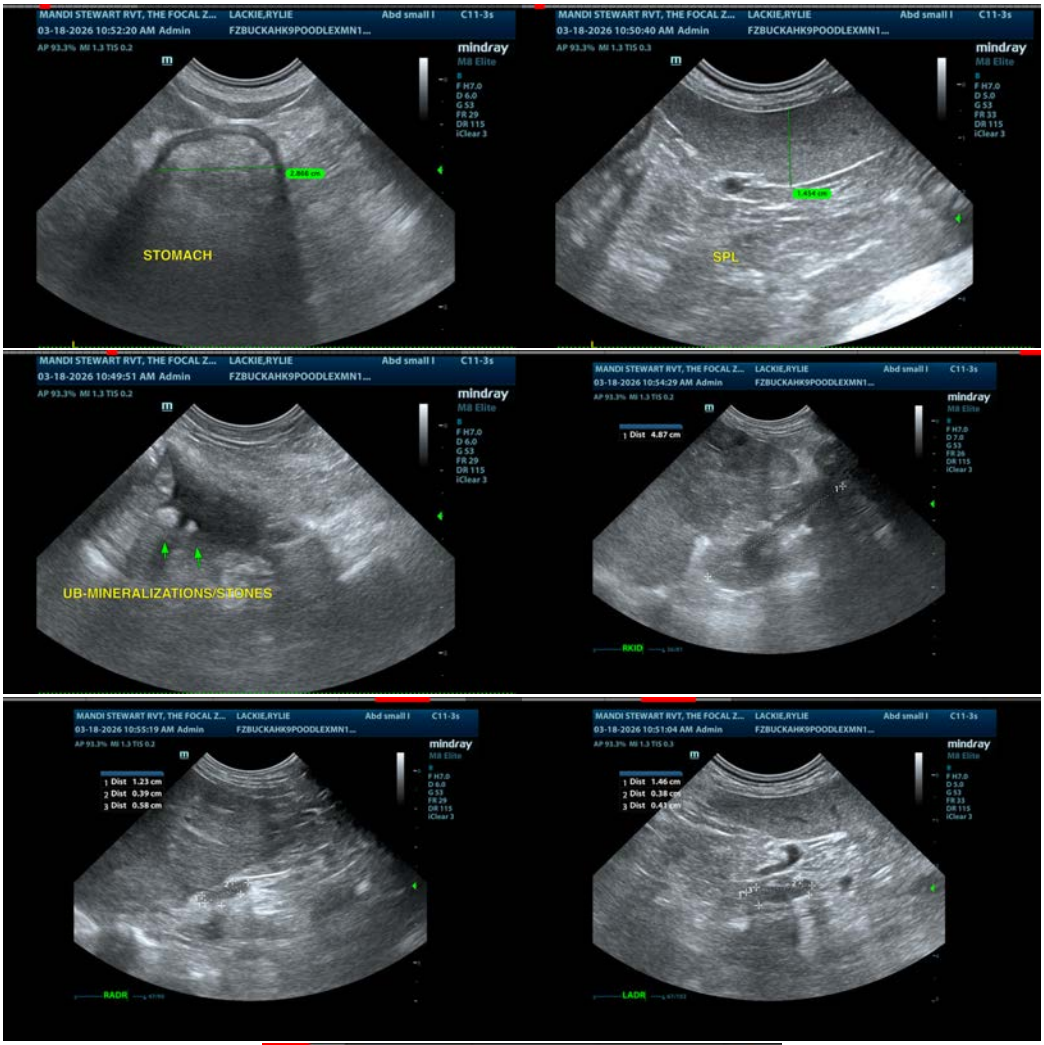
Dr. MacFarlane

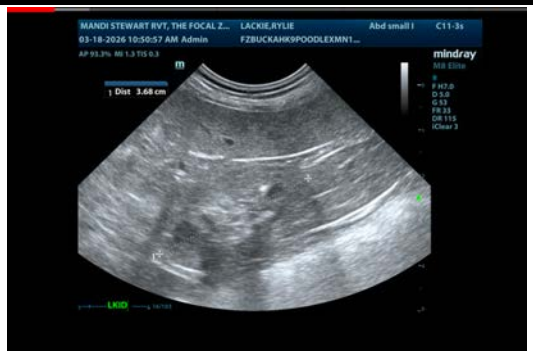
INVOICE

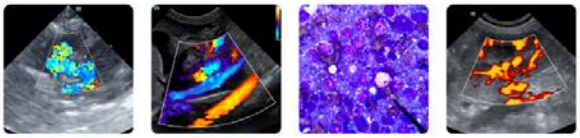
73766

DATE

3/18/26







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

PATIENT

Rylie Lackie

SPECIES

Canine

BREED

Poodle x

SEX

Neutered Male

AGE

15 Years

WEIGHT

6.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. MacFarlane

INVOICE

73766

DATE

3/18/26

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