



**PATIENT**

Tucker Phillips

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Intact Male

**AGE**

9 Years 10 Months

**WEIGHT**

73 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Chatham Veterinary  
 Services

**REFERRING VET**

Dr. Scott

**INVOICE**

73788

**DATE**

3/18/26

**PRESENTING CLINICAL SIGNS**

P presented for US due to potbellied appearance, PU/PD, abnormal bloodwork

Abnormal PE/Chem/CBC/UA Results: Glu 117, Phos 6.6, Cl 107, Alb 2.4, ALT 235, ALP 1480, GGT 48, Chol 439, usg 1.010, urine pro 2+ t4 0.6

**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 large and slightly hyperechoic at 3.12 cm.

The left kidney has a normal shape and size (6.36 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (7.5 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 large, measuring 0.94 cm at the cranial pole and 0.87 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 large, measuring 1.43 cm at the cranial pole and 0.94 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 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 poorly defined hypoechoic nodule in the parenchyma measuring 0.50 cm x 0.74 cm.

**Liver**

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is 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. There is mild irregularity at the gallbladder wall most consistent with adhered debris or small polypoid projections. The cystic and common bile ducts are normal/not visible.



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***Gastrointestinal***

The stomach contains moderate fluid and 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. Intraluminal fluid/shadowing ingesta interferes somewhat with full evaluation of the stomach.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild 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 0.43 cm. Jejunum wall measures 0.36 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 mildly 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***

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***

Both testicles were visualized and appear within normal limits.

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

**PRIMARY FINDINGS**

- Large, slightly hyperechoic prostate – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.
- 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.
- Large, 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.
- Mild irregularity/thickening at the gallbladder wall – The significance of this is uncertain. This could represent mild polypoid-type change, adhered debris, etc. Recommend continued monitoring +/- Ursodiol therapy.



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- Bilateral adrenomegaly – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.

**SECONDARY FINDINGS**

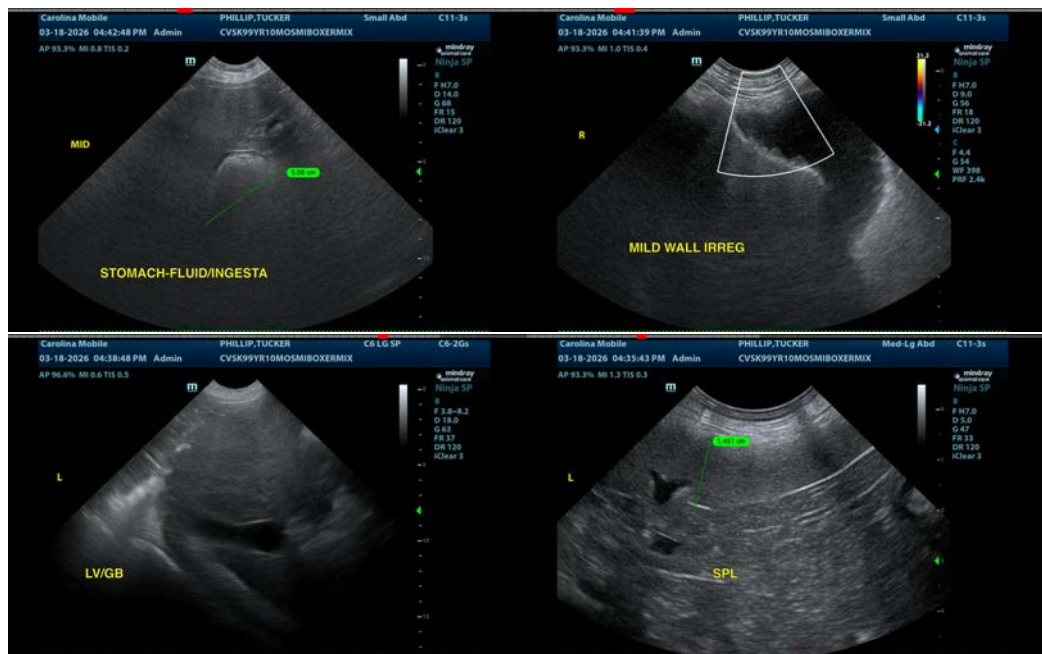
- Mild age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with mild pancreatic remodeling in the right limb.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The adrenals measure at the upper end of normal, and the liver is large and heterogeneous. These changes could be consistent with vacuolar hepatopathy and pituitary dependent hyperadrenocorticism. If this clinically fits, you could consider adrenal function testing. There is some concern, as the albumin levels appear borderline low. Recommend urinalysis +/- urine protein to creatinine ratio to look for significant proteinuria. Additionally, consider a liver function test and a fine needle aspirate of the liver to look for the possibility of a more significant hepatopathy. If these are ruled out, there could be the possibility of underlying gastrointestinal disease. Correlate with clinical symptoms. If this is suspected, further workup may be warranted.

There is a small nodule in the spleen. Options moving forward would include continued monitoring with ultrasound or a fine needle aspirate, as this could represent a benign or early neoplastic lesion.

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





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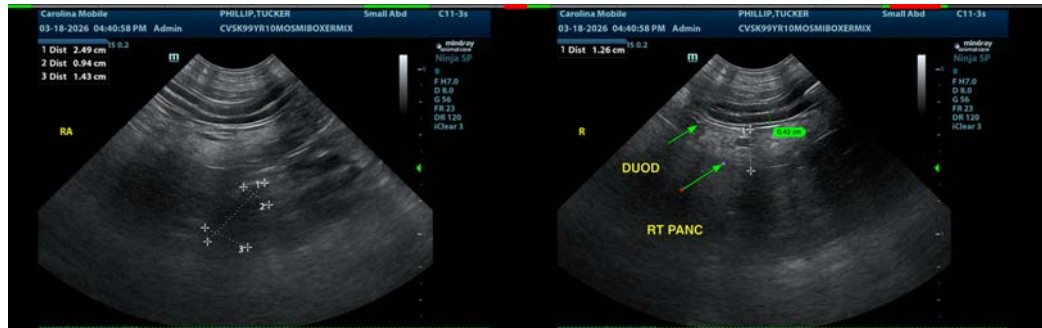
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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