PATIENT

TJ Casqueira

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

MN

AGE

13 years 3 months

WEIGHT

67.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet Hospital

REFERRING VET

Dr. Timony

INVOICE

11727

DATE

4/16/2026

PRESENTING CLINICAL SIGNS

BCS 6/9; possible FB-vomited napkin then 2 more times. Xray-Heterogenous material caudoventrical intestines- R/O SI vs LI. Prev AUS in Oct (attached) Liver mass, RADR mass, pu/pd, suspect Cushings but no further workup.
Hx 2 prev FB sx , one was R &A. No current meds except Torb sed for scan.

Abnormal PE/Chem/CBC/UA Results: EPOC normal. UA not performed.

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 (0.71 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 (5.78 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. Occasional small cortical cysts noted. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.83 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. Occasional small cortical cysts noted. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

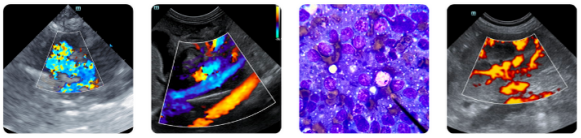
The left adrenal gland is normal in size measuring 0.52 cm at the cranial pole and 0.63 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is large in size and irregular in shape measuring 2.77 cm at the cranial pole and 1.1 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 abnormal in appearance in that there is mass effect in the cranial pole measuring approximately 2.77 cm creating a mass affect out of the right adrenal measuring approximately 2.4 cm x 5.02 cm (previous measurement 10/2025 was 4.8 cm x 2.17 cm.) No definitive evidence of vascular invasion is visualized.

Spleen

The spleen is subjectively normal in size (1.6 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver



PATIENT

TJ Casqueira

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

MN

AGE

13 years 3 months

WEIGHT

67.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet Hospital

REFERRING VET

Dr. Timony

INVOICE

11727

DATE

4/16/2026

The liver is large in size, and irregular with rounded margins. 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 poorly defined, large mass effect in the right side of the liver measuring 9.75 cm x 8.29 cm (previous measurement 10/2025 was 5.6 cm in diameter.)

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 is moderately dilated with fluid and irregular shadowing material most consistent with foreign material. 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 layering is adequate and there is no impression of reduced peristaltic activity. There's focal shadowing material visualized within the gastric lumen. On some views this appears to extend into the pylorus with concern for possible foreign material extending into the small intestine.

Some of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Other areas appear moderately fluid distended with some corrugation. There are some focal areas of small intestine which appear to have intraluminal shadowing material. Some areas with a linear component, concerning for obstructive/partially obstructive material. This is evident in the proximal small intestine with some early plication and more caudally, with a larger area of shadowing material and mild fluid distension. The duodenum generally measures as normal/mildly thickened at 0.44 cm, and the jejunum measures as normal at 0.33 cm. There is concern for multiple partially obstructive lesions.

The descending colon is visualized and appears significantly corrugated distally with a mildly thickened wall with intact wall layering measuring at 0.23 cm. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and mottled in the right limb. 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. There is no significant lymphadenopathy. The omentum is hyperechoic around the some of the focal areas of abnormal bowel.

Other

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, heterogenous, rounded liver with a right sided solid, hypoechoic mass effect. Findings are concerning for a primary hepatic mass lesion such as an adenoma or a carcinoma. Subjectively today's lesion appears larger than when previously scanned (10/2025.)

PATIENT

TJ Casqueira

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

MN

AGE

13 years 3 months

WEIGHT

67.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet Hospital

REFERRING VET

Dr. Timony

INVOICE

11727

DATE

4/16/2026

- Shadowing foreign material visualized within the stomach and several areas of small intestine with some areas exhibiting early plication and fluid distension concerning for obstructive /partially obstructive lesions.
- Right adrenal mass lesion. Possible differentials include, an adenoma, carcinoma, pheochromocytoma, other. Mass lesion appears stable as compared to the previous exam (10/2025.)
- Prominent colon wall with intact wall layering. Findings are most consistent with colitis.

SECONDARY FINDINGS

- Age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with chronic pancreatic remodeling.

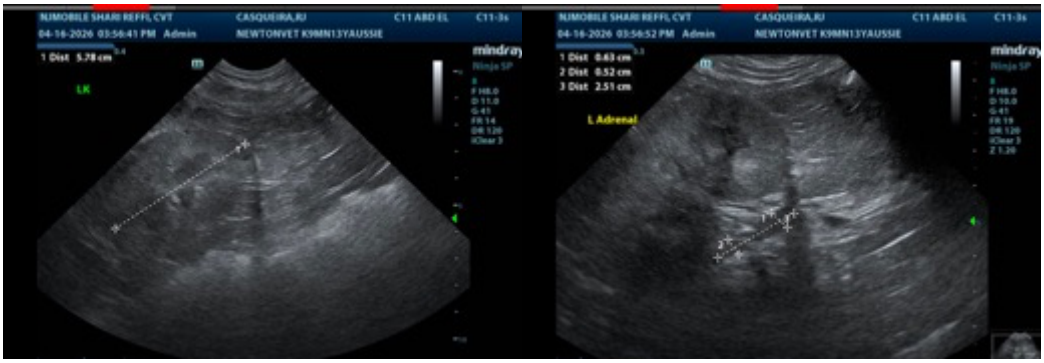
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's shadowing material visualized within the stomach and multiple areas of small intestine. With a variably obstructive/partially obstructive pattern. In some areas there's early plication indicative of a possible linear component to the foreign material. Based on today's findings, it would typically be recommended to proceed to surgery to further evaluate and remove any foreign material.

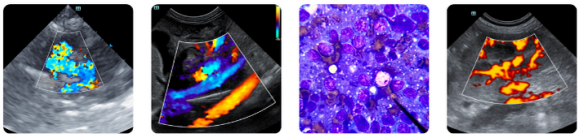
Given this patient's past and current history, if there's significant reluctance to go to surgery you could consider overnight rehydration and reassessment in hopes that some material will pass, but surgery seems likely.

The previously described hepatic mass lesion appears larger on todays exam but still has a relatively benign rounded appearance. If surgery ius pursued, a biopsy could be considered. Additionally, the right adrenal mass lesion appears relatively stable as compared to the previous exam.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
www.SonoPath.com
info@sonopath.com 800.838.4268

PATIENT

TJ Casqueira

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

MN

AGE

13 years 3 months

WEIGHT

67.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet Hospital

REFERRING VET

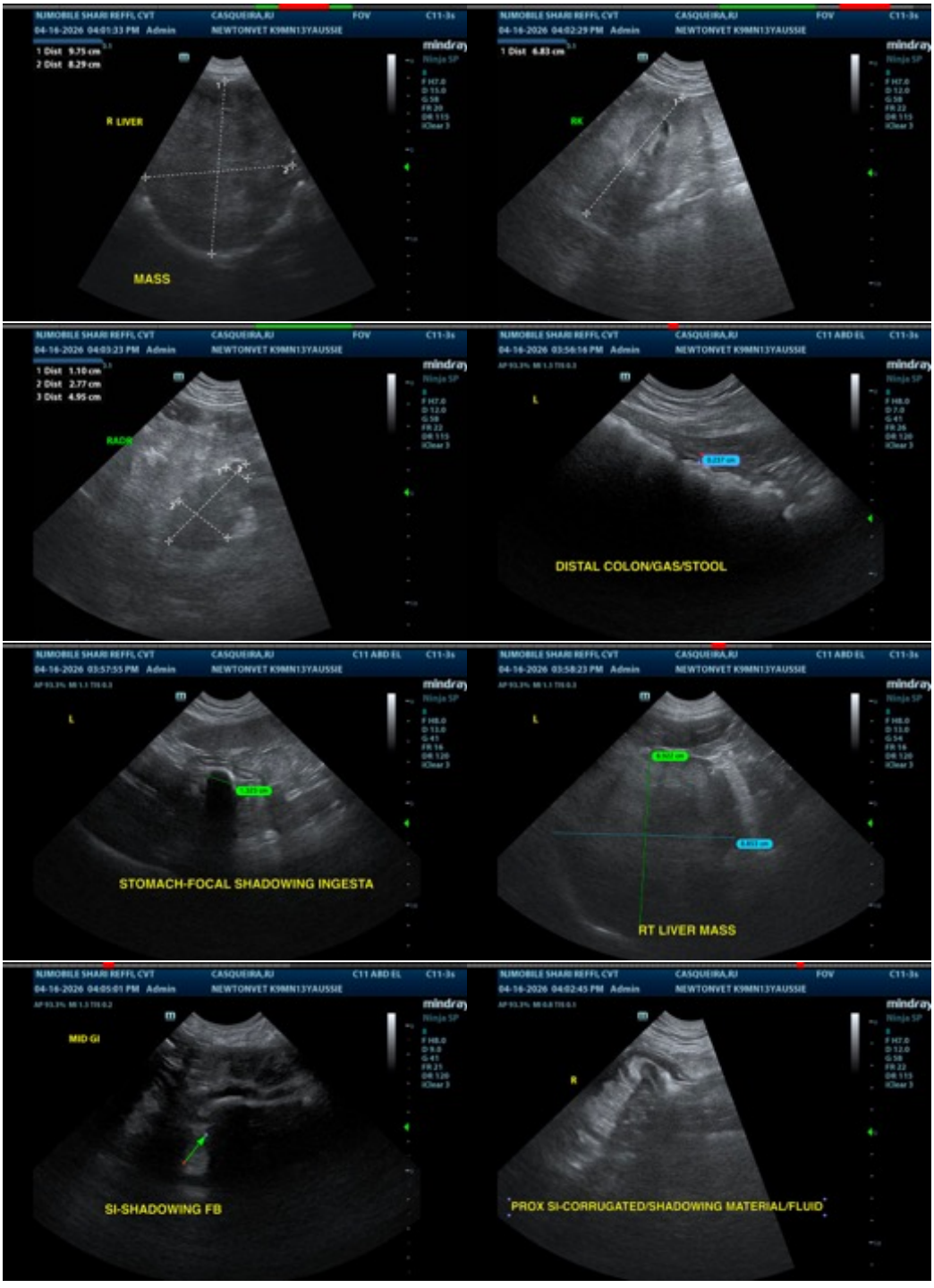
Dr. Timony

INVOICE

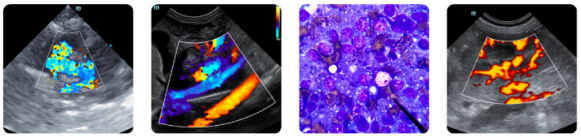
11727

DATE

4/16/2026



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
www.SonoPath.com
info@sonopath.com 800.838.4268

PATIENT

TJ Casqueira

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

MN

AGE

13 years 3 months

WEIGHT

67.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet Hospital

REFERRING VET

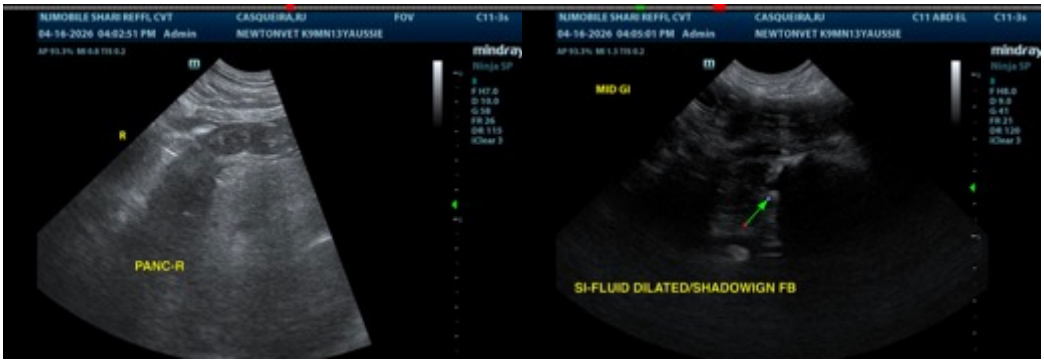
Dr. Timony

INVOICE

11727

DATE

4/16/2026



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