PATIENT

Loki Ellis

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

10 years

WEIGHT

80 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Mountain View

REFERRING VET

Dr. Lewellen

INVOICE

11956

DATE

5/14/2026

PRESENTING CLINICAL SIGNS

History of MCT removal Nov 2025 - removed with apparent clean margins. Presented for MCT removal at different site. US for search for primary and other mets. concerns for glomerular disease.

Relevant Medical History and Physical Exam Findings: Large attached SQ mass lateral R hip aspirated as MCT. Palpable splenomegaly, anterior uveitis discovered pre op exam. MCT site from Nov on ventral thorax has no new masses.

Recent Diagnostics: Relevant Laboratory Results / Abnormalities: history of persist proteinuria, normotensive discovered with surgery Nov 2025

Current medications (include full name, dosage, and frequency): pred, zyrtec, Pepcid
Abnormal PE/Chem/CBC/UA Results: RAD limits. CONCLUSIONS:1. The diffuse bronchointerstitial pulmonary pattern is nonspecific and could reflect incidental aging change and pulmonary hypoinflation. Lower airway disease, such as of allergic, irritative or viral etiology is considered less likely given the lack of reported respiratory disease. There is no evidence of intrathoracic metastatic disease at this point.2. Mild hepatomegaly. e.3. Mild splenomegaly.

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 (1.15 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 (6.58 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. A small cortical cyst is noted measuring 0.36 cm in size. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.07 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.65 cm at the cranial pole and 0.79 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 0.91 cm at the cranial pole and 0.68 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.

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Spleen

The spleen is subjectively normal in size (3.69 cm) and slightly irregular in shape. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. At the tail of the spleen there is an isoechoic solid rounded masslike structure visualized measuring 1.79 cm x 1.82 cm. This is touching the tail of the spleen and could represent an accessory spleen or similar. A mass lesion cannot be ruled out. An alternate structure such as a lymph node or similar cannot be definitively ruled out.

Liver

The liver is normal in size and rounded. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There's a mid-region of the liver which appears slightly rounded, giving the impression of a poorly defined mass effect. I suspect this represents anatomic variation, but continued monitoring is recommended. (Measures 3.34 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 contains mild fluid and gas. 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 to mild fluid and gas 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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (0.38 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 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.

ULTRASONOGRAPHIC FINDINGS

- Age related change visualized associated with both kidneys.

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- Isoechoic rounded structure visualized near the tail of the4 spleen. The appearance could be consistent with an accessory spleen, a benign or less likely neoplastic mass effect cannot be ruled out and an associated structure (lymph node, etc) cannot be ruled out.

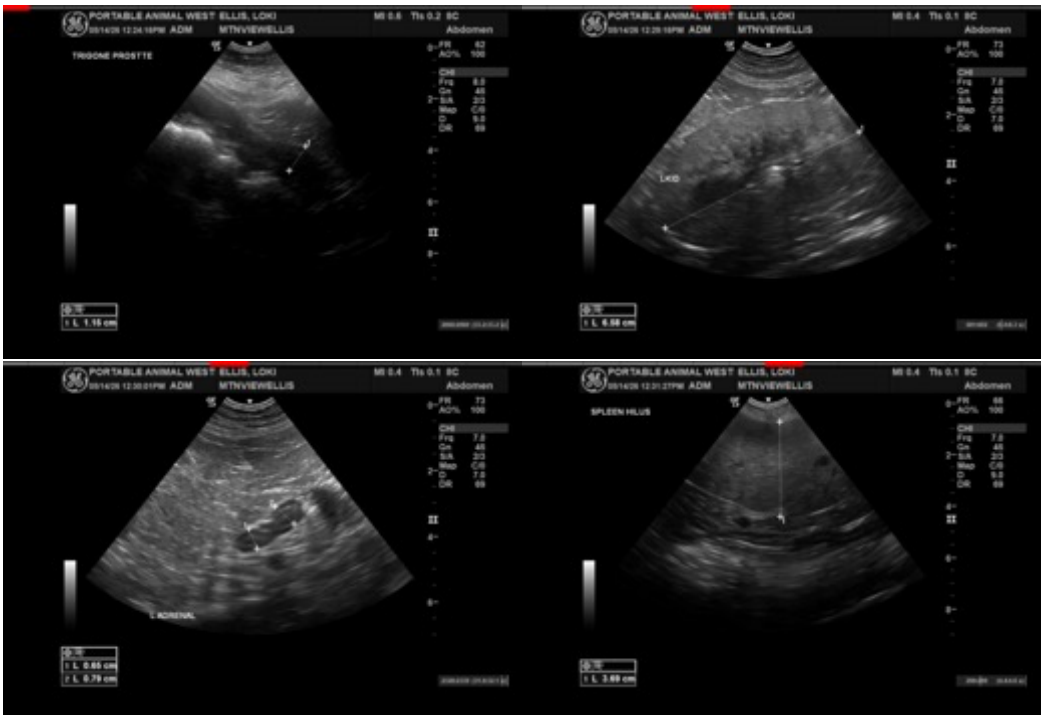
- Heterogenous, rounded liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Changes observed on today's scan are relatively mild. No definitive mass lesions are observed and there's no evidence of a significant lymphadenopathy.

There is a rounded structure visualized near the tail of the spleen which appears associated with the spleen, but a direct vascular attachment cannot be confirmed. This has the appearance most consistent with an accessory spleen, but an alternate lesion (benign or neoplastic) cannot be ruled out. Given the history of mast cell disease, recommend either continued monitoring or a fine needle aspirate.

The liver is subjectively mildly heterogenous. Correlate with current lab work and consider either continued monitoring with ultrasound or a fine needle aspirate. There's a rounded area mid liver which is subtle, and likely represents anatomic variation but an early mass effect cannot be ruled out.



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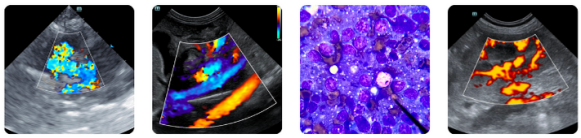

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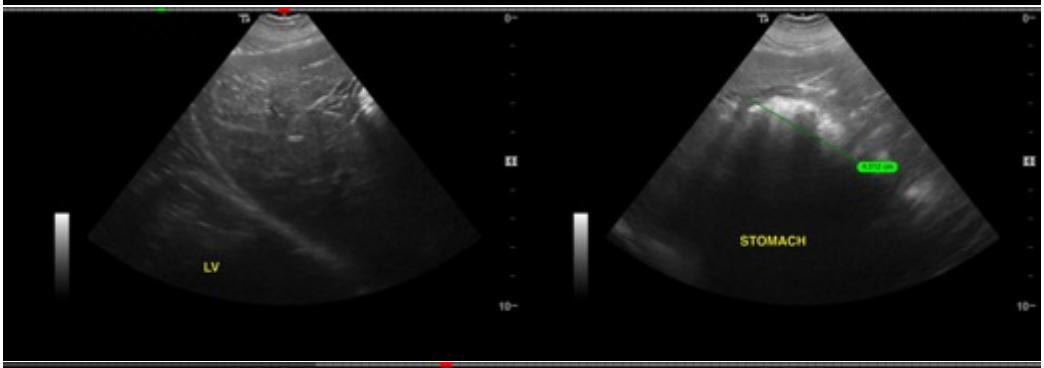

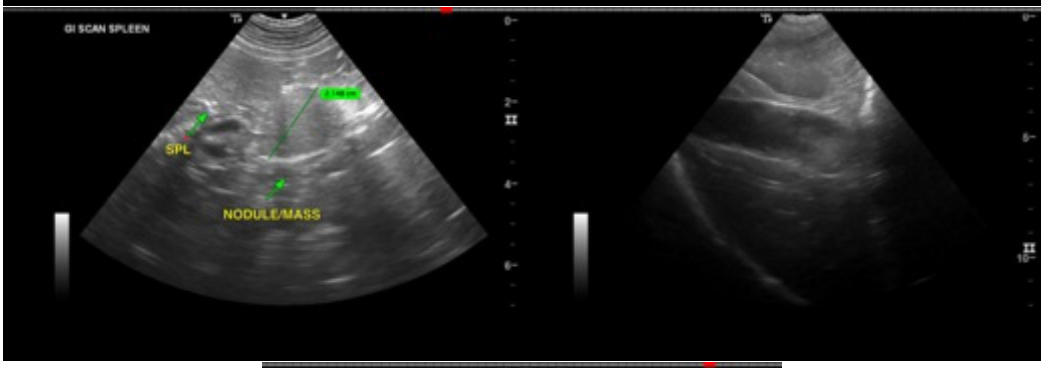

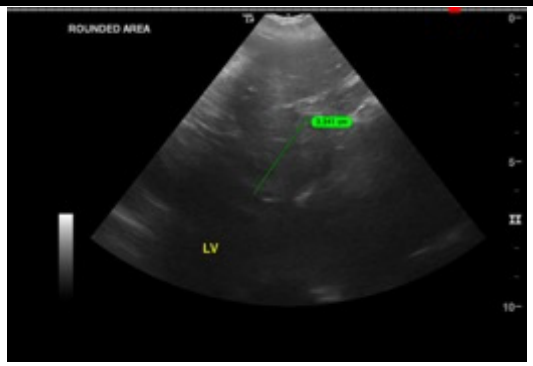

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I

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can be of any further assistance please contact me.

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

info@sonopath.com