

**DATE PRESENTING CLINICAL SIGNS**

6/5/26

**Patient History:** P presented on 5/27/26 for 3 day history of lethargy, itching ears and feet. O notes p drinking is increased. Normal eating but not interested in treats so appetite a little off. On examination, p had lost weight. Moderate- severe tartar and gingivitis present. MM - pink, moist CRT < 2sec; CV/Resp- WNL; Abd - no pain on palp; no organomegaly or masses palpated. Musc- pea size soft, round, SQ mass R axilla. After discussing BW and urine results, O notes p seemed to be worsening and not wanting to eat. Abd U/S was recommended to investigate other underlying issues.

**PATIENT**

Casey Rossbach

**SPECIES**

Canine

**Current Medications:** None.

**Labwork Results:** Labwork attached, reported as: Bloodwork: ALP 419, BUN 33, CK 245, Cholesterol 429. Urinalysis: free catch; color - dark yellow, clear; USG 1.038, pH 6.5, urine protein 3+, glucose neg, ketone trace, WBC 2-5/hpf, RBC 0-2/hpf, bacteria - none, crystal - none

**BREED**

Pomeranian x

**Date of Previous IntraPet Ultrasound:** No previous.**Sedation:** Not required to complete full diagnostic ultrasound.**Stat Report:** Declined at this time.**SEX**

Neutered Male

**Imaging Performed by:** Stephanie Warga RDCS, RVT.**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE**

2/13/18

**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.

**WEIGHT**

15.6 lbs

The prostate is normal in size (0.97 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.

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

The left kidney has a normal shape and size (4.64 cm) with pinpoint cortical mineralizations and mild pyelectasia at 0.19 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 hydronephrosis. Renal vasculature is normal.

**HOSPITAL NAME**Chadwell Animal  
Hospital

The right kidney has a normal shape and size (5.03 cm) with pyelectasia at 0.34 cm and a dilated proximal ureter measuring 0.48 cm. Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is reactive mesentery around the right kidney and the right proximal ureter, as well as a scant amount of fluid. There is no evidence of nephroliths or infarcts. Renal vasculature is normal.

**REFERRING VET**

Dr. Heydt

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.56 cm at the cranial pole and 0.48 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.

**INVOICE**

75739

The right adrenal gland is normal in size measuring 0.44 cm at the cranial pole and 0.41 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, 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 hypoechoic mass effect in the mid caudal body of the spleen measuring 1.36 cm x 1.04 cm.

### ***Liver***

The liver is subjectively normal in size, and 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. There are occasional hyperechoic nodules in the mid left region of the liver. Examples measure 0.83 cm, 1.1 cm, and 1.67 cm x 1.09 cm. In the caudal aspect of the right liver in the region of the caudate lobe there is a hyperechoic mass effect visualized measuring 4.59 cm x 3.17 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 minimal luminal contents. It measures at a normal thickness of 0.28 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. Duodenum wall measures 0.48 cm. Jejunum wall measures 0.27 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 pancreas is visible/mildly 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 evidence of a diffuse lymphadenopathy. There are some dorsocaudal lymph nodes near the great vessels measuring 0.74 cm and 0.41 cm in diameter. The omentum is mildly diffusely hyperechoic, particularly around the right kidney and the right cranial abdomen.

### ***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.

## **ULTRASONOGRAPHIC FINDINGS**

- Mildly decreased corticomedullary distinction in both kidneys with mild pyelectasia, cortical mineralizations, and right-sided proximal ureteral dilation. Findings could be consistent with pyelonephritis, acute renal injury, passing nephroliths, etc.

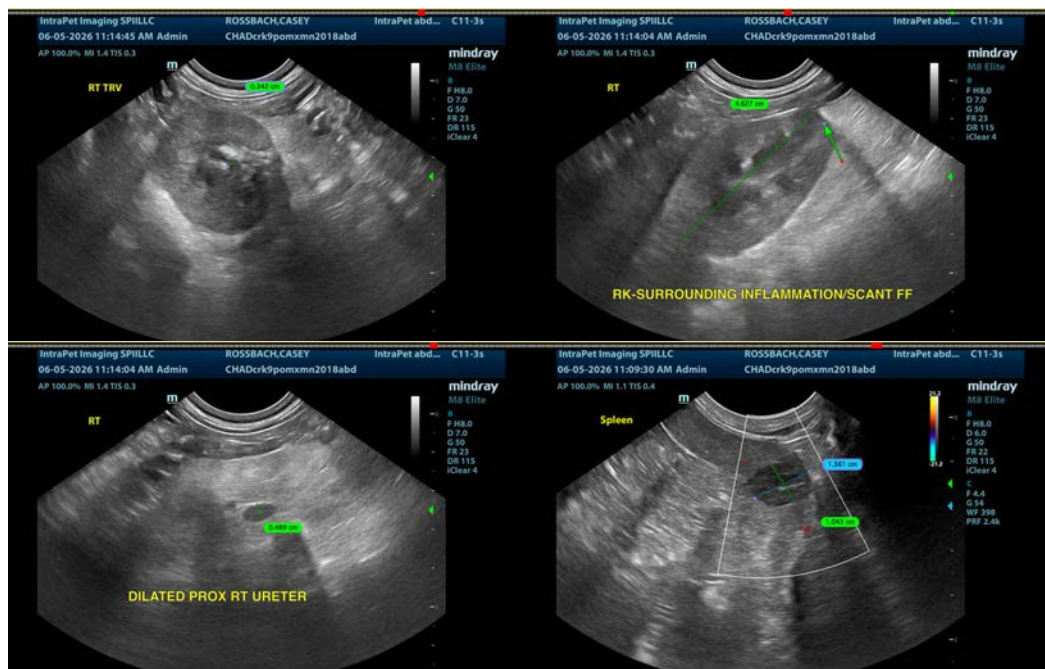
- Small, hypoechoic mass effect in the spleen – Findings could represent a benign or neoplastic process. Possible differentials could include hemangioma, hemangiosarcoma, hematoma, round cell neoplasia, carcinoma, lymphoid hyperplasia, etc.
- Heterogeneous liver with occasional hyperechoic nodules and a right-sided mass effect – The smaller hyperechoic nodules have a somewhat benign appearance. The larger right-sided lesion is concerning for a possible neoplastic lesion, although a benign lesion such as adenoma or similar cannot be ruled out.

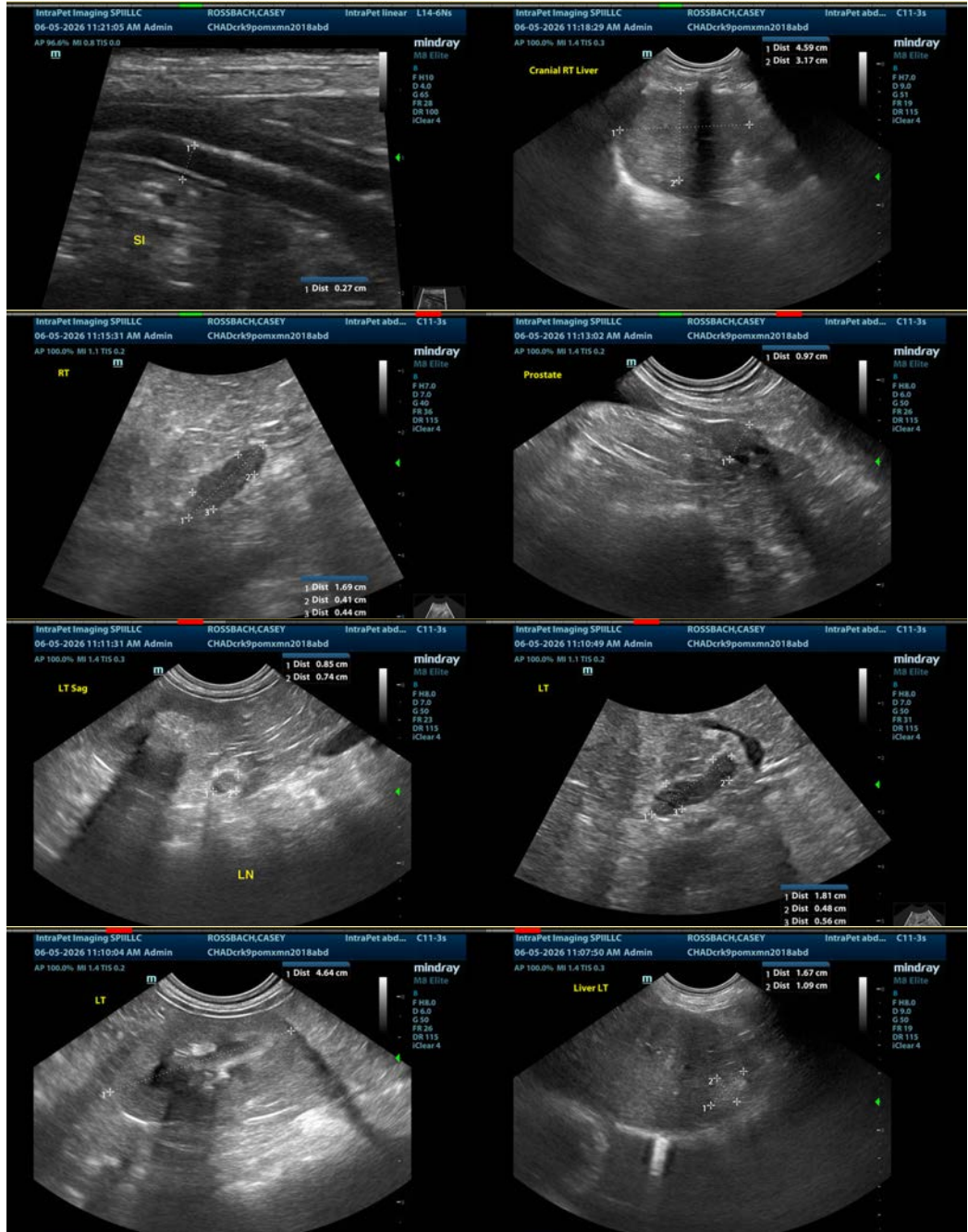
### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys have decreased corticomedullary distinction with pyelectasia and small non-obstructive appearing mineralizations. The right kidney appears to have some surrounding inflammation and scant free fluid and a dilated proximal ureter. Recommend urinalysis and culture, and potentially empirical treatment for pyelonephritis while awaiting culture results (not all cases culture positive). It is also possible that the surrounding inflammation is associated with the right-sided caudal liver mass lesion. If a safe window for sampling is available, consider a fine needle aspirate.

Additionally, there is a hypoechoic mass effect in the spleen. If a safe window for sampling is available, consider a fine needle aspirate. Otherwise, recommend continued monitoring.

Recommend a contrast CT scan, both to evaluate the right-sided hepatic lesion as well as the right kidney, looking for evidence of a ureteral stricture or stone, etc. The splenic lesion can be evaluated at the same time, and if there is no obvious evidence of metastatic lesions, surgical planning could be considered.







**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.

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