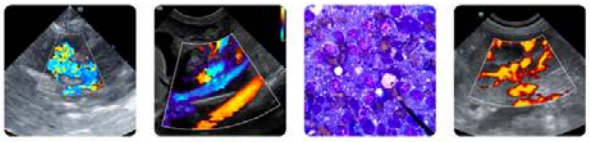


PATIENT

Mindy Taylor

SPECIES

Canine

BREED

Shih Tzu x

SEX

Spayed Female

AGE

12 Years

WEIGHT

9.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal Medical Center

REFERRING VET

Brittney Beigel, DVM

INVOICE

72200

DATE

1/14/26

PRESENTING CLINICAL SIGNS

P presented for decreased appetite Nov 2025, PE revealed concern for abdominal mass, otherwise unremarkable; P presented today w/ increased respiratory effort, O opts for AUS to screen for abdominal pathology; P was fasted for US scan, no sedation needed.

Abnormal PE/Chem/CBC/UA Results: PCV= 25%

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly thickened and irregular, particularly in the apical region, measuring 0.55 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The left kidney has a normal shape and size (4.54 cm) with mild pyelectasia at 0.22 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.58 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. 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 0.80 cm at the cranial pole and 0.60 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.

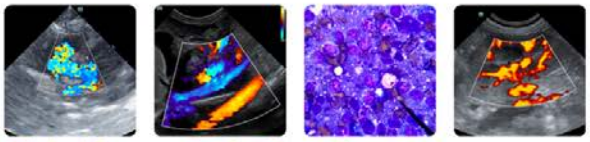
The right adrenal gland is “plump” measuring 0.72 cm at the cranial pole and 0.85 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

A small portion of identifiable spleen is visualized in the region of the head of the spleen. There is a small, hypoechoic nodule within the parenchyma measuring 0.85 cm. Distally at the level of the hilus there is a large, expansile, lobulated, hypoechoic/mixed echogenicity, mildly cystic/cavitated mass effect measuring 9.5 cm x 7.0 cm in the sagittal view.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is an irregular hypoechoic nodule towards the periphery of the left liver measuring 0.90 cm x 0.78 cm. A small nodule near the gallbladder measures 1.38 cm x 0.98 cm.



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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild fluid. 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 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 0.40 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 and mildly mottled in the left limb. 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. The omentum is hyperechoic around the mass effect.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened/irregular urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Mild age related changes visualized associated with both kidneys.
- Large, lobulated, partially cystic/cavitated splenic mass lesion, and a 2nd small hypoechoic nodule – A focal solid mixed echogenicity mass is visualized associate with the spleen. This mass distorts the splenic capsule. Differentials include : benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)
- Two small hypoechoic nodules visualized in the liver – Findings could be consistent with benign lesions (regenerative nodules, etc.). Metastatic lesions cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, irregular mass effect visualized arising from the spleen. This could represent a benign or neoplastic lesion, although there is some concern that there is a 2nd small nodule in the spleen and two hypoechoic nodules in the liver. Consider a splenectomy for both diagnostic and therapeutic purposes with the intention to biopsy any lesions visualized in the liver at the time of surgery. Prior to considering

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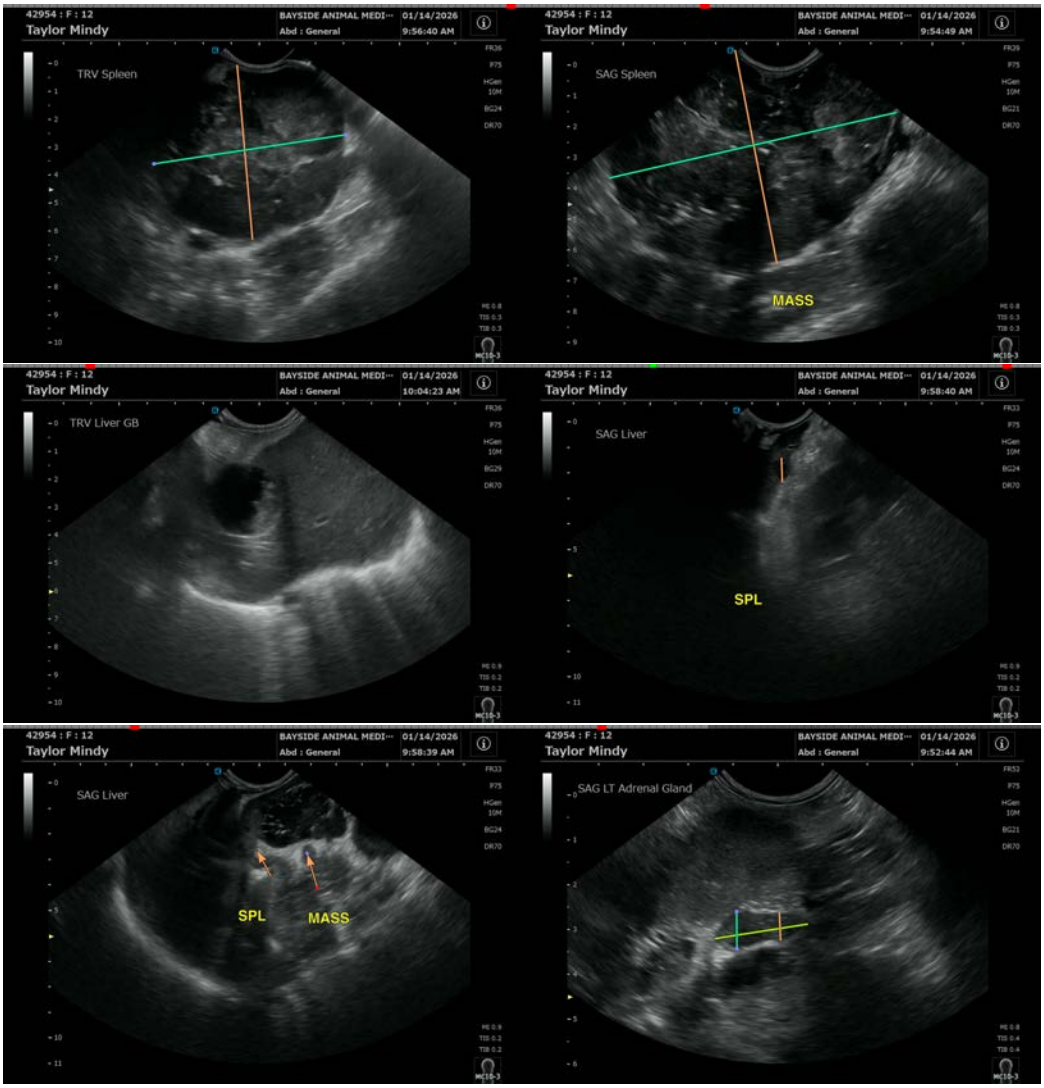
surgery recommend 3-view thoracic radiographs to further evaluate for any evidence of metastatic disease, etc.

The urinary bladder wall appears mildly thickened and irregular. Correlate with urinalysis +/- culture results.



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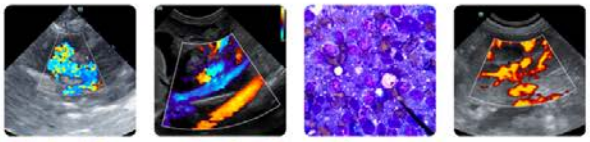

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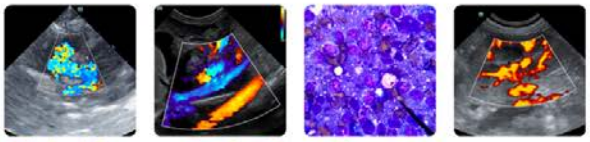

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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