



PATIENT

Talulah Deschenes

SPECIES

Canine

BREED

Husky x

SEX

Spayed Female

AGE

8 Years

WEIGHT

29.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Dundas Animal
 Hospital

REFERRING VET

Dr. Hall

INVOICE

72295

DATE

1/20/26

PRESENTING CLINICAL SIGNS

- Presented Friday (Jan 16) for lethargy and not eating starting within last 24 hours.
- PE- Temp 39.6 Celsius, tense/mild discomfort abdominal palpation. Rest of PE normal
- BW done - see below. Was sent home with supportive medications.
- Presented to 24 hour emergency clinic following day (Jan 17) for ongoing anorexia and lethargy.
- PE - Temp 38.6, moderate pain on abd palpation. Slight ataxia. Rest of PE normal.
- Did eat small amount of food in hospital, was discharged same day
- BW repeated see below. Radiographs done see below
- Current Medications-Clavaseptin, Gabapentin, Mirtazapine

Abnormal PE/Chem/CBC/UA Results: Jan 16 - Reticulocytosis (128.7) without anemia (HCT low normal), Leukocytosis (25.61) with neutrophilia (22.96), thrombocytopenia (94 with clumping seen on smear). Chem/lytes normal. Pancreatic lipase normal Jan 17 - Mild non-regenerative anemia (PCV 34%, TP 6.4 g/dl), leukocytosis (17.71) with neutrophilia (15.43) with a left shift, thrombocytopenia (84 confirmed on smear), monocytosis (1.28). Chem/lytes normal. Pancreatic lipase normal. Radiographic Findings Rads at emerge- generalized intestinal inflammation with mild gas distension in stomach and intestines. Concerned for possible mass affect in mid-cranial abdomen (splenic?), loss of serosal detail Primary Question to Be Answered in This Exam Assessing for abdominal mass vs other cause for anemia and inflammation

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 left kidney has a normal shape and size (7.24 cm). Overall echogenicity is normal with adequate 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 (7.66 cm). Overall echogenicity is normal with adequate 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 0.41 cm at the cranial pole and 0.47 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.



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Spleen

The spleen is subjectively normal in size (2.22 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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. No focal nodules or cystic lesions are observed.

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 moderate fluid and shadowing 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. 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 distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.29 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 area of 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

There is scant free fluid. No significant lymphadenopathy. The omentum is hyperechoic around the mid abdominal mass lesion.

Other

There is a large, mixed echogenicity, hypoechoic mid abdominal mass lesion measuring >8.39 cm x 7.41 cm. A direct association between this structure and other abdominal structures is not clearly visualized. Possible differentials could include an association with the spleen, pancreas, or GI tract.

ULTRASONOGRAPHIC FINDINGS

- Moderate fluid/shadowing ingesta visualized within the gastric lumen – Correlate with the feeding history and abdominal radiographs. If the patient was adequately fasted consider such differentials as delayed gastric emptying, a partial outflow tract obstruction (none seen) or ingested foreign material.



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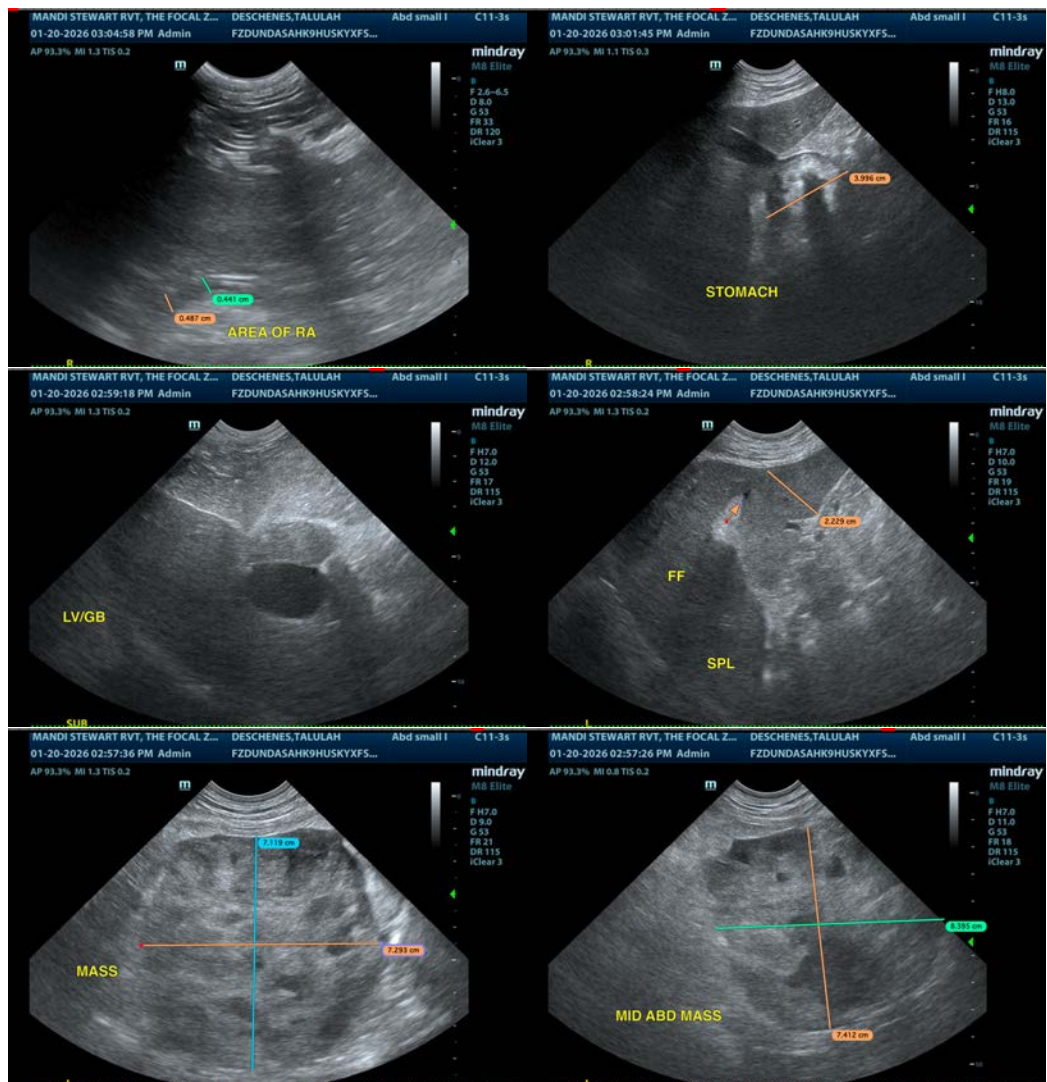
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- Mixed echogenicity hypoechoic mid abdominal mass lesion – The origins of this mass lesion are not clearly visualized. Consider splenic, pancreatic, or gastrointestinal origin.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, mixed echogenicity, hypoechoic mid abdominal mass lesion with surrounding inflammation and scant free fluid. A direct association between this structure and the spleen is not clearly visualized, although splenic origin cannot be ruled out. Other potential differentials could include a pancreatic mass lesion, bowel mass, etc. Consider a fine needle aspirate (provided coagulation parameters are normal). Other options could include a contrast CT scan to further delineate the origins and nature of the structure, or exploratory surgery with the intention to remove or biopsy the 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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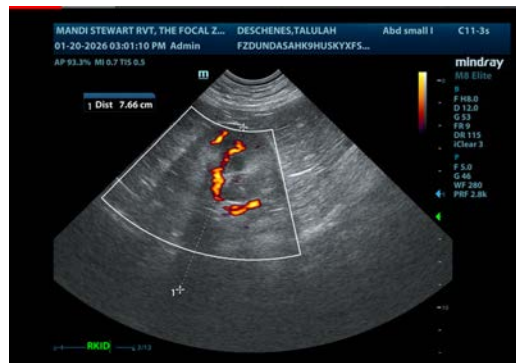
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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