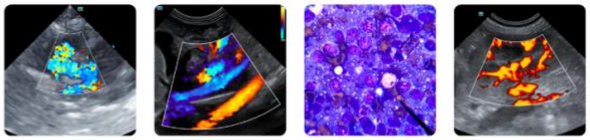


PATIENT

Mia Gonzalez

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12 Years

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dra. Soley Gonzalez

INVOICE

13297

DATE

01/22/26

PRESENTING CLINICAL SIGNS

- Presented to evaluate abdominal distention and ascites
- Originally presented to rDVM with cough and noticed abdominal distention and fluid wave and hepatomegaly.
- Abdominal effusion is clear fluids with tint of light pink color

Abnormal PE/Chem/CBC/UA Results: Fecal: NPS Radiogaphs attached as supporting documents FNA of liver and spleen and fluid analysis, Lepto and coagulation attached as supporting documents. FNA of the mesenteric LNs/Mass: Pending

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (5.57 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (5.8 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

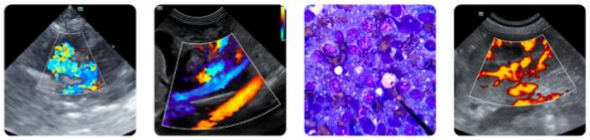
The left adrenal gland is normal in size measuring 0.51 cm at the cranial pole and 0.65 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.72 cm at the cranial pole and 0.65 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. The spleen measured 2.32 cm width. There is a hyperechoic nodule visualized in the caudal aspect of the spleen measuring 0.38 cm in diameter.

Liver



PATIENT

Mia Gonzalez

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12 Years

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dra. Soley Gonzalez

INVOICE

13297

DATE

01/22/26

The liver is subjectively large 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. No focal nodules or cystic lesions are observed

The gall bladder lumen is moderately distended. The wall of the gall bladder is hyperechoic and mildly thickened measuring 0.26 cm and possibly consistent with mild edema. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed. The duodenum wall measured 0.44 cm width. The jejunum wall measured 0.43 cm width.

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. The descending colon wall is slightly prominent measuring 0.21 cm.

Pancreas

The pancreas is prominent and mottled in both limbs compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a moderate amount of free fluid and significant mesenteric lymph nodes measuring 1.08 cm x 2.78 cm and 1.03 cm x 2.4 cm. In what appears to be the mid caudal abdomen, larger mass effect/lymph node measuring approximately 3.41 cm x 3.79 cm. The omentum is diffusely hypoechoic.

ULTRASONOGRAPHIC FINDINGS

- Small hypoechoic nodule in the spleen- There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

- Pancreatic changes most consistent with chronic pancreatic remodeling.

- Large heterogenous 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.

PATIENT

Mia Gonzalez

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12 Years

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dra. Soley Gonzalez

INVOICE

13297

DATE

01/22/26

- Mildly thickened small intestine- The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease). The free fluid can cause some edema as which can cause some changes to the intestinal wall.

- Moderate/severe mesenteric lymphadenopathy- The moderate mesenteric lymphadenopathy could be concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease (tick born disease-such as bartonella, fungal infections, FIP (cats)) etc. A fine needle aspirate with cytology is recommended for further evaluation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

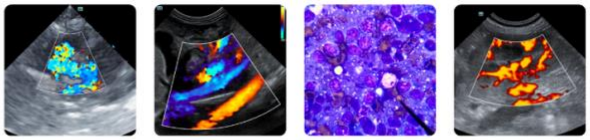
The liver and spleen are somewhat prominent without any large focal lesions. There's a small hypoechoic lesion in the spleen. I suspect this is unrelated to the effusion visualized at this time, but a pointed fine needle aspirate would likely be necessary (I believe the current fine needle aspirate is general spleen?)

The most significant lesion is the lymphadenopathy noted with ascites. You can see edema of the lymph nodes and mild enlargement, but this appears significant. Recommend a fine needle aspirate of the largest mid-abdominal mass effect/lymph node (I believe this was done today). Based on the most current lab work submitted, the albumin levels are not likely low enough to be causing the effusion.

If a cytologic diagnosis cannot be obtained, options could include a contrast CT scan to further evaluate. Exploratory surgery with biopsies could be considered, but there's concern for possible metastatic disease. A non-invasive diagnosis would be preferable.

Additionally, a brief evaluation of the heart, looking for any obvious pericardial effusion, mass lesions, or chamber enlargement could be considered.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Mia Gonzalez

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12 Years

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

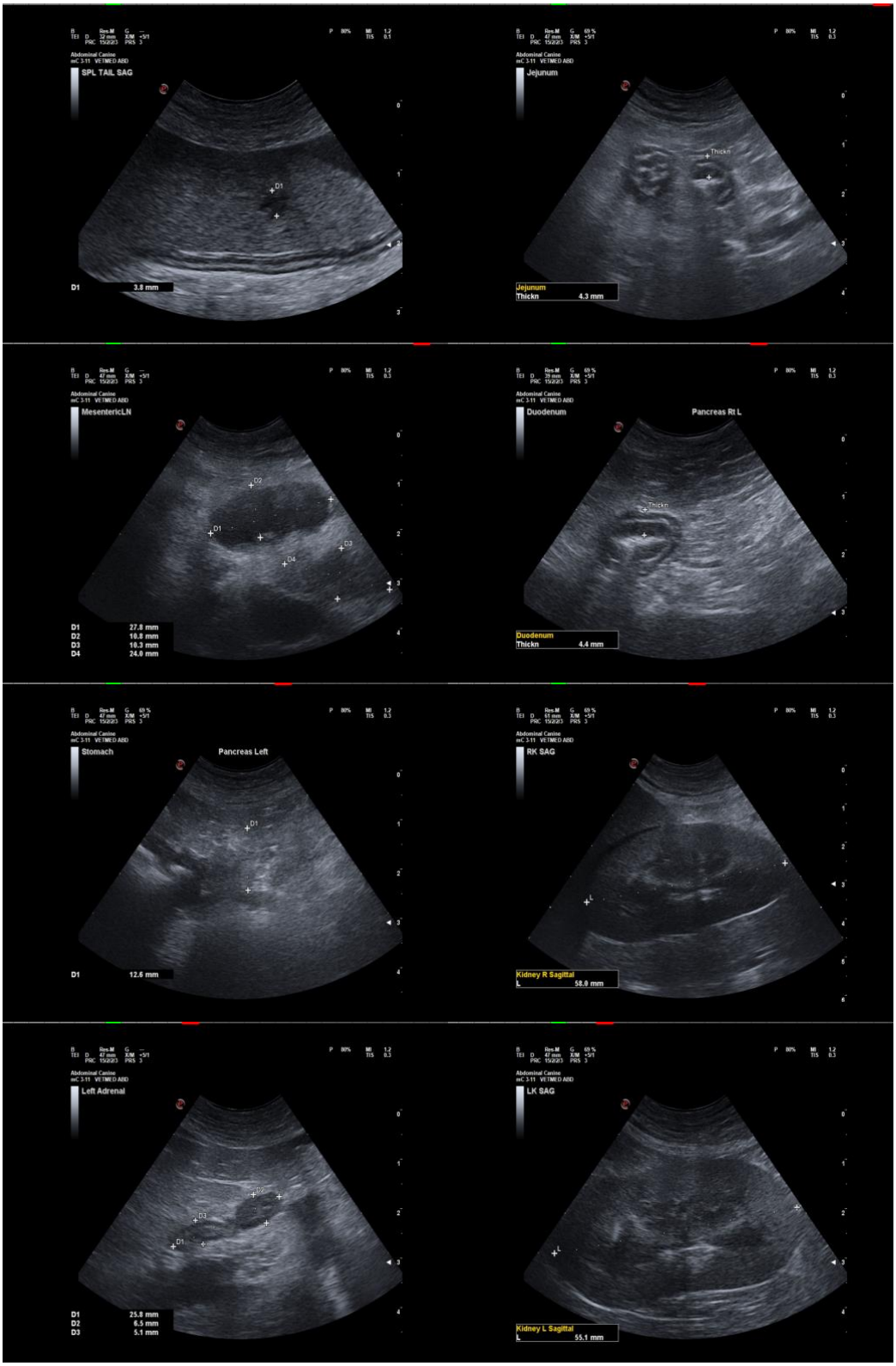
Dra. Soley Gonzalez

INVOICE

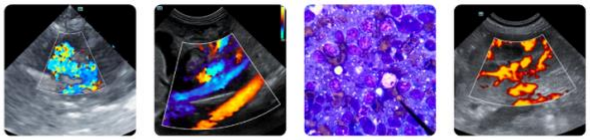
13297

DATE

01/22/26



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Mia Gonzalez

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12 Years

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

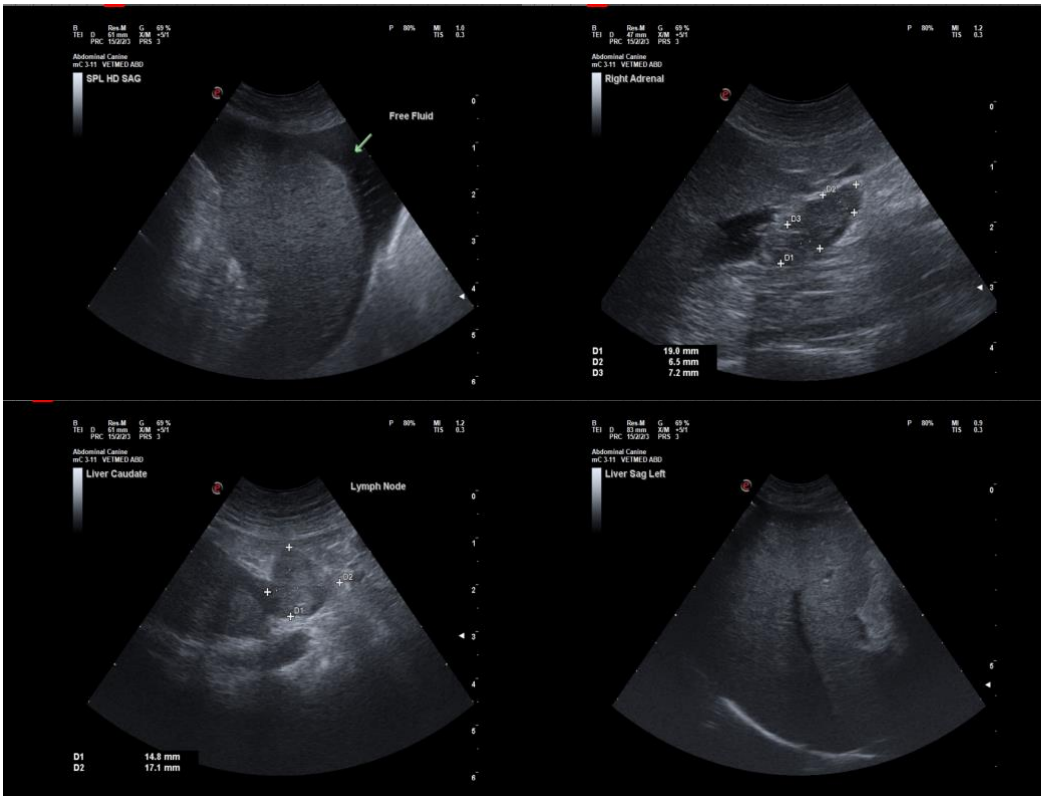
Dra. Soley Gonzalez

INVOICE

13297

DATE

01/22/26



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