PATIENT

Lola Lemlow

SPECIES

Canine

BREED

Anatolian Great Pyrenees Mix

SEX

Female

AGE

10 years

WEIGHT

85 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Sierra Animal Wellness Center

REFERRING VET

Dr. Peggy Roberts

INVOICE

11061

DATE

1/7/2026

PRESENTING CLINICAL SIGNS

No sedation-AnatolianXGreat Pyrenees DOB 3/1/15 F ovarian sparing hysterectomy at 1 year of age. Has had multiple false pregnancies. BW 85# Had splenic hemangiosarcoma removed 11/3/25. Also had gastropexy during same surgery. Had Vtach post op so is currently taking soltalol 80 mg BID. Owner is treating with ivermectin, mushroom compounds and Chinese herbs. Patient is stable and active.

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 (7.52 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 (7.53 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 0.55 cm at the cranial pole and 0.63 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 0.68 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.

Spleen

Surgically Absent. Splenectomy 11/3/2025. Dx hemangiosarcoma.

Liver

The liver is large in size, and normal in 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 numerous small, hypoechoic nodules visualized throughout the hepatic parenchyma. Examples mixed echogenicity cystic lesions measure 2.29 cm x 1.82 cm, and 1.26 cm x 1.46 cm. Additional hypoechoic lesion measures 1.37 cm x 1.89 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

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The stomach contains minimal luminal contents. 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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 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. There is a questionable lymphadenopathy with hypoechoic, rounded omental lesions visualized in the mid abdomen, most consistent with omental metastasis or lymph nodes. These measure 1.26 cm x 1.07 cm, and 1.6 cm x 1.29 cm. The left iliac lymph node is prominent measuring 0.75 cm. Similarly, there's a hypoechoic structure ventral to the stomach most consistent with a lymph node or omental nodule measuring 1.14 cm x 1.37 cm. There are numerous omental nodules visualized throughout the abdomen. One of these is visualized caudal to the left kidney measuring 1.82 cm. A cystic ovary cannot be ruled out in this region. The omentum is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Surgical absent spleen.
- Heterogenous liver with numerous ill-defined, hypoechoic/sometimes cystic nodules. Findings are most concerning for metastatic lesions. Primary nodules cannot be ruled out.
- Suspect mesenteric lymphadenopathy. Findings are concerning for metastatic lymph nodes.
- Numerous omental (sometimes cystic) hypoechoic nodules. Findings are concerning for metastatic lesions/seeding of the mesentery by the primary neoplasm (hemangiosarcoma of the spleen.)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears heterogenous with too numerous to count somewhat ill-defined hypoechoic/sometimes cystic nodules. Additionally, similar appearing nodules are visualized in the omentum. Most concerning for metastatic omental nodules. These findings are concerning for metastatic hemangiosarcoma. If desired, a fine needle aspirate of a hepatic lesion could be considered or potentially a larger/lymph node/lesion (possibly the lesion ventral to the stomach?) If a definitive diagnosis can be obtained, consider consultation with veterinary oncologist regarding potential

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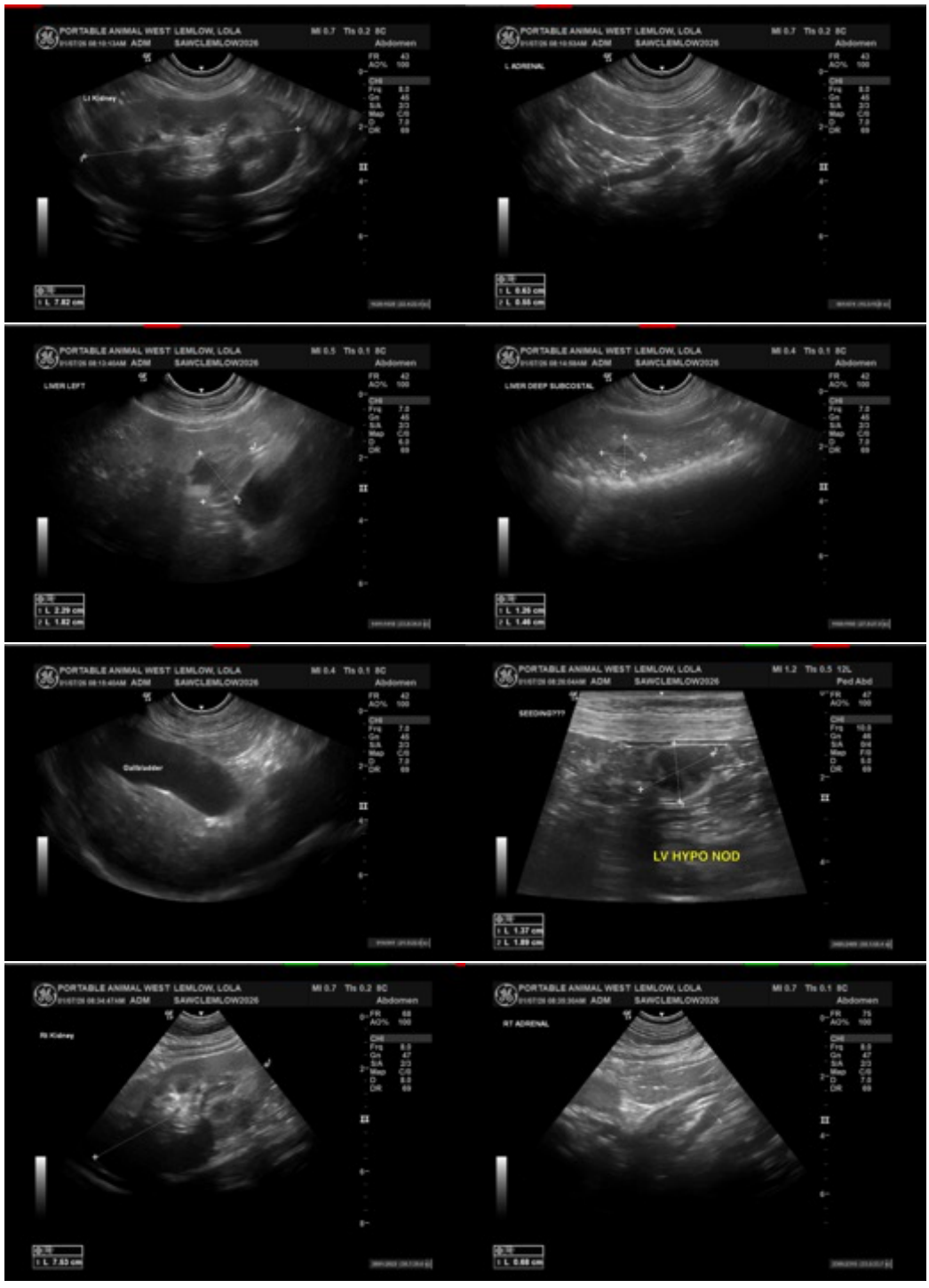
medical/chemotherapeutic options.



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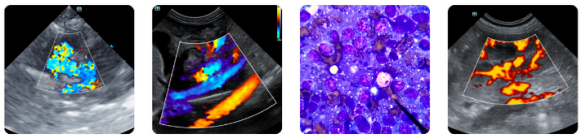

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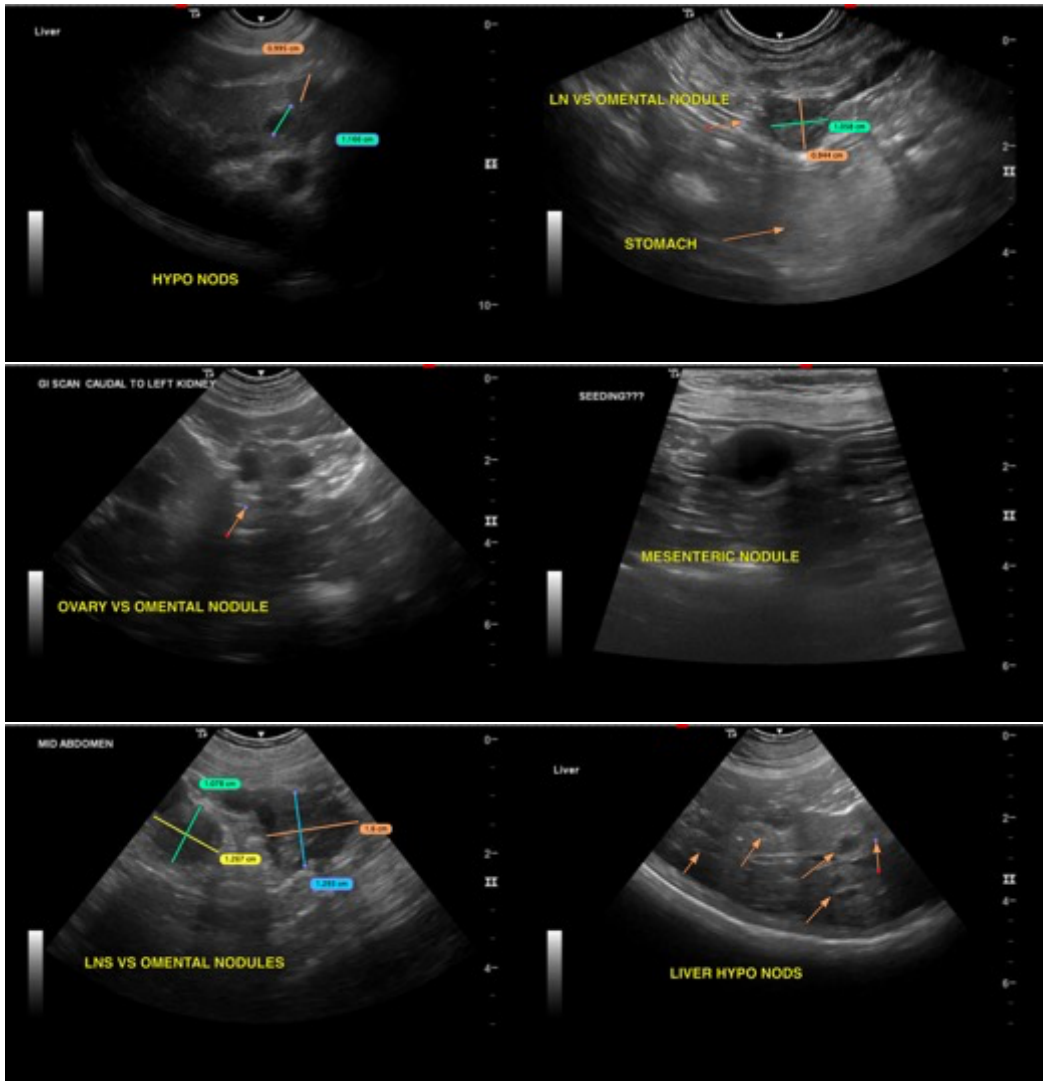

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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