



## PATIENT

Pickles Larsen

## SPECIES

Canine

## BREED

Boston Terrier

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

35

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Reyes

## HOSPITAL NAME

Graceful Paws Pet  
Clinic

## REFERRING VET

Dr. Reyex

## INVOICE

71682

## DATE

11/11/25

## PRESENTING CLINICAL SIGNS

Pet presented for distended abdomen and increased breathing. Pet has a grade 3/6 murmur since puppyhood. Owner also reports seizures but not medicated at this time. Clear/blood tinged fluid aspirated from abdomen today.

Abnormal PE/Chem/CBC/UA Results: Pending at lab

## 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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (4.85 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 (5.14 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

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.

### Spleen

The spleen is subjectively normal in size (1.27 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 large in size and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a mixed echogenicity cavitated/cystic mass effect visualized in the mid caudal region of the liver near the gallbladder measuring 4.66 cm x 4.78 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.



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## *Gastrointestinal*

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. Jejunum wall measures 0.38 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 a moderate amount of mildly echogenic free fluid. No lymphadenopathy. The omentum is mildly diffusely hyperechoic.

## ULTRASONOGRAPHIC FINDINGS

- Mixed echogenicity cystic/cavitated mass effect which appears to be originating from the liver – Findings could be consistent with a benign or neoplastic lesion.
- Moderate volume mildly echogenic abdominal fluid – Recommend fluid analysis and cytology.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a mixed echogenicity mass effect visualized in the cranial abdomen that appears to be associated with the liver. This could represent a benign or neoplastic lesion. Recommend fluid analysis and cytology. If this is not diagnostic, then consider a fine needle aspirate of the mass lesion (if a safe window for sampling is available and coagulation parameters are normal). Correlate these findings with coagulation parameters, lab work, etc. Consider a cardiac ultrasound to evaluate for underlying heart disease and to evaluate the right auricle for a metastatic lesion. Additionally recommend 3-view thoracic radiographs. If these are clear and surgical evaluation would be considered, recommend a contrast CT scan for further planning.



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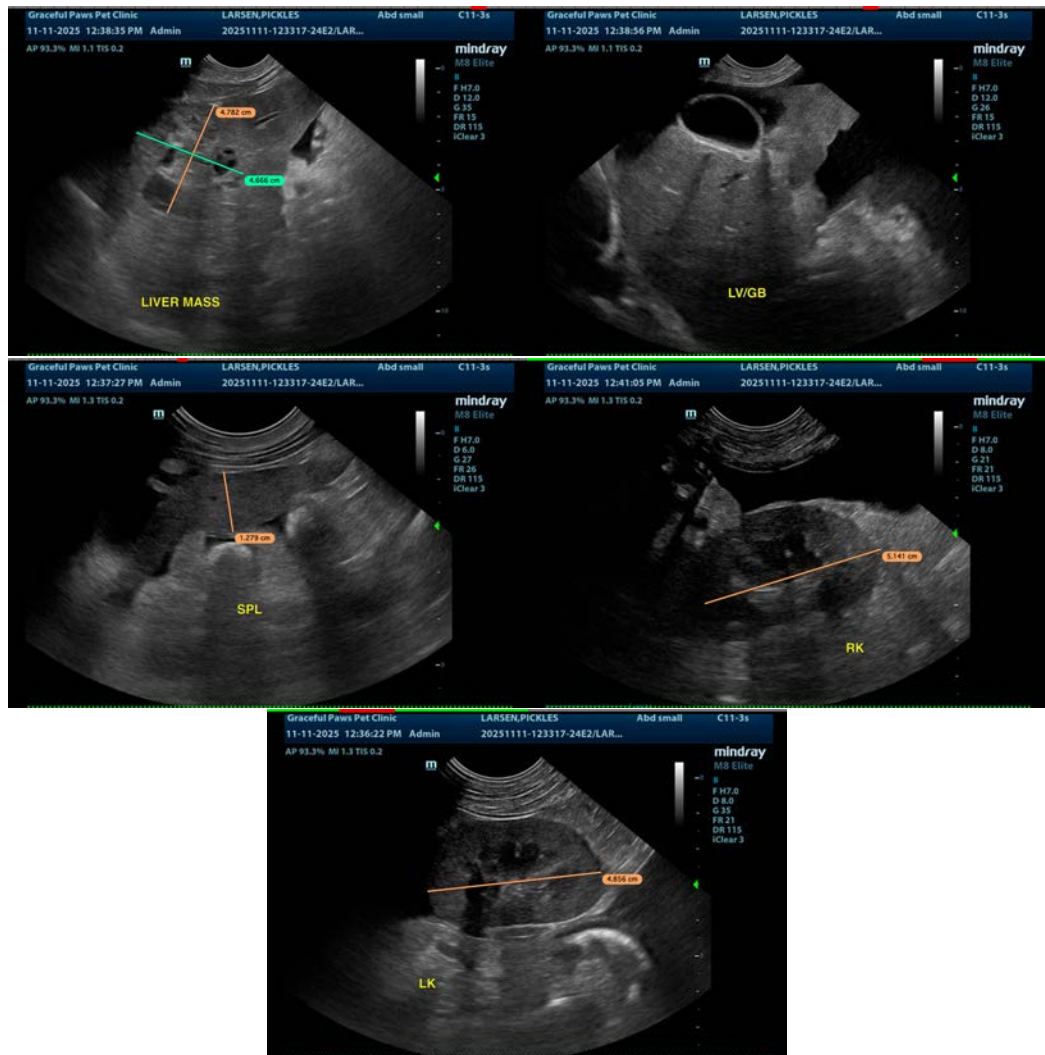
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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