



PATIENT

Reese Dezekel

SPECIES

Canine

BREED

Shepherd x

SEX

Spayed Female

AGE

10 Years

WEIGHT

32 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Pura

INVOICE

71753

DATE

11/12/25

PRESENTING CLINICAL SIGNS

9d history of decreased energy and hyporexia starting after yelping when jumping off the couch. Owner noted abdominal distension over the weekend which has since normalized.

Abnormal PE/Chem/CBC/UA Results: CBC - mild, adequately regenerative anemia HCT 37.1 % (37.3-61.7) Retic 3% Plt 91 (148-484) MPV 19.2 fL (8.7-13.2) CHEM - very mild elevation in ALP, ALT 2 view abdominal radiographs - Suspected mass in cranial abdomen (in area of head of spleen). 3 view thoracic radiographs - no obvious pulmonary metastasis. Unremarkable otherwise. Cardiac silhouette unremarkable. Screened R auricle (no masses or other abnormalities noted) and pericardium (no pericardial effusion noted). ECG - ventricular tachycardia with polymorphic couplets and VPCs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly thickened at 0.45 cm with a smooth mucosal surface. 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 (7.22 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 (6.61 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 0.60 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 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 large, mottled and irregular, measuring 2.4 cm in width at the level of the hilus. The blood flow through the hilus and splenic parenchyma appears normal. In the cranial abdomen there is a large, mixed echogenicity, cavitated, lobulated mass effect that appears to be associated with the head of the spleen measuring 6.96 cm x 7.01 cm in cross section.

Liver

The liver is subjectively normal 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.



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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. 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 moderate gas. 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.

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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 0.41 cm. Jejunum wall measures 0.31 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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Pancreas

The pancreas is visible/mildly mottled in the right limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

There is a moderate to large amount of free abdominal fluid. No lymphadenopathy noted. The omentum is mildly diffusely hyperechoic.

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Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

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ULTRASONOGRAPHIC FINDINGS

- Large, cavitated, irregular cranial abdominal mass lesion – This is strongly suspected to be associated with the spleen. Differentials for the mass include neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.
- Pancreatic changes consistent with mild pancreatic remodeling.
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Free abdominal fluid – Hemoabdomen is suspected. Recommend sampling to confirm.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, complex, cavitated mass effect visualized in the cranial abdomen. It appears to be arising from what appears to be spleen, although an atypical lobe of the liver cannot be definitively ruled



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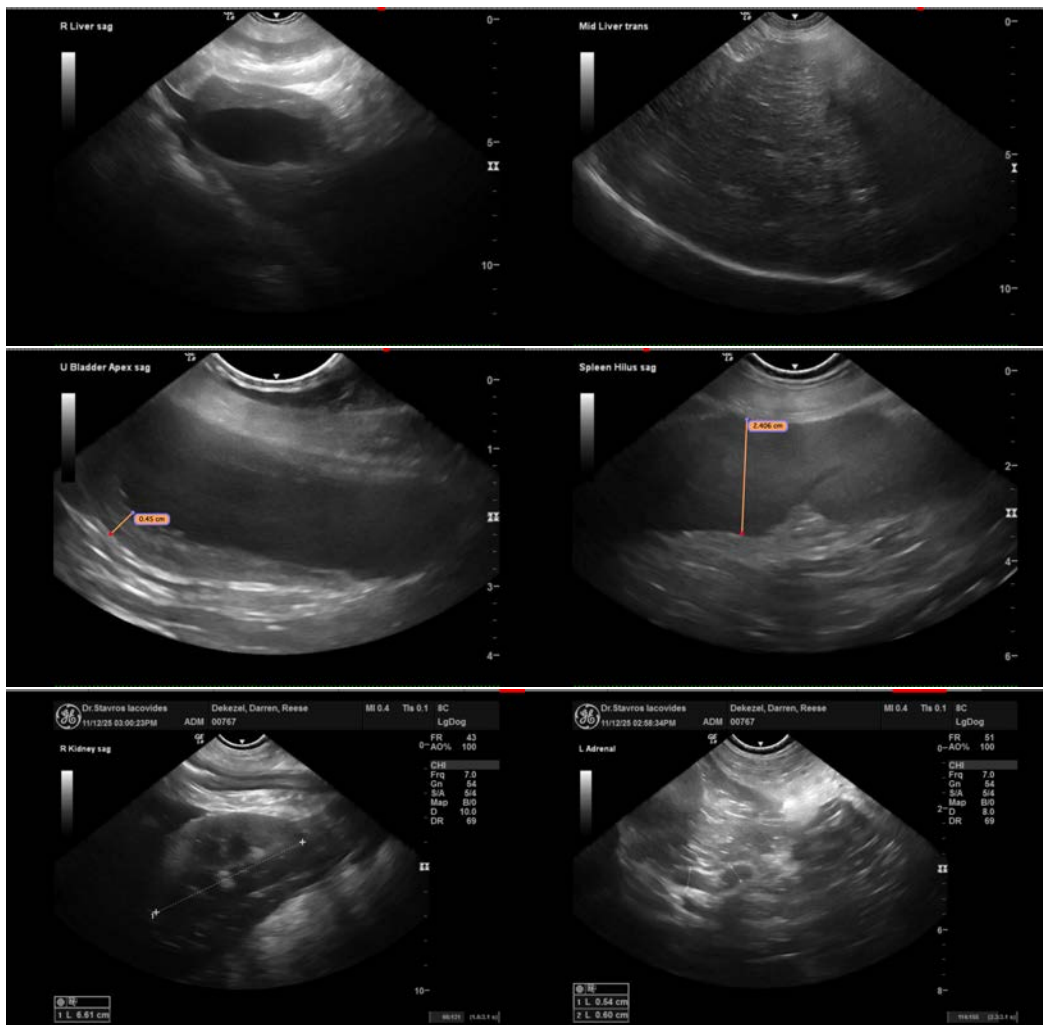
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out. Splenic origin is strongly suspected. There is a moderate to large amount of free abdominal fluid associated with the mass lesion, most consistent with an accompanying hemoabdomen.

The liver is mildly heterogeneous, but no focal lesions are observed.

Recommend splenectomy for both diagnostic and therapeutic purposes, with the intention to explore the abdomen at the time of surgery, looking for any additional lesions and to consider biopsy of the liver. The spleen should be submitted for histopathology.





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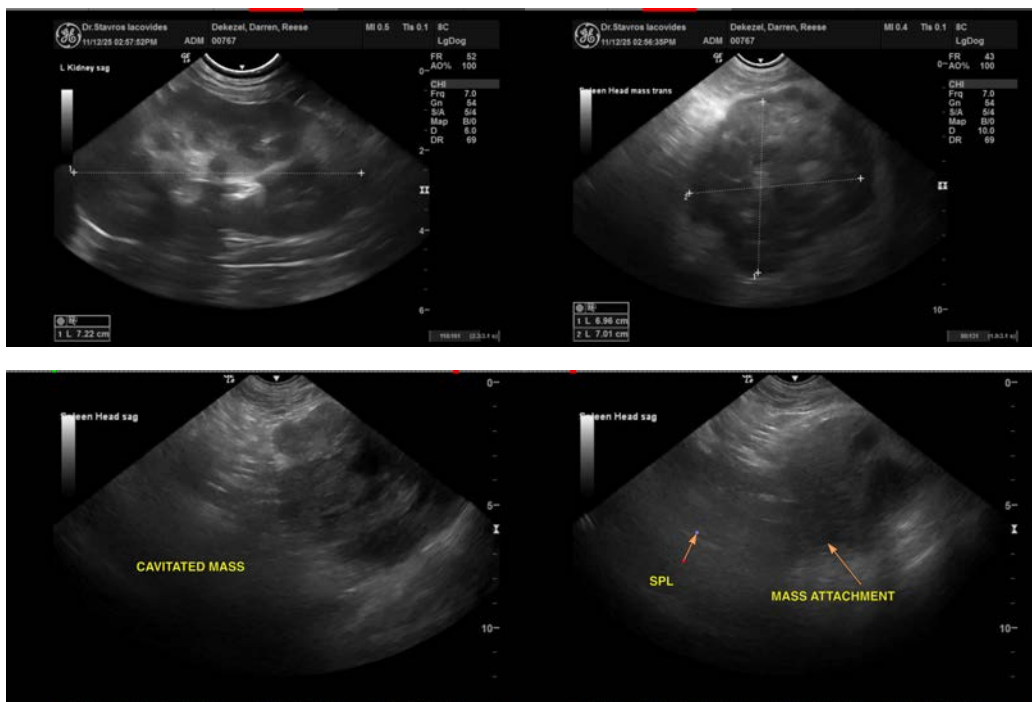
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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