



PATIENT

Oscar Pumono

SPECIES

Canine

BREED

English Bulldog

SEX

Neutered Male

AGE

10 Years

WEIGHT

25 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Mohsina

INVOICE

71896

DATE

11/18/25

PRESENTING CLINICAL SIGNS

Tense on abdominal palpation, seems lethargic, decreased range of motion. Has been started on Gabapentin, Metronidazole, Sucralfate and Forti Flora

Abnormal PE/Chem/CBC/UA Results: M1 elevation in Neuts and Mono, Tprot, Globulin, GGT Total Bili, M2 elevated ALT and Lipase, significant elevation in ALKP and Pancreatic Lipase.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly diffusely thickened and irregular, particularly in the apical region where it measures 0.54 cm. In the dependent portion of the urinary bladder there is a moderate amount of hyperechoic shadowing debris most consistent with mineralized debris/small stones. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The prostate is normal in size (1.29 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.74 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 (6.57 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 0.59 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 0.87 cm at the cranial pole and 0.43 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 normal in size but irregular in shape, measuring 1.83 cm in width at the level of the hilus. The blood flow through the hilus and splenic parenchyma appears normal. There is a large, mixed echogenicity, solid mass effect visualized arising from the spleen measuring 4.58 cm x 5.44 cm.



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Liver

The liver is large in size and irregular in shape. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The margins appear irregular with an almost nodular appearance. No discrete mass lesion is 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 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. Duodenum wall measures 0.32 cm. Jejunum wall measures 0.35 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 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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy noted. The omentum is of normal echogenicity.

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.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened, irregular urinary bladder wall with dependent mineralizations/small stones – Correlate with urinalysis, culture and radiographs – Findings are most consistent with cystitis. An early neoplastic lesion is less likely.
- Mixed echogenicity solid splenic mass – A focal solid mixed echogenicity mass is visualized associate with the spleen. This mass distorts the splenic capsule. Differentials include : benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)



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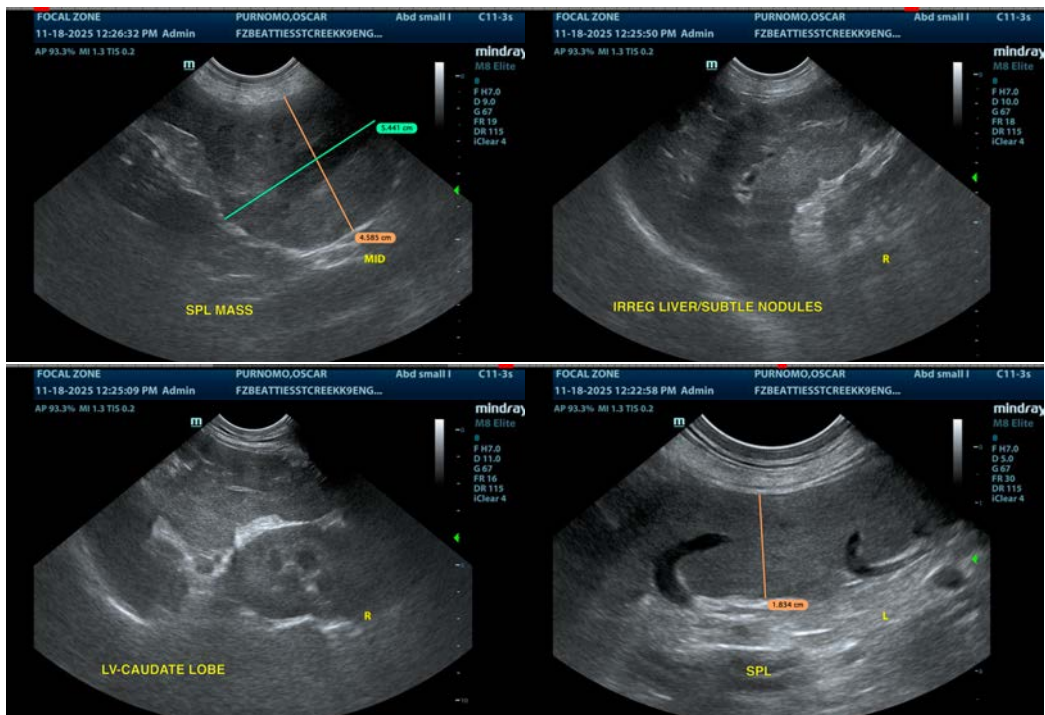
- Pancreatic changes consistent with mild pancreatic remodeling.
- Large, irregular, heterogeneous liver with numerous isoechoic nodules – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is irregular in appearance in that it has irregular, nodular margins with isoechoic irregular nodules. No discrete mass effect is visualized. These could represent benign regenerative nodules, metastatic lesions, etc. The gallbladder appears appear relatively normal, supporting a primary hepatopathy as a cause for the liver enzyme elevations.

There is a solid mass effect visualized associated with the spleen. This could represent a benign or neoplastic lesion.

If the patient is a good surgical candidate and thoracic radiographs are normal, you could consider splenectomy for both diagnostic and therapeutic purposes. At the same time, you could consider obtaining biopsies of the liver for histopathology, culture and copper levels. Alternately, you could consider a fine needle aspirate of the liver and spleen prior to surgery, looking for any evidence of a metastatic disease. If the patient is not a good candidate for surgery, consider treatment for acute liver injury with Ursodiol, Denamarin, a course of antibiotics, and supportive care to see if the patient will stabilize. Confirm normal coagulation parameters prior to sampling or surgery.





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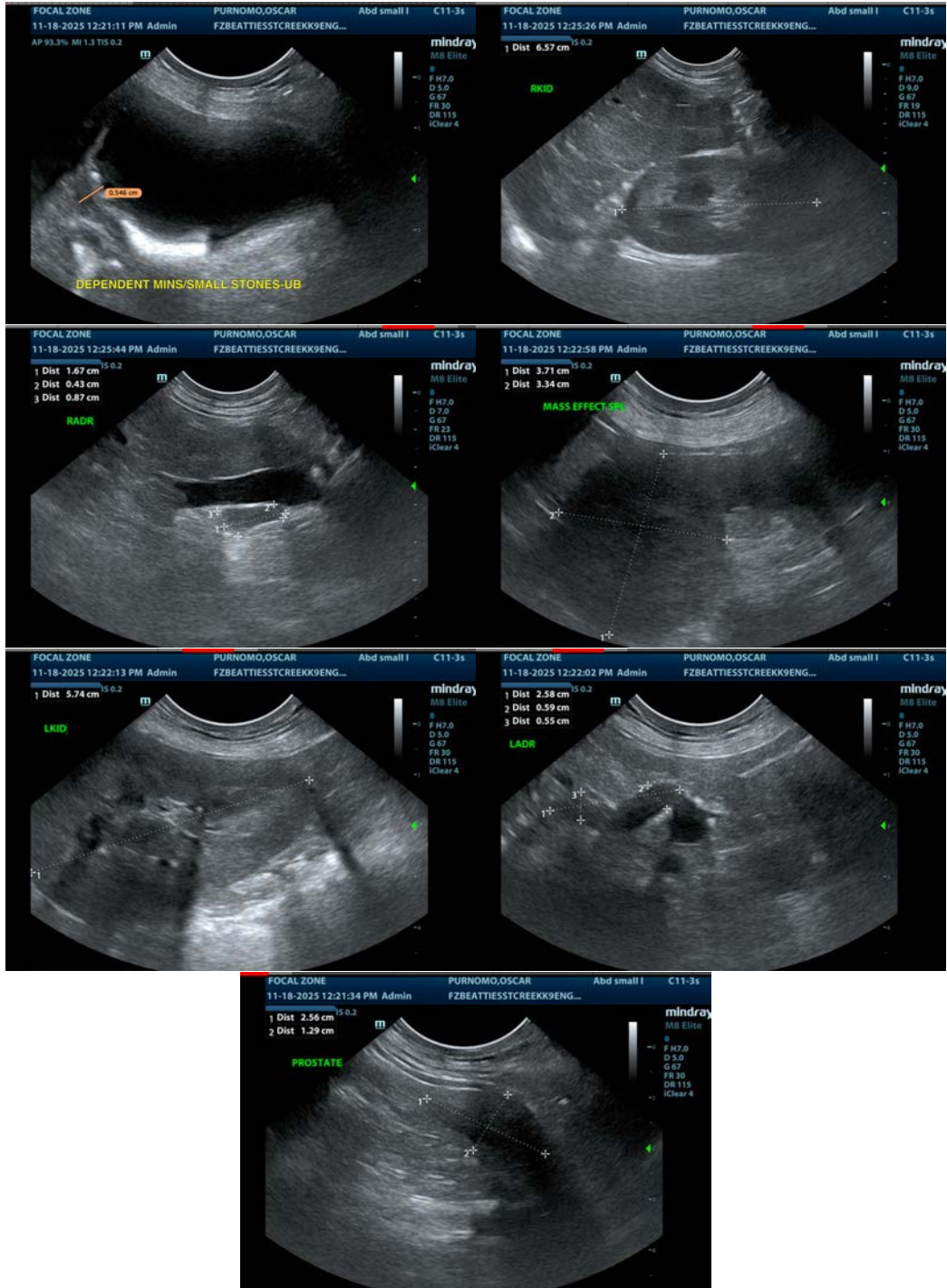
Dr. Mohsina

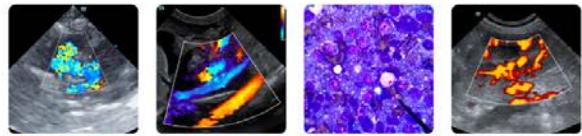
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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