

**PATIENT**

Lucy Litton

**SPECIES**

Canine

**BREED**

Mini Poodle

**SEX**

FS

**AGE**

15 years

**WEIGHT**

15.7 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

Brighton Greens  
Veterinary Hospital

**REFERRING VET**

Dr. Robin Janeway

**INVOICE**

10778

**DATE**

11/19/2025

**PRESENTING CLINICAL SIGNS**

Incidental finding of round hypoechoic lesion in splenic body. Low platelet count with adequate estimate based on blood smear at the lab. Anaplasma (+) in 2021 with low normal platelet count, tx with doxycycline x 14 days. Working diagnosis Benign vs neoplastic lesion in spleen.

Abnormal PE/Chem/CBC/UA Results: ALP 167, Hct 61%, platelet 136k, adequate due to clumping. PT 6.7 (WNL), PTT 9.7 (low normal 10.0)

**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 (5.67 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 (5.83 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 0.44 cm at the cranial pole and 0.58 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.

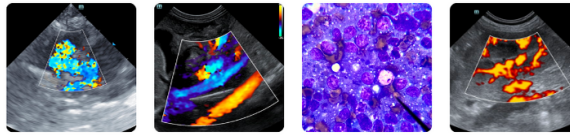
The right adrenal gland is normal in size measuring 0.64 cm at the cranial pole and 0.6 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**Spleen**

The spleen is subjectively normal in size and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic mass effect visualized within the parenchyma measuring 1.92 cm x 2.72 cm.

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. 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 mild fluid. 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.

**BREED**

Mini Poodle

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 (0.57 cm in wall thickness) and the jejunum measured as normal (0.26 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 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.

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**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a significant lymphadenopathy. The right iliac lymph node is isoechoic and prominent measuring 0.9 cm. The omentum is of normal uniform echogenicity.

**IMAGING  
PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**ULTRASONOGRAPHIC FINDINGS**

- Small, hypoechoic splenic mass lesion. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a small, hypoechoic mass effect visualized mass effect visualized within the splenic parenchyma. The nature of this lesion is uncertain. This could represent a benign lesion, or early neoplastic lesion. Recommend a fine needle aspirate for further evaluation and continued monitoring with ultrasound.

**REFERRING VET**

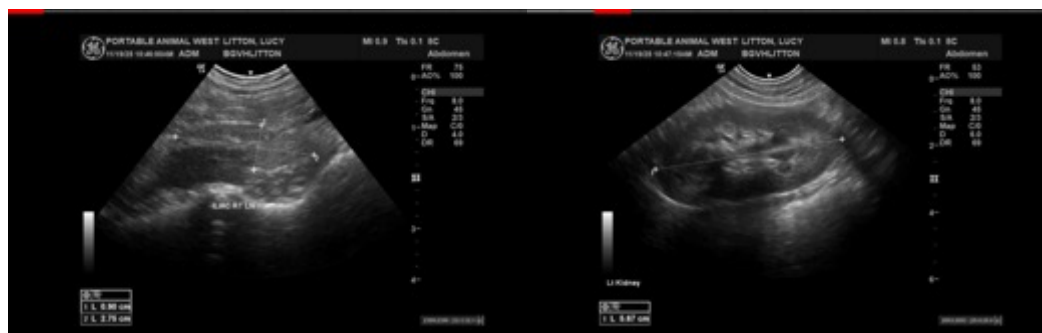
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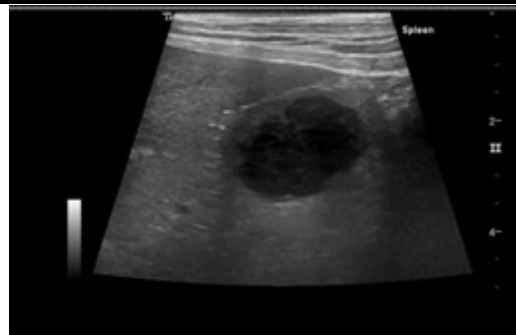
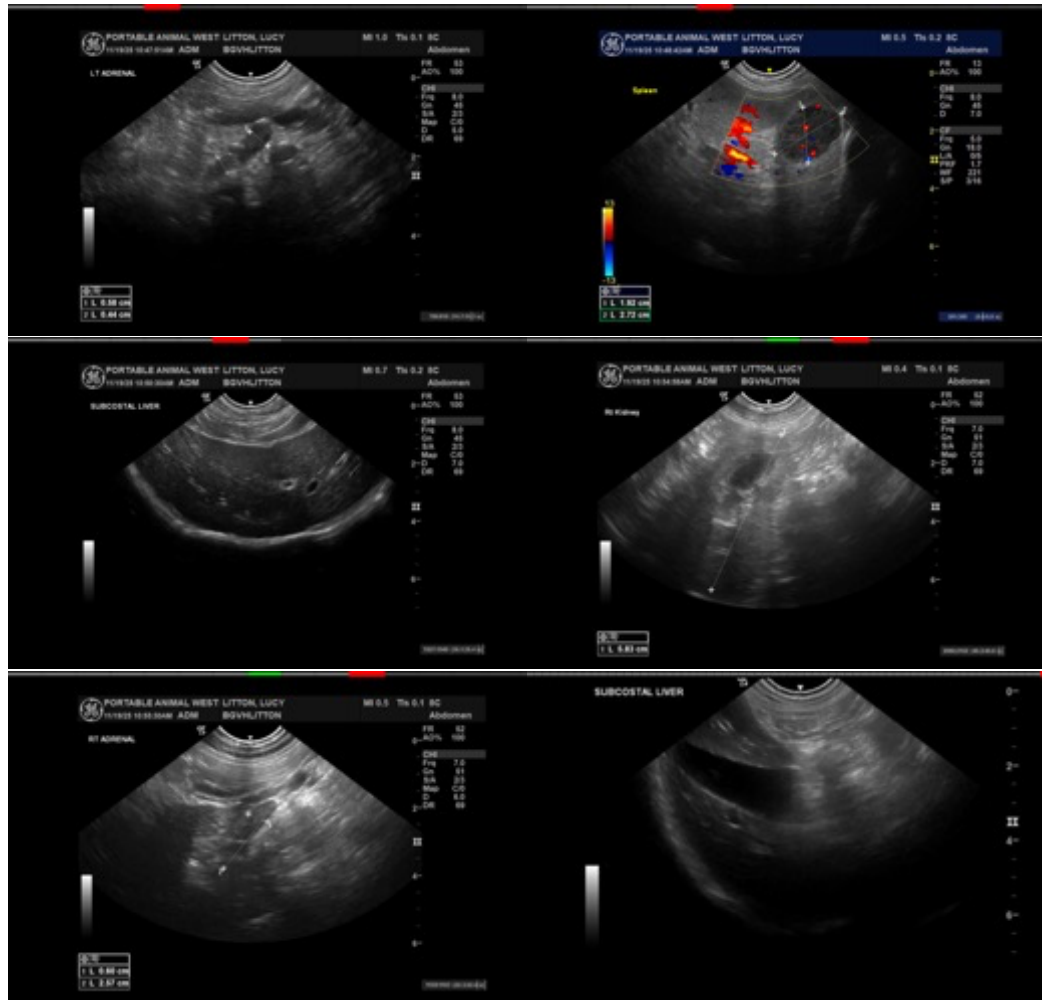
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)