

PATIENT

Miranda Cox

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Spayed Female

AGE

2016

WEIGHT

74

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Paws Animal Hospital

REFERRING VET

Dr. Friedland

INVOICE

72139

DATE

11/26/25

PRESENTING CLINICAL SIGNS

3 week duration of decreased appetite Medication: Cerenia, prednisone, clindamycin

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 (6.1 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 (5.95 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 0.50 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.

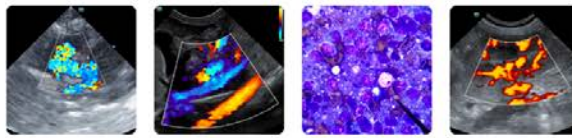
The right adrenal gland is normal in size measuring 0.45 cm at the cranial pole and 0.54 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is large and irregular in shape, measuring 1.51 cm in width at the level of the hilus. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous expansile, discrete, hypoechoic nodules throughout the spleen. Examples measure 0.56 cm, 0.90 cm, 0.97 cm, and 0.88 cm. There is a large, cavitated, mixed echogenicity cranial abdominal mass lesion which I suspect is of hepatic origin, but an association with the spleen cannot be definitively ruled out.

Liver

The liver is large in size, irregular, and hypoechoic. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The general hepatic parenchyma is irregular and nodular with occasional discrete nodules. A hypoechoic cavitated lesion is visualized in the left side of the liver measuring 1.65 cm in diameter. In the right side of the liver/right cranial abdomen there is a large, irregular, mixed echogenicity, hypoechoic, partially cavitated cranial abdominal mass lesion measuring >11.62 cm x 8.76 cm. There is a slightly cavitated, hyperechoic mid hepatic mass lesion measuring 2.27 cm x 1.96 cm.



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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. There is a moderate amount of non-organized echogenic debris. 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.

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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 0.48 cm. Jejunum wall measures 0.32 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.

Pancreas

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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

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy noted. The omentum is hyperechoic in the cranial abdomen.

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, irregular, hypoechoic, mixed echogenicity, partially cavitated cranial abdominal mass lesion – This is suspected to be of hepatic origin, but the possibility of multiple lesions or splenic origin cannot be ruled out. A neoplastic process is highly suspected (hemangiosarcoma, histiocytic sarcoma, etc.)
- Expansile, hypoechoic nodules in the spleen – Findings are most consistent with metastatic neoplasia.
- Hypoechoic, mixed echogenicity nodules in the liver – Findings are suggestive of metastatic lesions. Other lesions are possible.
- Moderate gallbladder debris.

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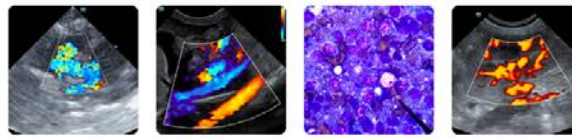
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both the hepatic and splenic parenchyma have discrete hypoechoic, expansile nodules suggestive of possible metastatic disease. Additionally, there is a somewhat poorly defined, very large, hypoechoic mixed echogenicity, partially cavitated mass effect that is visualized in the cranial abdomen. This is large



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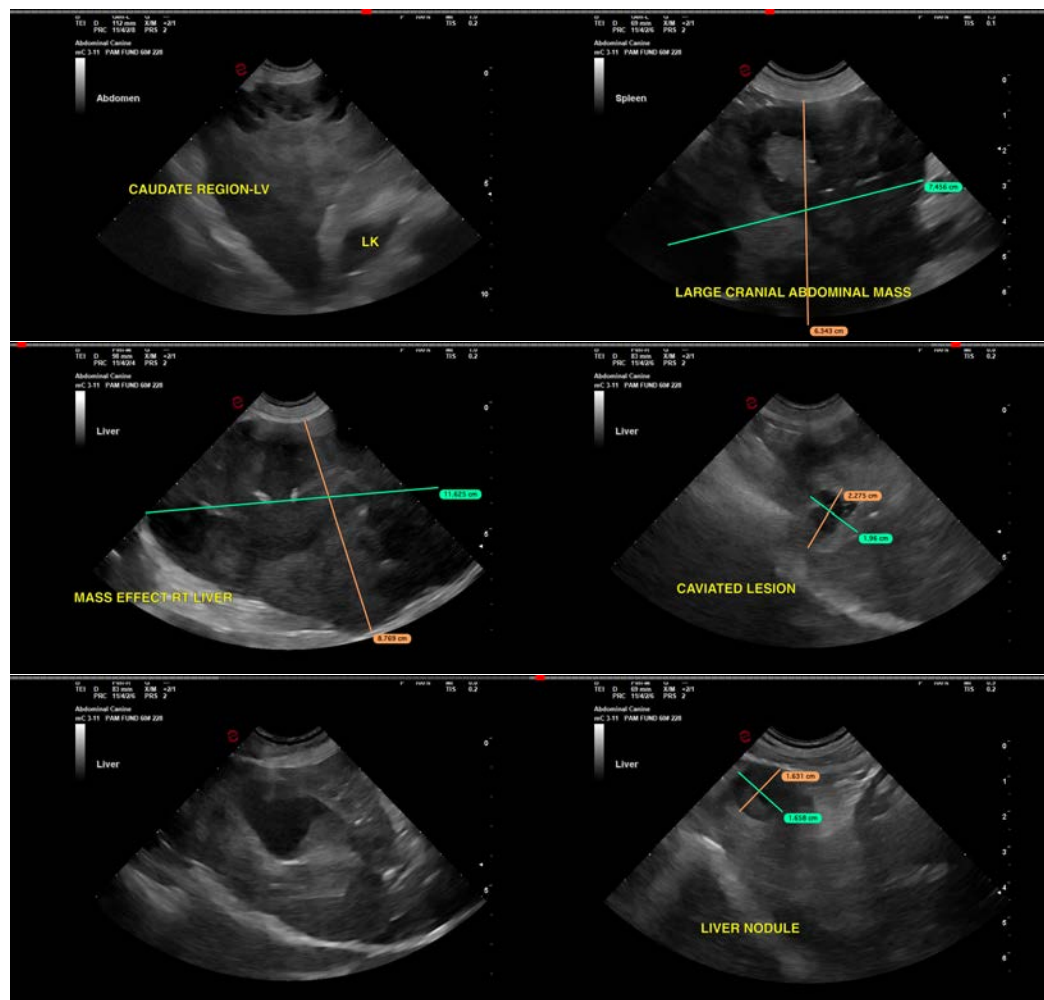
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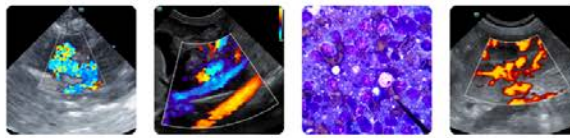
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enough to both be in the region of the caudal aspect of the liver and the spleen. The right caudate lobe of the liver is abnormal with nodules and cavitated lesion. The large mass effect is suspected to be arising from the liver, but splenic origin or multiple overlapping mass lesions cannot be ruled out.

Recommend a fine needle aspirate of a large mass lesion and splenic nodule. If a cytologic diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding best treatment options and prognosis. I suspect surgical options will be limited due to the multicentric nature of this disease process.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).





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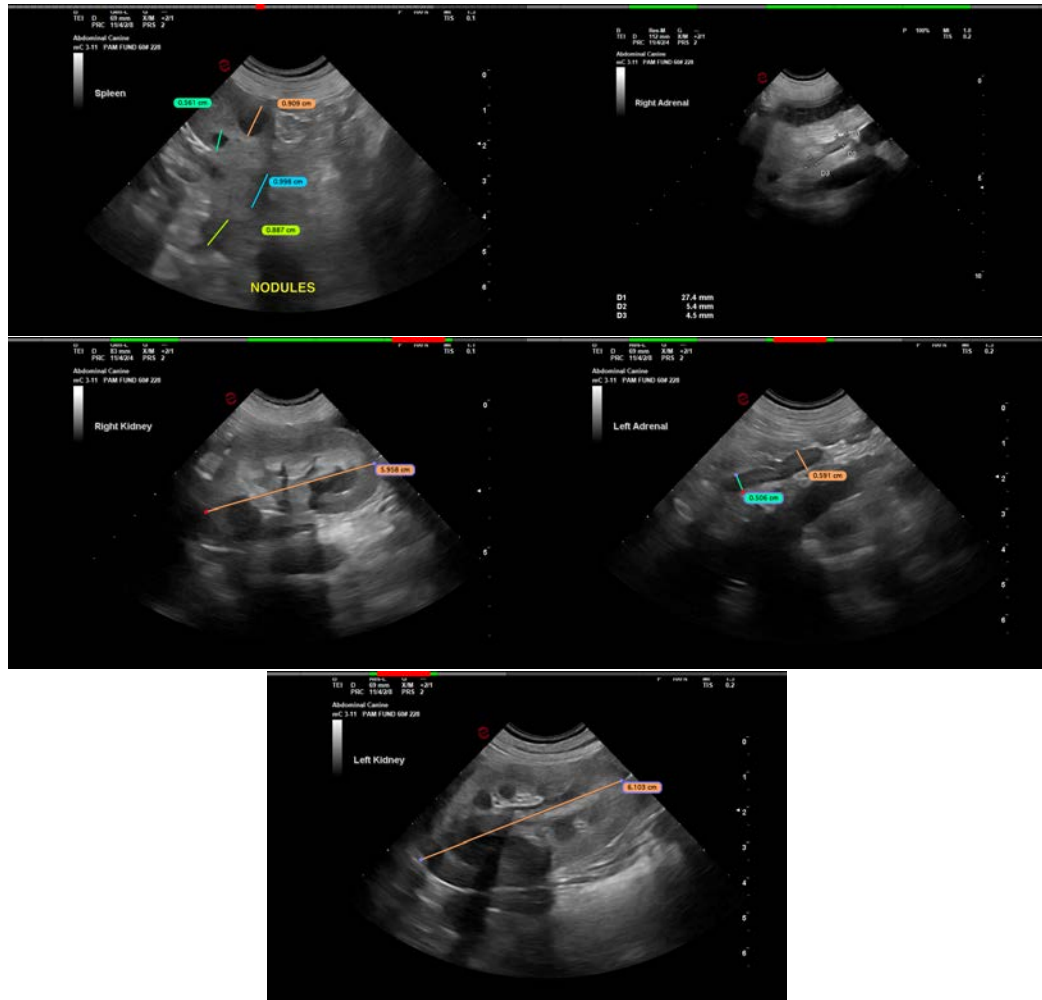
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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