



## PATIENT

Slinger Hagen

## SPECIES

Canine

## BREED

Lab x

## SEX

Spayed Female

## AGE

12 Years 3 Months

## WEIGHT

59

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Megan Cassels-  
Conway, DVM

## HOSPITAL NAME

Central Broward  
Animal Hospital

## REFERRING VET

Janeen Lezcano, DVM

## INVOICE

72149

## DATE

11/26/25

## PRESENTING CLINICAL SIGNS

P presented for biannual wellness exam. No concerns per O. During exam a marked weight loss was noted in spite of excellent appetite at home. PE exam revealed moderate muscle mass loss in rear limbs. P is currently on Anipryl 30mg po qd for presumptive cognitive dysfunction, Gabapentin bid for OA.

Abnormal PE/Chem/CBC/UA Results: 11/25: CBC: WNL, Chem: glob: 4.0, ALT: 125H, ALP: 477H, T4: 1.4, UA: SG: 1.023, 2+ prot, bacteriuria, quiet sediment 5/25: CBC: WBC: 16.2H, monos: 972H, eos: 1296H, miniChem: ALP: 298H

## 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 (7.37 cm). Overall echogenicity is slightly hyperechoic with poor 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 (7.64 cm). Overall echogenicity is slightly hyperechoic with poor 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 large, measuring 1.09 cm at the cranial pole and 0.82 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 0.69 cm at the cranial pole and 0.74 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, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a poorly defined hypoechoic nodule visualized in the body of the spleen measuring 2.23 cm x 1.94 cm.

### 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. There is a hyperechoic nodule in the left cranioventral liver measuring 1.39 cm. Additionally, there is a hyperechoic area/mass effect in the left caudal aspect of the liver measuring 4.81 cm x 2.49 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. 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.

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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 0.29 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 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. A mesenteric lymph node is visualized measuring 0.59 cm. The omentum is of normal echogenicity.

## PRIMARY FINDINGS

- Hypoechoic nodule visualized in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Mildly heterogeneous liver with occasional hyperechoic nodules and a larger poorly defined hyperechoic mass effect – 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. The hyperechoic nodules have somewhat of a benign appearance, as does the hyperechoic mass effect, although its size is more concerning possibly for an adenoma, focal hyperplasia, etc. An early neoplastic lesion cannot be ruled out.

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## SECONDARY FINDINGS

- “Plump” left adrenal gland – The significance of this is uncertain. Recommend continued monitoring.
- Age related changes visualized associated with both kidneys.



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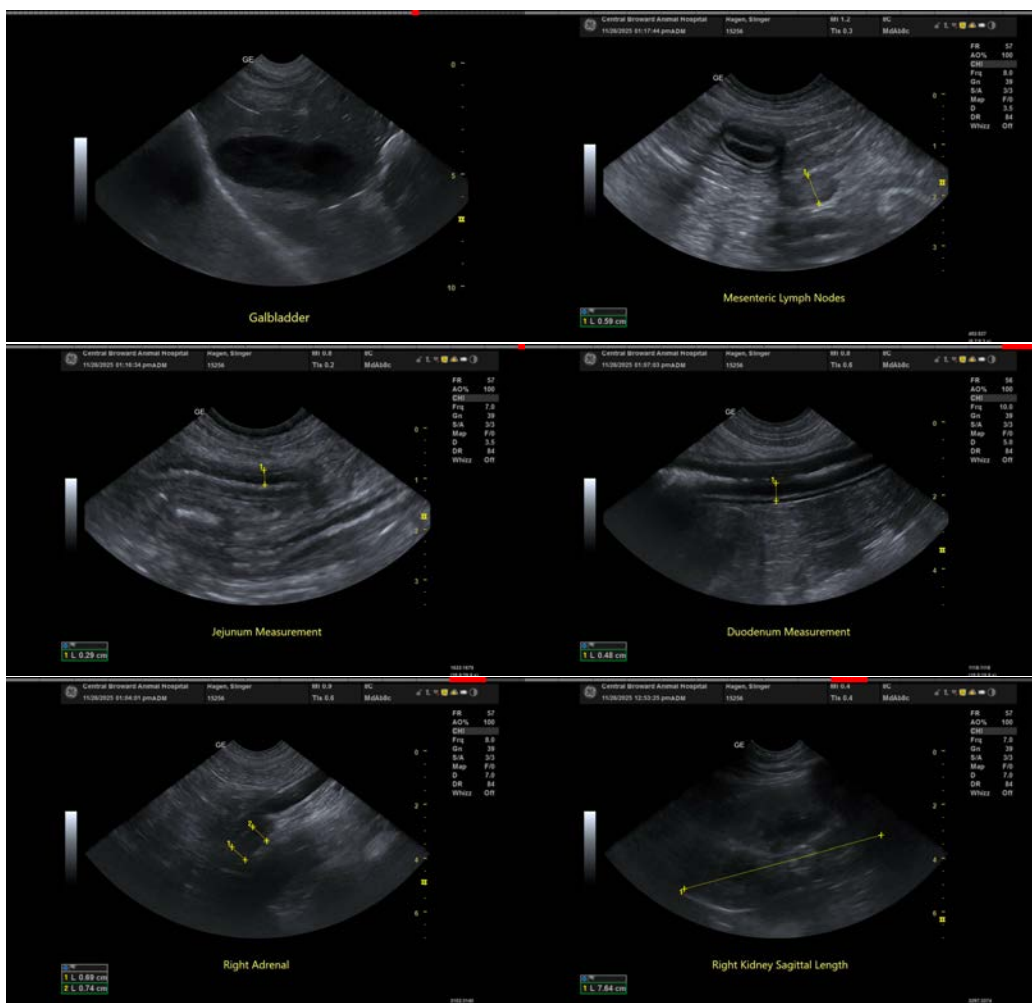
11/26/25

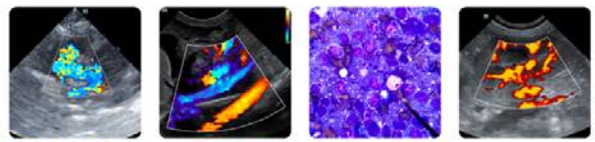
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a hypochoic nodule in the spleen. This could represent a benign or neoplastic lesion. Options moving forward include a fine needle aspirate or continued monitoring with ultrasound.

The liver is mildly heterogeneous, and there is a hyperechoic nodule as well as a larger somewhat poorly defined hypochoic mass effect. If a safe window for sampling is available, consider a fine needle aspirate. Additionally consider a liver function test. If liver function is significantly abnormal and/or surgical evaluation of the mass lesion would be considered, recommend a contrast CT scan to further evaluate the extent and nature of the lesions, as biopsies of the liver may eventually be warranted.

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





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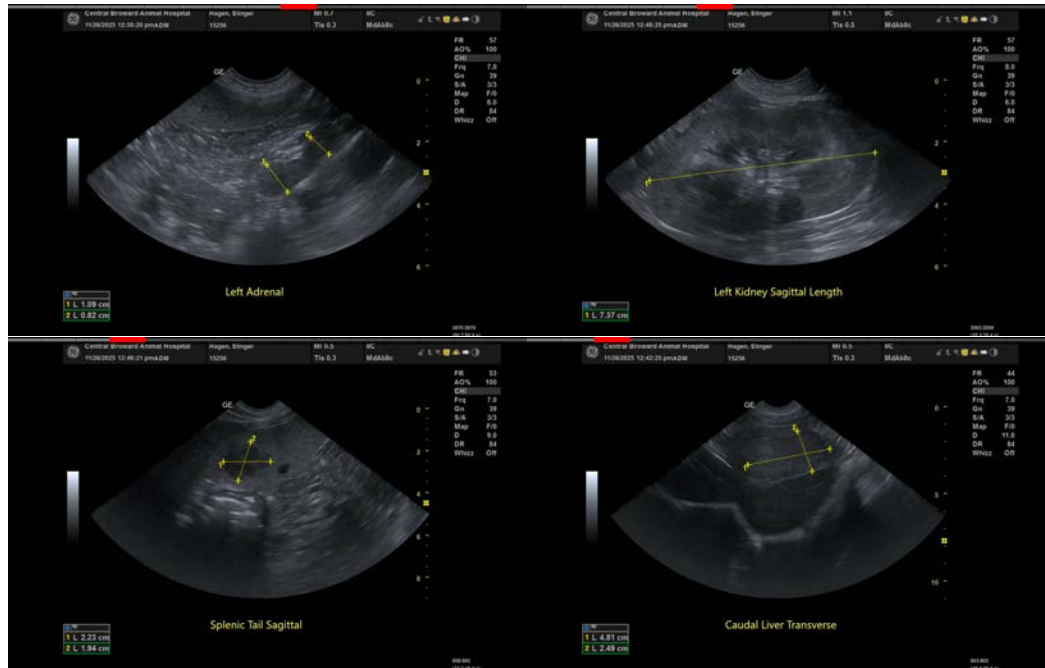
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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