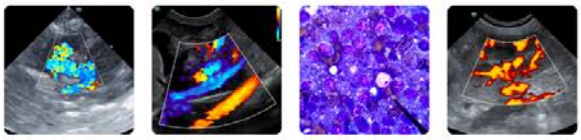


DATE

12/11/25

PATIENT

Hemi Tomaszewski

SPECIES

Canine

BREED

Bulldog x

SEX

Intact Male

AGE

3/7/15

WEIGHT

14 kg

INTERPRETED BY

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

HOSPITAL NAME

Eastern Animal Hospital

REFERRING VET

Dr. Hawbecker

INVOICE

72489

PRESENTING CLINICAL SIGNS

Patient History: 10 yr MI Bulldog mix presented 12/4/25 for a distended abdomen. Moderate fluid accumulation noted. Fluid came back as a modified transudate. Drained ~1L of fluid off. CXR and AXR did not show an overt cause. BW largely unremarkable. Discussed AUS as next step for cancer screening.

Current Medications: Prednisone 7.5 mg PO q 12 hr
Labwork Results: Labwork attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Torbugesic.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

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 prostate is large and mottled, measuring 2.59 cm in the sagittal view.

The left kidney has a normal shape and size (4.54 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 (5.17 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 0.38 cm at the cranial pole and 0.48 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 0.55 cm at the cranial pole and 0.60 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 and shape. The blood flow through the hilus and splenic parenchyma appears normal. There are two hypoechoic nodules visualized in the spleen. The first nodule measures 0.68 cm x 0.82 cm. The 2nd nodule measures 0.52 cm x 0.62 cm.

Liver

The liver is normal/borderline large in size. The parenchyma is homogenous echotexture. The biliary tract is normal. The vasculature appears mildly prominent/congested. There is a poorly defined hypoechoic nodule in the cranial left aspect of the liver measuring 1.14 cm x 1.47 cm.

The gall bladder lumen is moderately distended. The gallbladder wall appears slightly prominent, measuring at 0.33 cm. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild fluid and shadowing ingesta. 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. Jejunum wall measures 0.33 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 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

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

Other

A brief view of the heart is evaluated, revealing a mass effect in the region of the heart base. a full cardiac ultrasound is recommended.

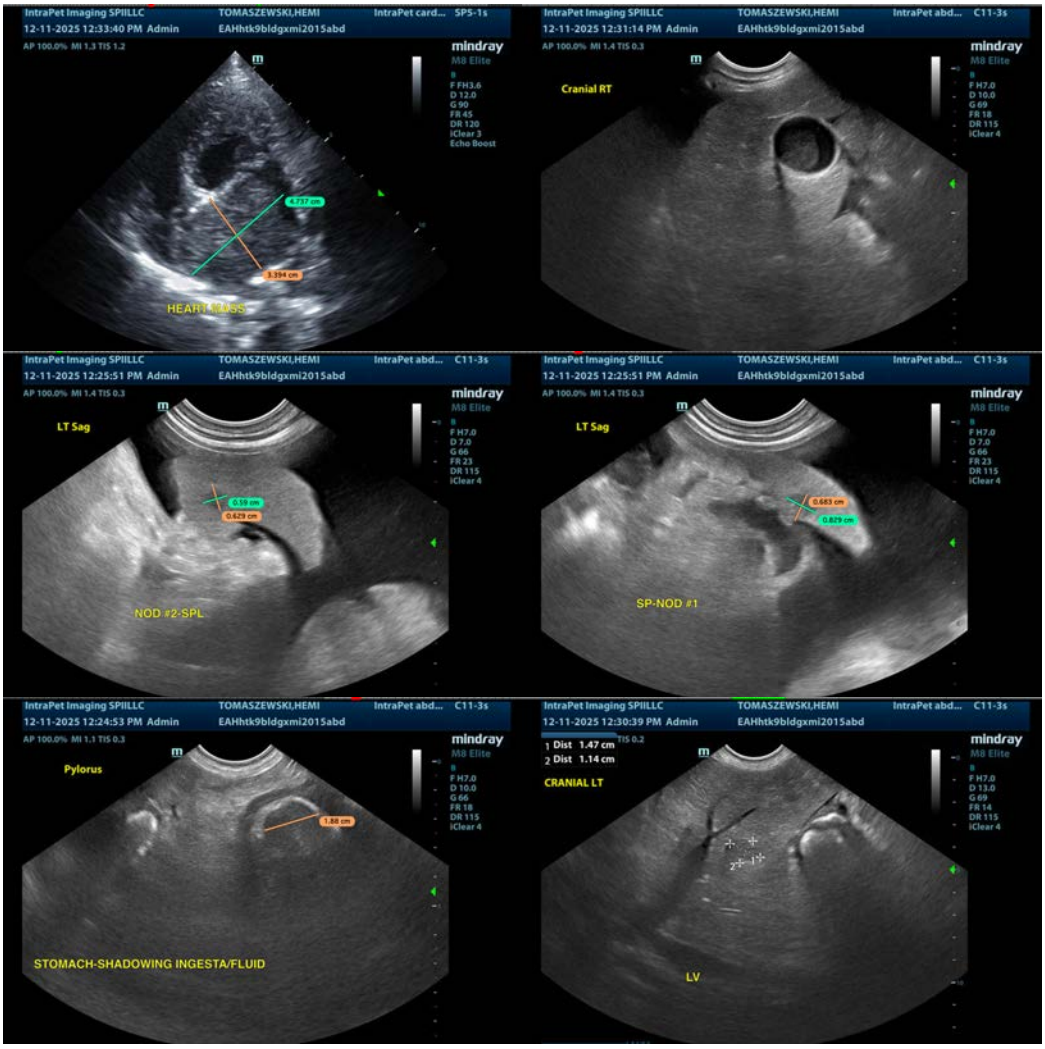
ULTRASONOGRAPHIC FINDINGS

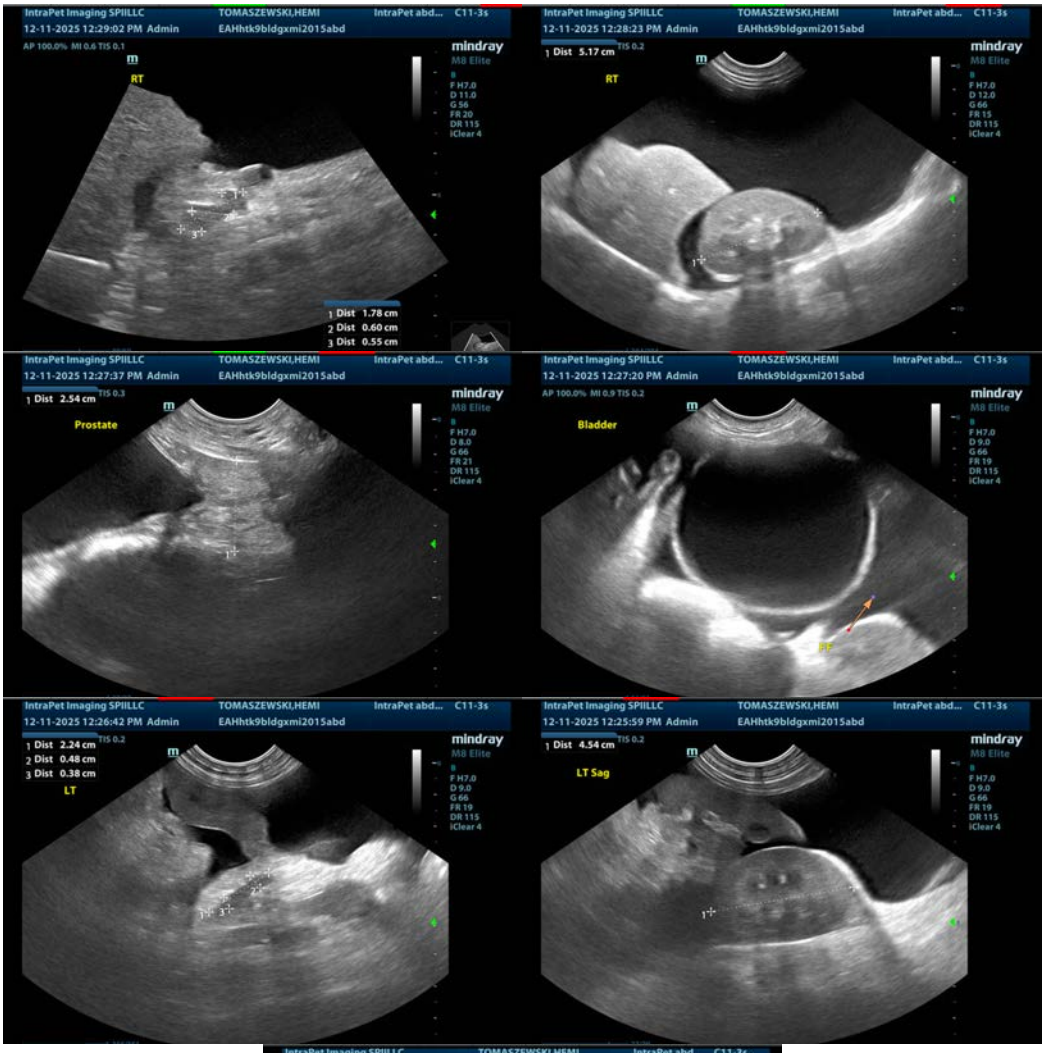
- Large, mottled prostate – Findings are most consistent with benign prostatic hypertrophy. Recommend urinalysis to evaluate for concurrent prostatitis.
- Two hypoechoic nodules in the spleen – There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Borderline large liver with a hypoechoic nodule – The hypoechoic nodule currently has somewhat of a benign appearance, but an early neoplastic lesion cannot be ruled out.
- Large volume free abdominal fluid.
- Suspect heart base mass – Cardiac ultrasound pending.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are two small hypoechoic nodules visualized in the spleen. These could represent benign or neoplastic lesions. Additionally, there is a poorly defined hypoechoic nodule in the liver. The appearance favors a benign lesion, but an early neoplastic lesion cannot be ruled out. If a safe window for sampling is available, consider a fine needle aspirate of the splenic lesions, although sampling may be challenging, as these are relatively small.

There is a large amount of free abdominal fluid and brief evaluation of the heart reveals a mass effect, revealing a likely cardiac cause for the ascites reported. Additional recommendations are pending full cardiac ultrasound.




IntraPet Imaging SPIILLC
TOMASZEWSKI,HEMI
IntraPet abd...
C11-3s
12-11-2025 12:29:02 PM Admin
EAHhtk9bldgxmi2015abd
RT
1 Dist 1.78 cm
2 Dist 0.60 cm
3 Dist 0.55 cm
12-11-2025 12:28:23 PM Admin
1 Dist 5.17 cm
RT
12-11-2025 12:27:37 PM Admin
1 Dist 2.54 cm
Prostate
12-11-2025 12:27:20 PM Admin
Bladder
12-11-2025 12:26:42 PM Admin
1 Dist 2.24 cm
2 Dist 0.48 cm
3 Dist 0.38 cm
LT
12-11-2025 12:25:59 PM Admin
1 Dist 4.54 cm
LT Sag
12-11-2025 12:23:23 PM Admin
Liver
mindray
M8 Elite

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