



## PATIENT

Patsy Menges

## SPECIES

Canine

## BREED

Golden Doodle

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

28.4 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Laura Owens, DVM

## HOSPITAL NAME

Airpark Animal  
Hospital

## REFERRING VET

Dr. Laura Owens

## INVOICE

72673

## DATE

12/18/25

## PRESENTING CLINICAL SIGNS

11/4/25 presented for lip licking and yawning, occasional vomiting. Was previously on rimadyl and robaxin over the summer for suspected iliopsoas strain. Started on ondansetron and maropitant, CBC/Chem/Cpl WNL. Rechecked 11/21 for continued signs, refilled meds as above. Rechecked 12/1, still lip licking and owner reported dental pain, had significant dental tartar and gingivitis so did dental cleaning and full mouth rads and skull rads, were WNL on 12/8. Still vomiting bile overnight and licking lips frequently. Recommended full abdominal ultrasound to look for GI disease.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/CPL WNL 11/6/25 Fecal neg/nops 11/8/25 UA unremarkable 11/21/25 Skull rads unremarkable 12/8/25 Dental rads unremarkable 12/8/25

## 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 (5.02 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 (5.21 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 0.40 cm at the cranial pole and 0.39 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 but somewhat irregular in appearance, measuring 0.84 cm at the cranial pole and 0.50 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 somewhat abnormal in appearance in that there is a hyperechoic nodule in the cranial pole measuring 0.87 cm x 0.65 cm. No evidence of vascular invasion is visualized.

### Spleen

The spleen is normal in size but irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic mass effect visualized in the spleen measuring 2.69 cm in diameter.



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## 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.

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 hyperechoic debris. 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 0.44 cm. Jejunum wall measures 0.36 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 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform 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.

## PRIMARY FINDINGS

- Hypoechoic solid mass effect in the spleen –Differentials include: benign lesions (lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)
- Hyperechoic nodule in the cranial pole of the right adrenal gland – The general appearance is most consistent with a benign lesion (adenoma, focal hyperplasia, etc.). An early neoplastic lesion cannot be ruled out.



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## SECONDARY FINDINGS

- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

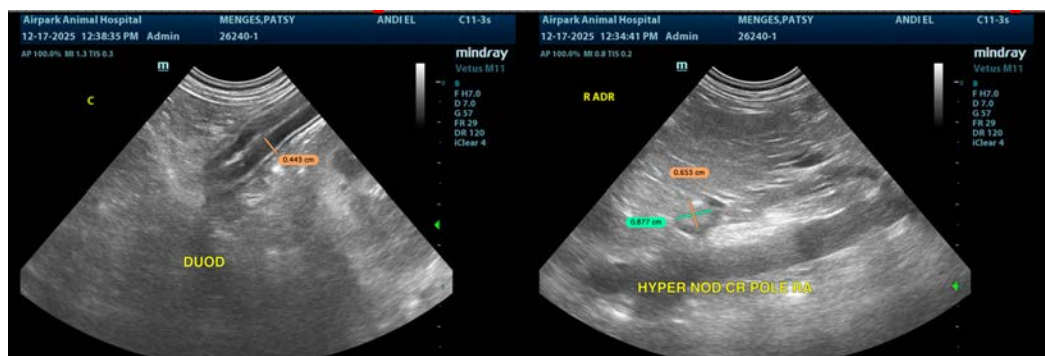
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a moderate sized hypoechoic mass effect visualized associated with the spleen. This could represent a benign or neoplastic lesion. Based on the appearance, I would likely consider a splenectomy for both diagnostic and therapeutic purposes. Alternately, you could consider a fine needle aspirate in case this changes the plan.

There is a small, hyperechoic nodule in the cranial pole of the right adrenal gland. I suspect this is an incidental finding at this time. If signs of Cushing's are present, consider adrenal function testing. If hypertension is present, consider measuring catecholamine levels, looking for a possible pheochromocytoma. Otherwise, I would consider continued monitoring with ultrasound. If you're going to surgery and want to be very aggressive, surgical removal of the adrenal could be considered. A contrast CT scan would be recommended prior to surgery if this is the goal.

No focal lesions are visualized associated with the GI tract. It is uncertain if the splenic lesion is contributing to the symptoms, although it very well could be an incidental finding. Further evaluation for nausea could include a hydrolyzed protein prescription diet, a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate, etc. Additionally, if surgery is pursued, you could consider obtaining GI biopsies at the time of splenectomy.

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





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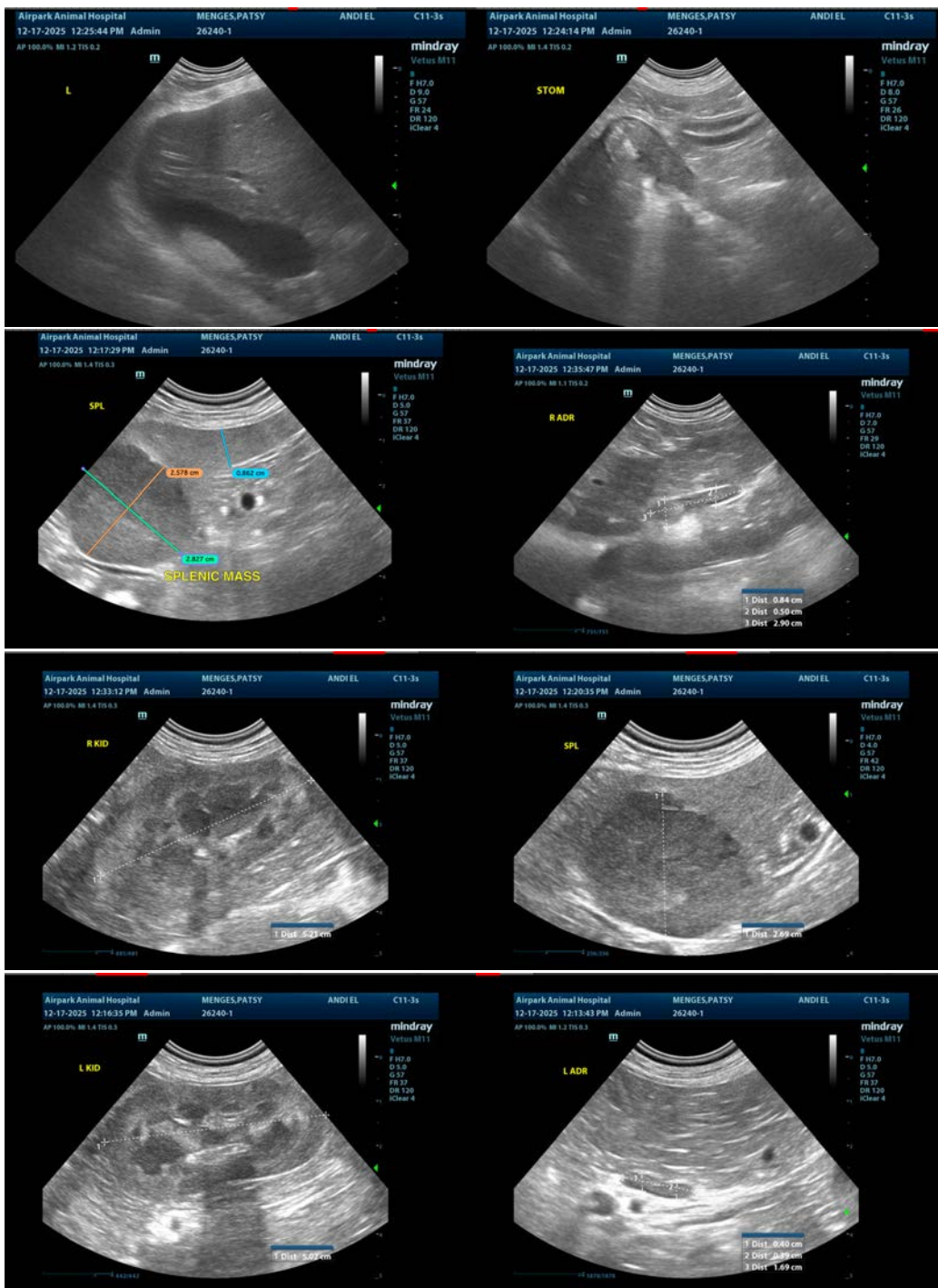
Dr. Laura Owens

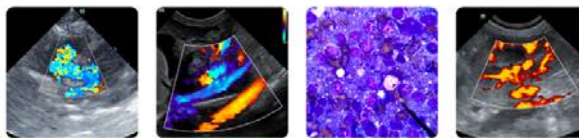
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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