



PATIENT

Dante Delect

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

10 Years

WEIGHT

15.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Jose Gonzalez

INVOICE

72875

DATE

12/30/25

PRESENTING CLINICAL SIGNS

Presented as a referral for dual study, abdominal and echocardiogram to evaluate coughing, abdominal distention (ascites) and cardiomegaly. Pt presented to rDVM 2 months ago as pt developed a cough and on radiographs noticed cardiomegaly. While pt was on some medications the cough improved, but when discontinued the cough resumed. On December 24th noticed abdominal distention and coughing. Pt had ascites and an abdominocentesis was done and the fluid was clear color. Pt has been slightly inappetent.

Abnormal PE/Chem/CBC/UA Results: PE: Muffled heart sound, no HM, Abdominal breathing
Bloodwork attached as supporting documents. Pericardiocentesis: Removed 52 mls of non coagulated blood.

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 normal in size (1.02 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.42 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 hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (4.37 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.47 cm at the cranial pole and 0.55 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 0.44 cm at the cranial pole and 0.55 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 (0.85 cm in width at the level of the hilus). The blood flow through the hilus and splenic parenchyma appears normal. There are two poorly defined hypoechoic nodules in the parenchyma measuring 0.56 cm and 0.50 cm.



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Liver

The liver is large in size with rounded margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The biliary tract is normal. The vasculature appears somewhat prominent and congested. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The gallbladder wall appears thickened and edematous, measuring at 0.39 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/moderate 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. Duodenum wall measures 0.45 cm. Jejunum wall measures 0.41 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 right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic 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 small amount of free abdominal fluid. No significant lymphadenopathy. The omentum is mildly hyperechoic in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Subtle 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.
- Mottled right limb of the pancreas – Findings are most consistent with chronic pancreatic remodeling/pancreatic edema.
- Large, rounded, heterogeneous liver with prominent vasculature – Findings are most consistent with hepatic congestion +/- a primary hepatopathy.
- Thickened gallbladder wall – Findings are most consistent with gallbladder wall edema secondary to congestion.



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- Small amount of free abdominal fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prominent vasculature and rounded, large liver in combination with the gallbladder wall edema, abdominal effusion, and pericardial effusion likely represent a picture of congestion secondary to right-sided heart disease/pericardial effusion.

No large abdominal mass lesions were visualized on today's exam, although there are some smaller hypochoic nodules in the spleen. Recommend a fine needle aspirate to further evaluate.

The right limb of the pancreas is somewhat prominent and mottled, possibly consistent with chronic pancreatic remodeling +/- pancreatic edema/congestion.

If not already done, recommend 3-view thoracic radiographs, looking for any evidence of metastatic disease.

Recommend full cardiac ultrasound (I believe this is pending), looking for a potential mass lesion in the heart.

The splenic lesions could be concerning for early hemangiosarcoma or a similar neoplastic process. If a cytologic diagnosis cannot be made, consider continued monitoring, looking for the progression of these lesions.





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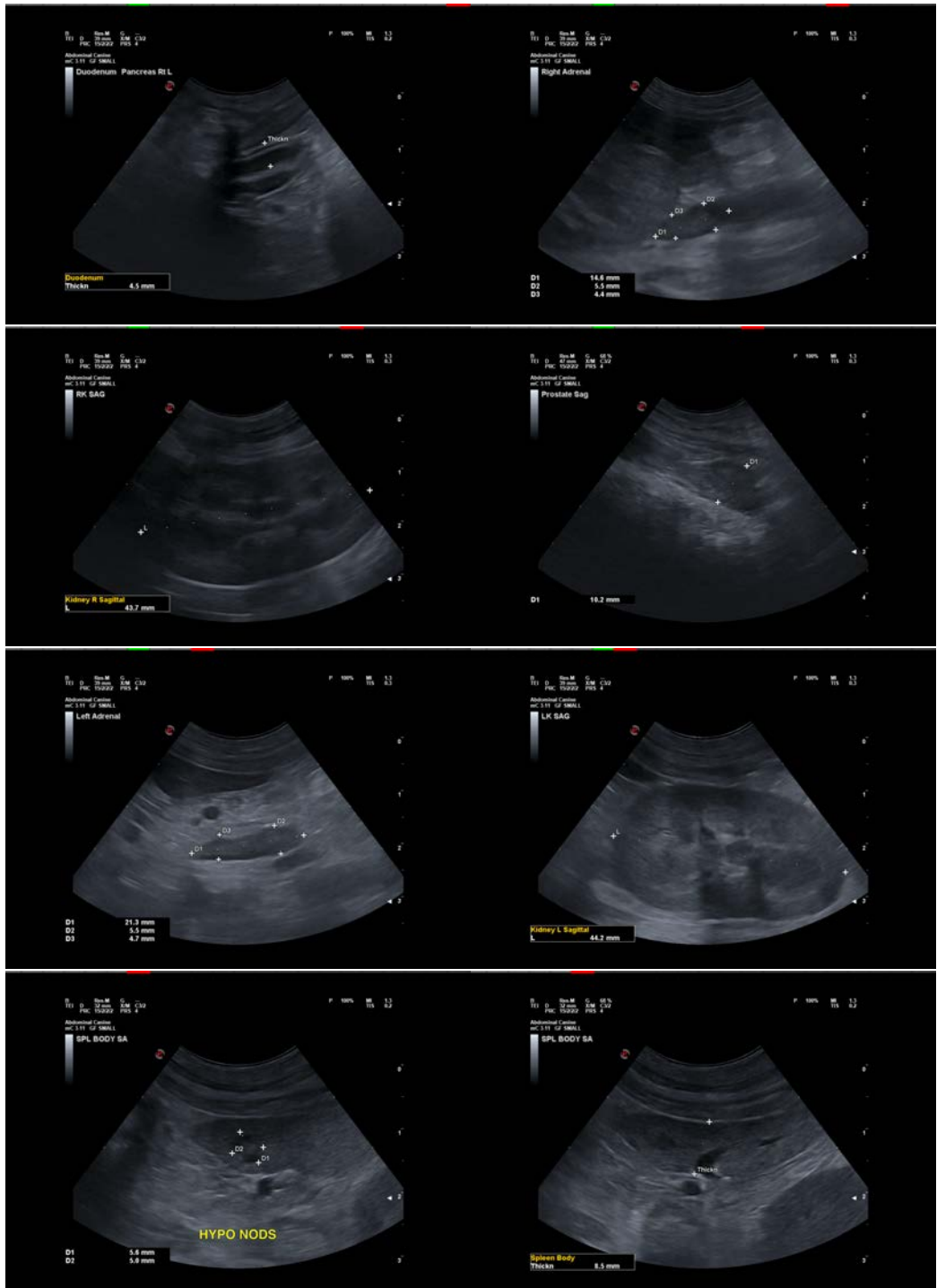
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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