



## PATIENT

Stella Figueroa

## SPECIES

Canine

## BREED

Mixed

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

46.2 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. Cinthia Vega

## INVOICE

72846

## DATE

2/10/26

## PRESENTING CLINICAL SIGNS

Presented for combine echocardiogram and abdominal u/s to evaluate a heart murmur with dry cough and abdominal distention and possible abdominal mass. Pt was diagnosed with heart murmur 2 yrs ago, but cough started 2 weeks ago. Abdominal distention for 1 month. Started on Vetmedin 10mg: and pt developed shortness of breath and weakness on hindlimbs. Pt has been by O PU/PD and PP

Abnormal PE/Chem/CBC/UA Results: Grade 2/6 systolic HM FNA of liver and splenic mass: Pending Radiographs and BW attached as supporting documents. ALP: 813 Platelets: 526

## 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 (7.15 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 (6.35 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 0.55 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 0.61 cm at the cranial pole and 0.79 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 abnormal in appearance in that there is an irregular hyperechoic area visualized within both poles, possibly consistent with nodules or a prominent, irregular medullary region measuring 0.30 cm x 0.69 cm at the cranial pole and 0.47 cm x 1.04 cm at the caudal pole.

### Spleen

The spleen is subjectively normal in size (1.88 cm in width at the level of the hilus) but irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. In the caudal aspect of the spleen there is a mixed echogenicity hypoechoic, mildly expansile, large nodule/small mass effect, which deviates the splenic margins, measuring 1.8 cm x 1.84 cm. A very subtle hypoechoic nodule is visualized measuring 0.40 cm.

### Liver

The liver is large in size, and normal in echogenicity with rounded margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the



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vasculature and biliary tract appear normal. In the peripheral aspect of the left lobe of the liver there is a poorly defined hypoechoic nodule measuring 1.41 cm in diameter. There are occasional poorly defined small, complex cystic lesions also noted. A lesion on the left liver measures 1.2 cm x 1.4 cm, a lesion on the right liver measures 1.15 cm.

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.

### *Gastrointestinal*

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.31 cm 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 0.53 cm. Jejunum wall measures 0.40 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 visible/mildly mottled in both limbs. 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. No significant lymphadenopathy noted. A prominent mesenteric lymph node is visualized measuring 0.39 cm x 0.89 cm. The omentum is of normal echogenicity.

## ULTRASONOGRAPHIC FINDINGS

- Mixed echogenicity, hypoechoic mass effect in the spleen – A focal solid mixed echogenicity mass is visualized associate with the spleen. This mass distorts the splenic capsule. Differentials include : benign lesions ( lymphoid hyperplasia, hemangioma etc..) or cancerous lesions (hemangiosarcoma, lymphoma, histiocytic sarcoma etc..)
- Large, heterogeneous liver with rounded margins and an ill-defined hypoechoic large nodule on the left side – 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 hypoechoic lesion could represent a benign lesion, an early neoplastic lesion, a hematoma, other.
- Irregular hyperechoic area associated with the right adrenal gland – This could represent an early mass lesion such as an adenoma, less likely carcinoma, pheochromocytoma, other. Benign hyperplasia of the medullary region is also possible.



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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and heterogeneous. The margins are rounded and in some areas a possibility of a very poorly defined mass effect cannot be ruled out. A discrete mass effect cannot be confirmed. In the left liver there is a peripheral hypoechoic, poorly defined lesion. This could represent a benign or neoplastic lesion or even a hematoma in the region (post FNA).

There is a mixed echogenicity mass effect visualized in the spleen. This could represent a benign or neoplastic lesion. Options moving forward would include a fine needle aspirate, continued monitoring with ultrasound, or even a splenectomy for both diagnostic and therapeutic purposes.

Both adrenals are normal in size, although the right adrenal is somewhat irregular with some hyperechoic, irregular tissue in the region of the medulla. Subjectively this has a somewhat benign appearance, but an early neoplastic lesion cannot be ruled out.

The liver could be consistent with a significant vacuolar hepatopathy, poorly defined large adenoma/mass effect, or even a somewhat atypical presentation for Cushing's. If symptoms are classic for Cushing's, you could consider adrenal function testing. Additionally, the fine needle aspirate acquired may help to differentiate.

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





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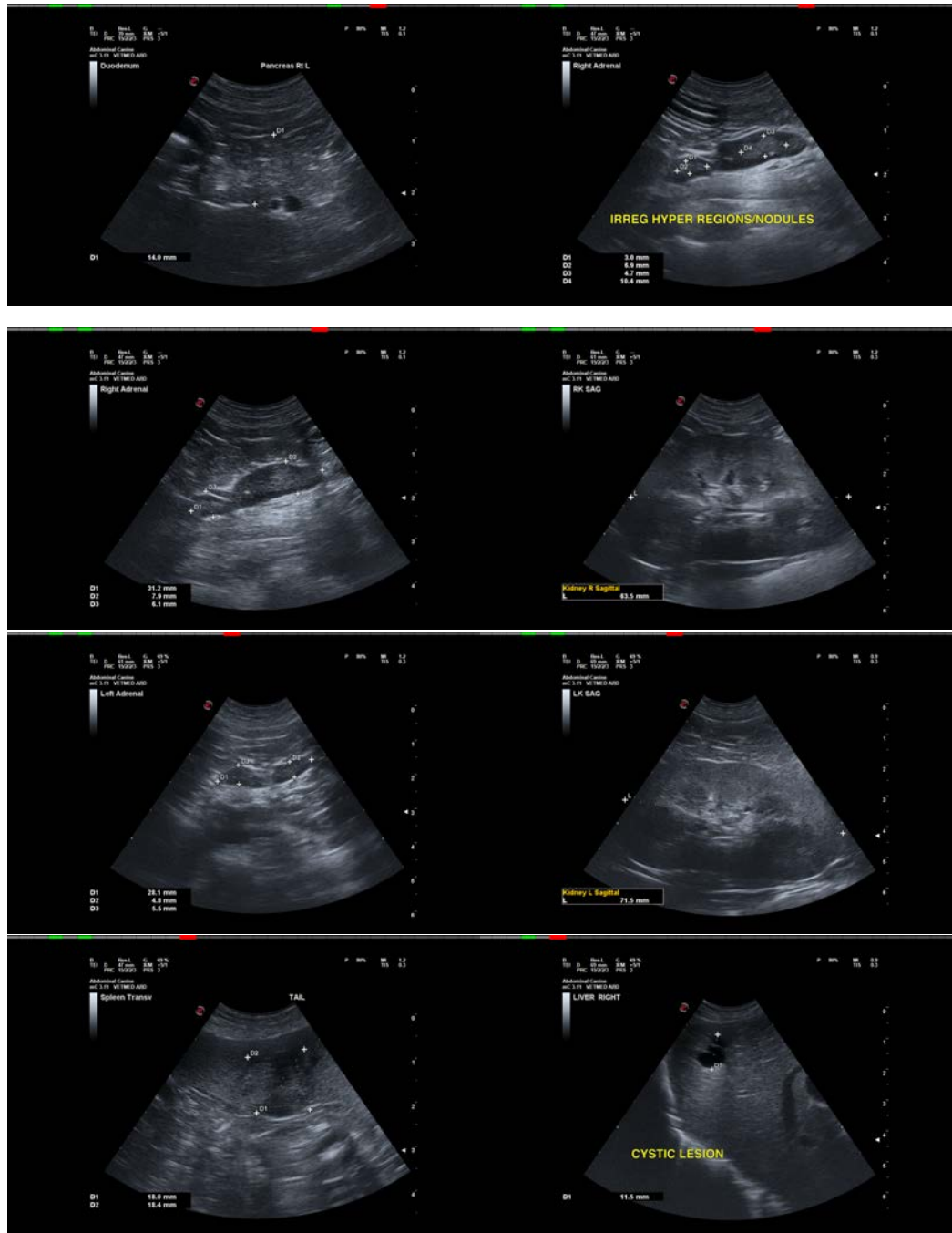
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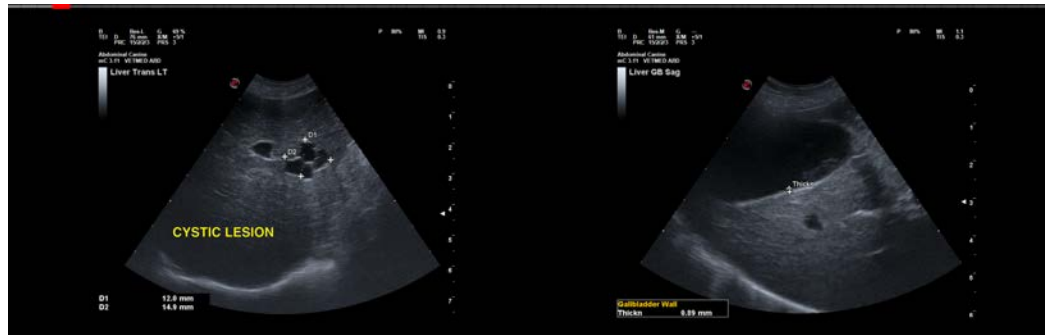
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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