



## PATIENT

Shelby Messersmith

## SPECIES

Canine

## BREED

Sheltie x

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

44.2 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Emily Kirk

## HOSPITAL NAME

Shiloh Animal Hospital

## REFERRING VET

Dr. Shana Silverstein

## INVOICE

72949

## DATE

2/12/26

## PRESENTING CLINICAL SIGNS

Suspect abdominal mass on routine exam, difficult to assess because dog was very tense

Abnormal PE/Chem/CBC/UA Results: Proteinuria - UPC 4.7 (free catch) Hyperkalemia (unverified) - potassium 6.4 Hematocrit normal Full labs attached Chest x-rays unremarkable

## 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, or masses. In the dependent portion of the urinary bladder there are numerous hyperechoic shadowing foci most consistent with small stones/sandy debris/mineralizations.

The left kidney has a normal shape and size (5.89 cm) with pinpoint non-obstructive mineralizations. The cortex is increased in echogenicity, 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.08 cm) with pinpoint non-obstructive mineralizations and mild pyelectasia. The cortex is increased in echogenicity, 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 infarcts or hydroureter. Renal vasculature is normal.

### Adrenal Glands

The left adrenal gland is large, measuring 0.93 cm at the cranial pole and 0.87 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 large, measuring 0.92 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 large and abnormal in appearance. The blood flow through the hilus and splenic parenchyma appears normal. In the cranial aspect of the spleen there is a large, expansile, hypoechoic, mixed echogenicity mass effect visualized measuring >10.15 cm x 11.18 cm.

### Liver

The liver is large in size, and normal in 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. No focal nodules or cystic lesions are observed.

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.



## PATIENT

Shelby Messersmith

## SPECIES

Canine

## BREED

Sheltie x

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

44.2 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Emily Kirk

## HOSPITAL NAME

Shiloh Animal Hospital

## REFERRING VET

Dr. Shana Silverstein

## INVOICE

72949

## DATE

2/12/26

## 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 0.38 cm. Jejunum wall measures 0.30 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/mottled in the right limb. 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 to moderate amount of free abdominal fluid. No significant lymphadenopathy noted. The omentum is diffusely hyperechoic, particularly around the large abdominal mass lesion.

## PRIMARY FINDINGS

- Small, dependent mineralizations visualized in the urinary bladder – Correlate with urinalysis, culture +/- radiographs (these are likely small enough to pass).
- Mild bilateral adrenomegaly – Findings could be consistent with anatomic variation, bilateral hyperplasia, etc.
- Age related changes visualized associated with both kidneys.
- Large, mixed echogenicity hypoechoic splenic mass lesion – 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..)
- Heterogeneous liver – 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.
- Large amount of non-organized debris visualized in the gallbladder – A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.
- Small volume free abdominal fluid.



## PATIENT

Shelby Messersmith

## SPECIES

Canine

## BREED

Sheltie x

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

44.2 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Emily Kirk

## HOSPITAL NAME

Shiloh Animal Hospital

## REFERRING VET

Dr. Shana Silverstein

## INVOICE

72949

## DATE

2/12/26

## SECONDARY FINDINGS

- Pancreatic changes most consistent with chronic pancreatic remodeling.

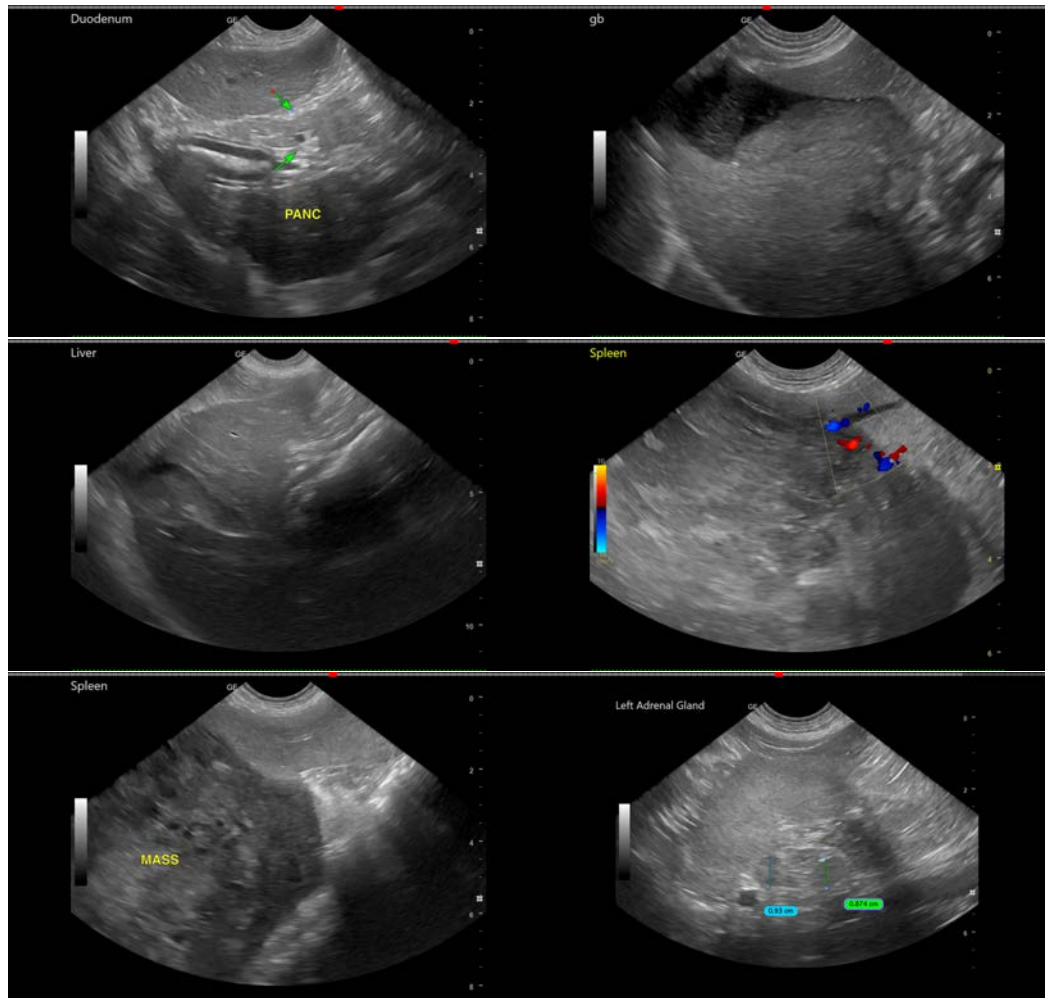
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large, mixed echogenicity mass effect that appears to be arising from the spleen. Options could include splenectomy for both diagnostic and therapeutic purposes. If further evaluation is desired, you could consider a contrast CT scan, looking for more subtle metastatic lesions, etc.

Recommend 3-view thoracic radiographs.

Both adrenals are “plump”. If chronic symptoms consistent with Cushing’s are present, you could consider adrenal function testing when the patient has fully recovered from this episode.

Consider starting chronic Ursodiol therapy and continued monitoring of the gallbladder in an effort to prevent progression to a gallbladder mucocele.





## PATIENT

Shelby Messersmith

## SPECIES

Canine

## BREED

Sheltie x

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

44.2 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Emily Kirk

## HOSPITAL NAME

Shiloh Animal Hospital

## REFERRING VET

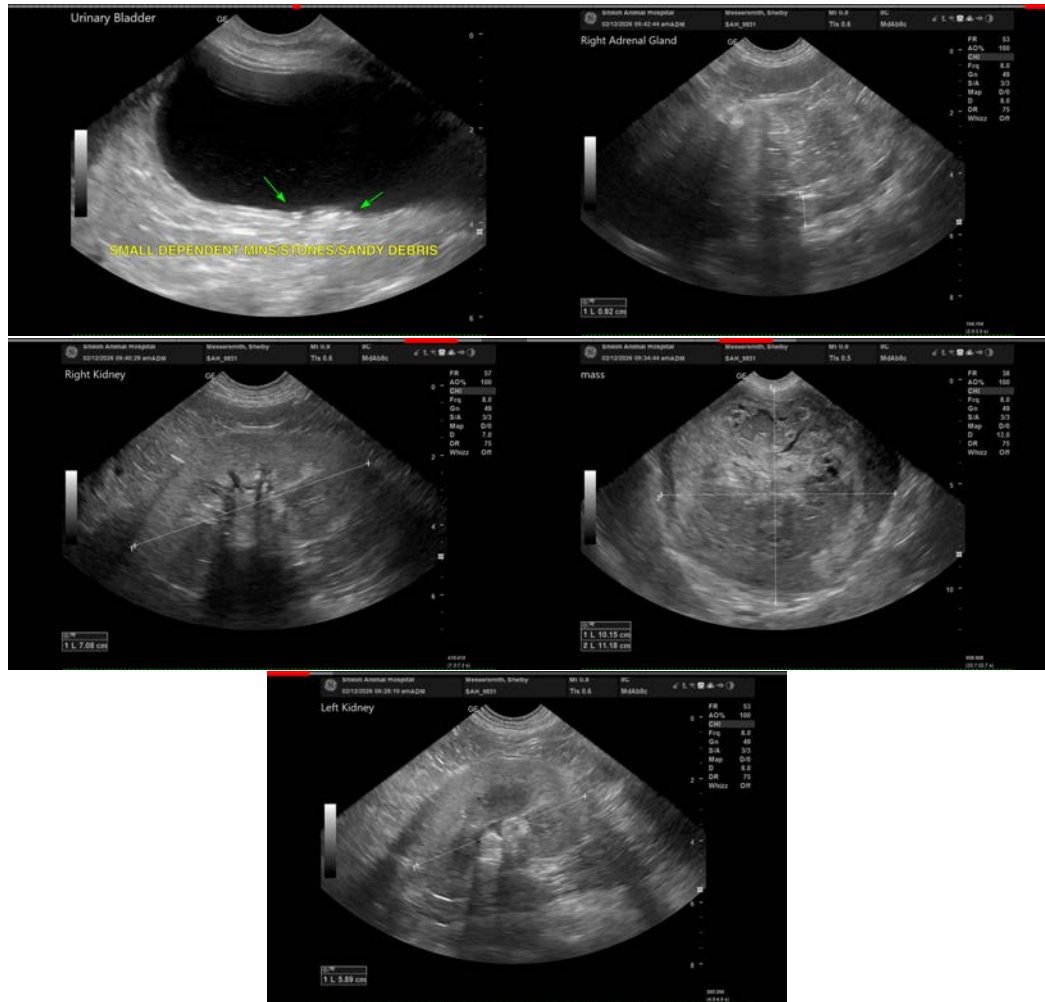
Dr. Shana Silverstein

## INVOICE

72949

## DATE

2/12/26



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