



PATIENT

Donkey Alexander

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

15 Years

WEIGHT

18 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina, CVT

HOSPITAL NAME

Animal Health
Veterinary Clinic

REFERRING VET

Dr. Collazos

INVOICE

73071

DATE

2/19/26

PRESENTING CLINICAL SIGNS

P presented 2/18/26 for vomiting, struggling to defecate and polydipsia. Radiographs done and revealed mass in abdomen. P is on methocarbamol daily.

Abnormal PE/Chem/CBC/UA Results: Last bloodwork 9/2025 - Urine SG 1.011 ALKP - 546, Potassium - 5.8, Amylase - 1348

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 (4.55 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (4.91 cm) with mild pyelectasia at 0.25 cm. Overall echogenicity is slightly hyperechoic 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.78 cm at the cranial pole and 0.57 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (1.1 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a very large, mixed echogenicity, hyperechoic, irregular mass effect visualized in the mid left cranial abdomen, most consistent with a hepatic mass measuring >7.92 cm x 10.04 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.



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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 0.40 cm. Jejunum wall measures 0.28 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

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. No significant lymphadenopathy. The omentum is hyperechoic in the cranial and mid abdomen.

ULTRASONOGRAPHIC FINDINGS

- Large, hyperechoic, solid, mixed echogenicity, irregular cranial abdominal mass lesion – Findings are most consistent with a primary hepatic mass lesion (adenoma, carcinoma, other). Splenic origin cannot be definitively ruled out but is much less likely.
- Age related changes visualized associated with both kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a very large, solid, hyperechoic, mixed echogenicity, irregular cranial abdominal mass. This extends into the mid abdomen and appears to be associated with the liver, although visualization is somewhat impaired by the size of the mass lesion, and splenic association cannot be definitively ruled out. This has the appearance most consistent with a primary hepatic mass lesion such as an adenoma or carcinoma. These can have a fairly benign behavior and can carry a good prognosis if they can be surgically removed. Recommend a fine needle aspirate and a contrast CT scan to further delineate the origins and extent of the lesion observed.

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



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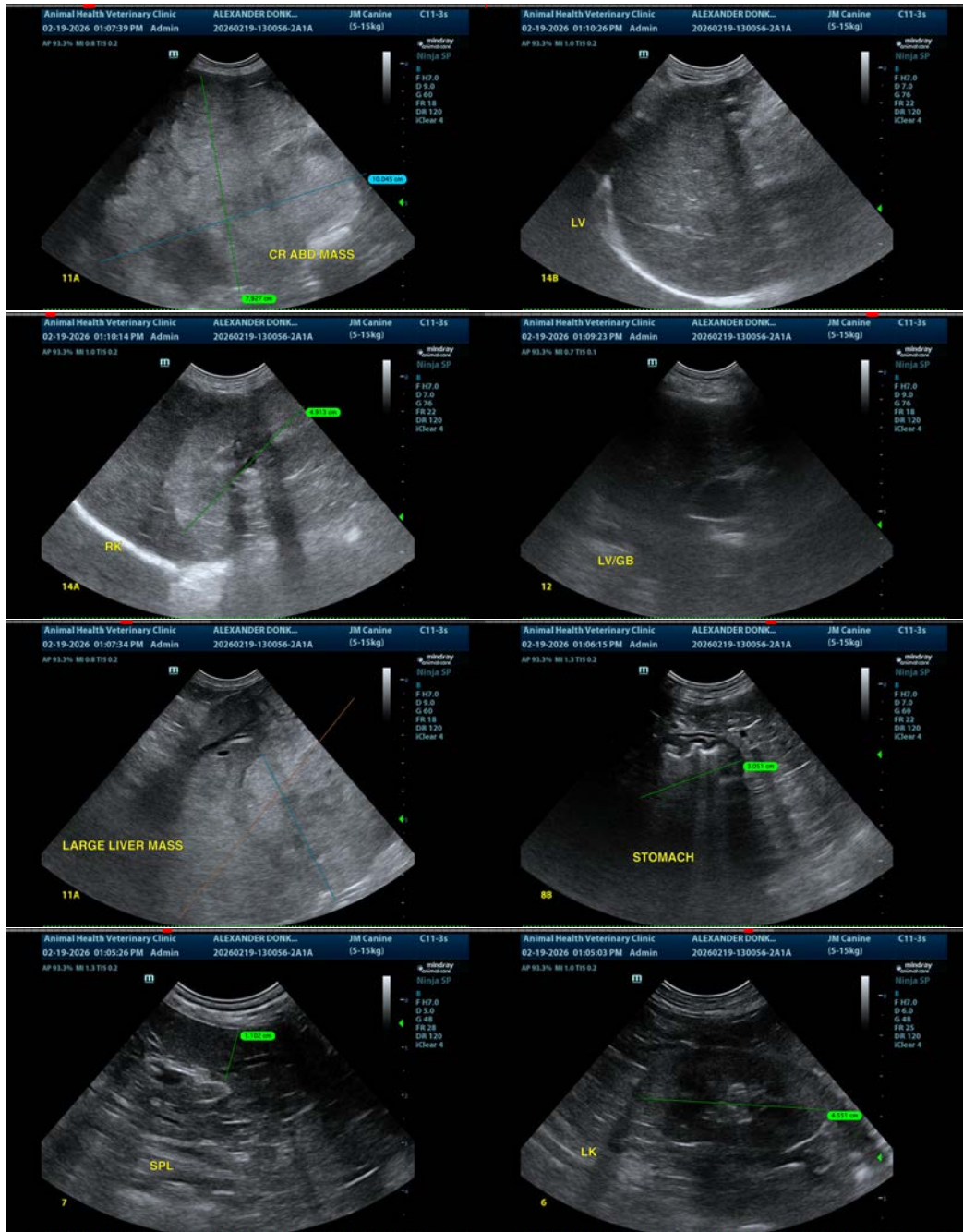
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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