



**DATE PRESENTING CLINICAL SIGNS**

3/17/26 **Patient History:** Pet presented today for a few days history of lethargy and anorexia. No other symptoms at home. Pet had a mild pot belly and some cranial organomegaly on exam, Temp-103. rads concerning for splenic mass and free fluid in abdomen.

**PATIENT**

Luci Bailey

**Current Medications:** Cerenia 80 mg SID started 3/13, gabapentin 300 mg BID started 3/13

**SPECIES**

Canine

**Labwork Results:** Labwork attached, reported as: 2 view abdomen - irregular lumpy looking spleen with wispy detail concerning for free fluid. Lots of stool in descending colon.. fast scan with US - mild free fluid noted in abdomen. CBC/Chem- low MCH and MCHC but normal RBC and pcv 41%. ALP 1017,rest unremarkable

**BREED**

Pit Bull

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** IV Torb.

**Stat Report:** Declined.

**Imaging Performed by:** Rachel Brilhart, RDMS.

**SEX**

Spayed Female

**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.

**AGE**

12/24/14

The left kidney has a normal shape and size (6.72 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.

**WEIGHT**

84 lbs

The right kidney has a normal shape and size (6.98 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.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.72 cm at the cranial pole and 0.73 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.

**HOSPITAL NAME**

Greenbrier Veterinary  
Clinic

The right adrenal gland is normal in size measuring 0.94 cm at the cranial pole and 0.70 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.

**REFERRING VET**

Dr. Boccanfuso

**Spleen**

The spleen is large and irregular in appearance. The blood flow through the hilus and splenic parenchyma appears normal. There is a large, hyperechoic, mixed echogenicity mass effect visualized arising from the spleen measuring >6.5 cm x 5.81 cm.

**INVOICE**

73752

### ***Liver***

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly 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 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 0.47 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 0.58 cm. Jejunum wall measures 0.37 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. 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. There is no significant lymphadenopathy. A sublumbar lymph node is prominent measuring 0.82 cm in width. The omentum is of normal 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**

- Large, hyperechoic, mixed echogenicity 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..)
- Mildly 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.

## SECONDARY FINDINGS

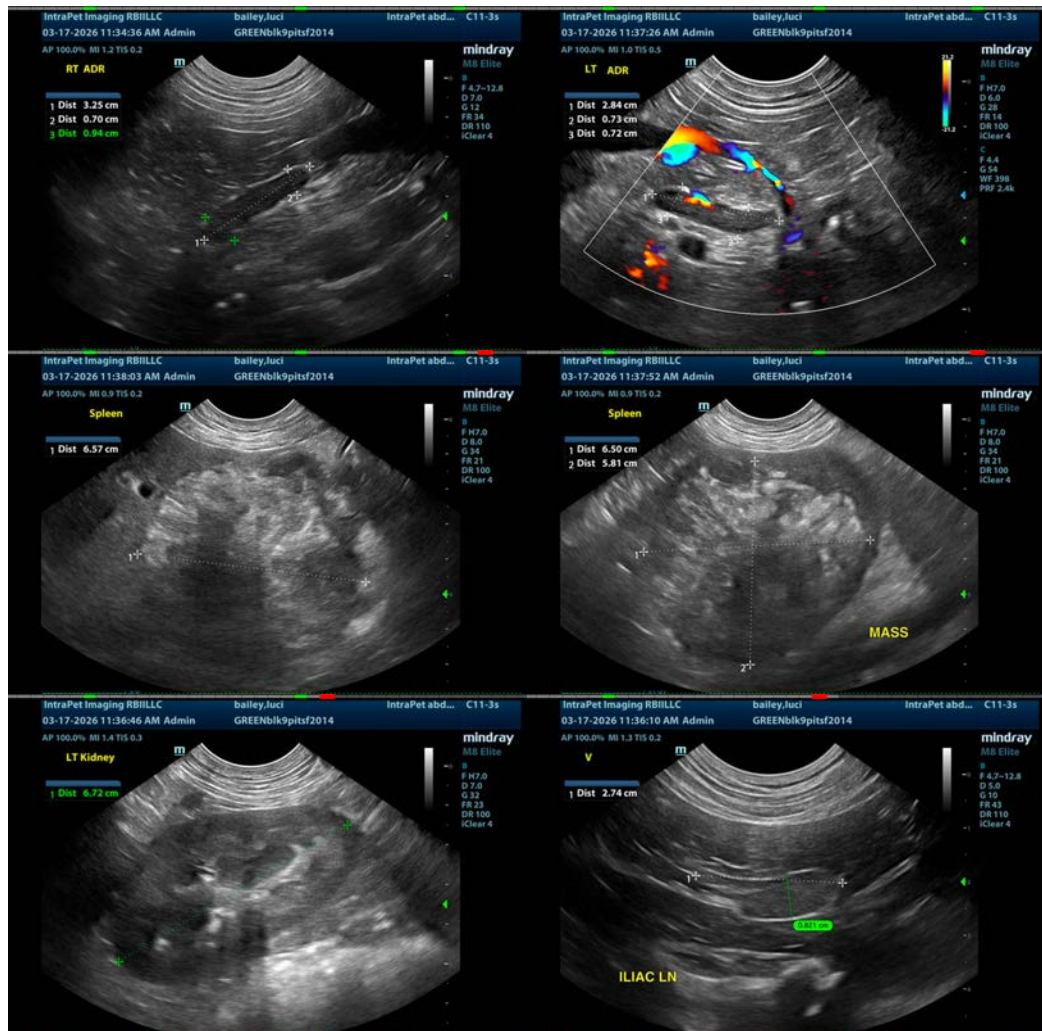
- Pancreatic changes consistent with mild pancreatic remodeling.

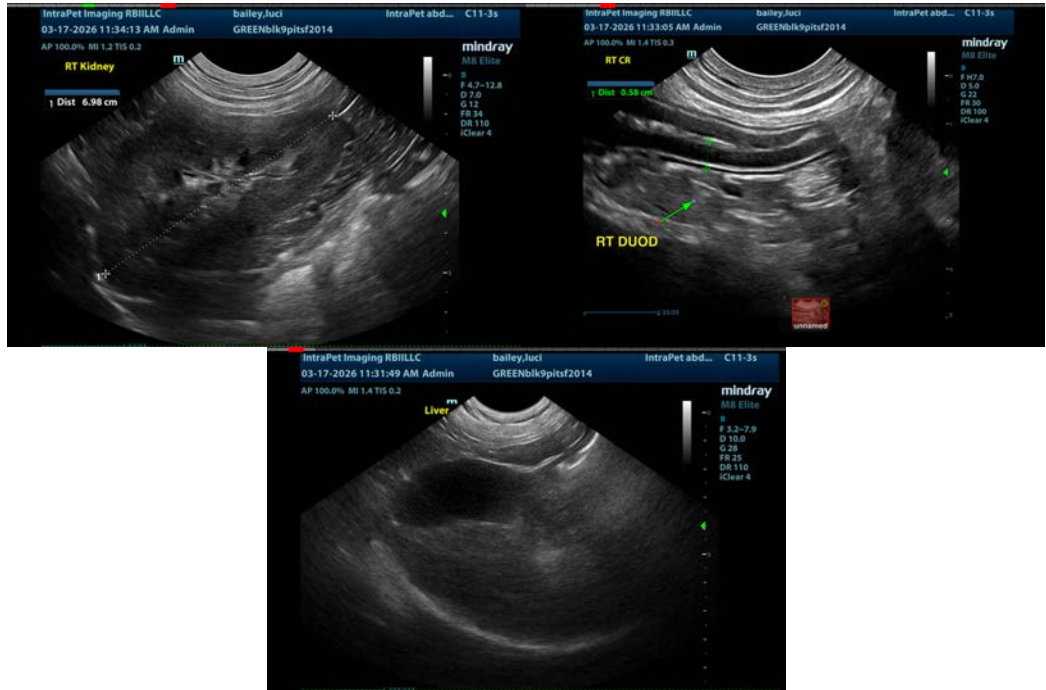
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, mixed echogenicity, hyperechoic mass effect visualized associated with the spleen. This could represent a benign or neoplastic process (hyperechoic appearance could favor a benign process?). Ideally consider a splenectomy for both diagnostic and therapeutic purposes, as with the size of this lesion this could be uncomfortable and/or have risk for rupture in the future even if benign.

The hepatic changes are non-specific, possibly consistent with a vacuolar hepatopathy given an elevation in the ALP reported. If surgery is pursued, recommend a biopsy of the liver at that time.

It is uncertain if the splenic lesion is the source of the current symptoms reported. Recommend 3-view thoracic radiographs to look for any metastatic lesions or concurrent pulmonary disease.





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