



PATIENT

Milo Saenz

SPECIES

Canine

BREED

Mini Aussie Shepherd

SEX

MN

AGE

13 years

WEIGHT

38 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier Animal
Medical Center

REFERRING VET

Dr. Solonyka

INVOICE

11555

DATE

3/24/2026

PRESENTING CLINICAL SIGNS

- Presented off food x 3 days.
- Jaundice and elevated WBC.
- Hospitalized on IV tx for 3 days - 3/19 - 3/21.
- Pancreatitis treated with Panoquell-CA1 as well as supportive care for pain.
- 3/23/26 - still not eating well and vomiting water as no longer on Maropitant.

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 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 (4.86 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. Numerous small cortical cysts noted bilaterally. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.54 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. Numerous small cortical cysts noted bilaterally. 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 0.48 cm at the cranial pole and 0.47 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 borderline plump in size measuring 0.94 cm at the cranial pole and 0.77 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 borderline large in size (1.98 cm in width at the level of the hilus)The spleen echotexture is heterogenous and mottled, 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 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



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vasculature and biliary tract appear normal. There is a hypoechoic nodule visualized in the mid cranial region of the liver, measuring 1.49 cm x 1.41 cm.

The gall bladder is large and significantly distended with anechoic fluid. 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 <0.7cm 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (0.33 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 prominent and mottled in the left limb. There is a very large cranial abdominal mass visualized caudal to the stomach in the region of the left limb of the pancreas. This is large enough to extend laterally and is also visualized in the region of the cranial right pancreas, possibly consistent with a primary pancreatic mass lesion or severely enlarged lymph nodes in the region (see under other). 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 a significant lymphadenopathy with a large, hypoechoic, irregular lymph node visualized at the iliac trifurcation measuring 1.67 cm x 3.29 cm. A large gastric lymph node measuring 0.88 cm x 1.62 cm. The omentum is diffusely hyperechoic, particularly around the cranial abdominal mass lesion.

Other

There is a large, hypoechoic, irregular cranial abdominal mass lesion. This is visualized caudal to the stomach in the region of the pancreas and likely either represent a pancreatic mass lesion or severely enlarged lymph nodes in the region. This measures 5.88 cm x 3.22 cm.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular, hypoechoic, inflamed cranial abdominal mass lesion. Findings are concerning for a pancreatic mass lesion but a severely enlarged lymph node is also possible.
- Large iliac, gastric, and mesenteric lymph nodes. Findings are concerning for metastatic lymph node, although highly reactive lymph nodes are possible.



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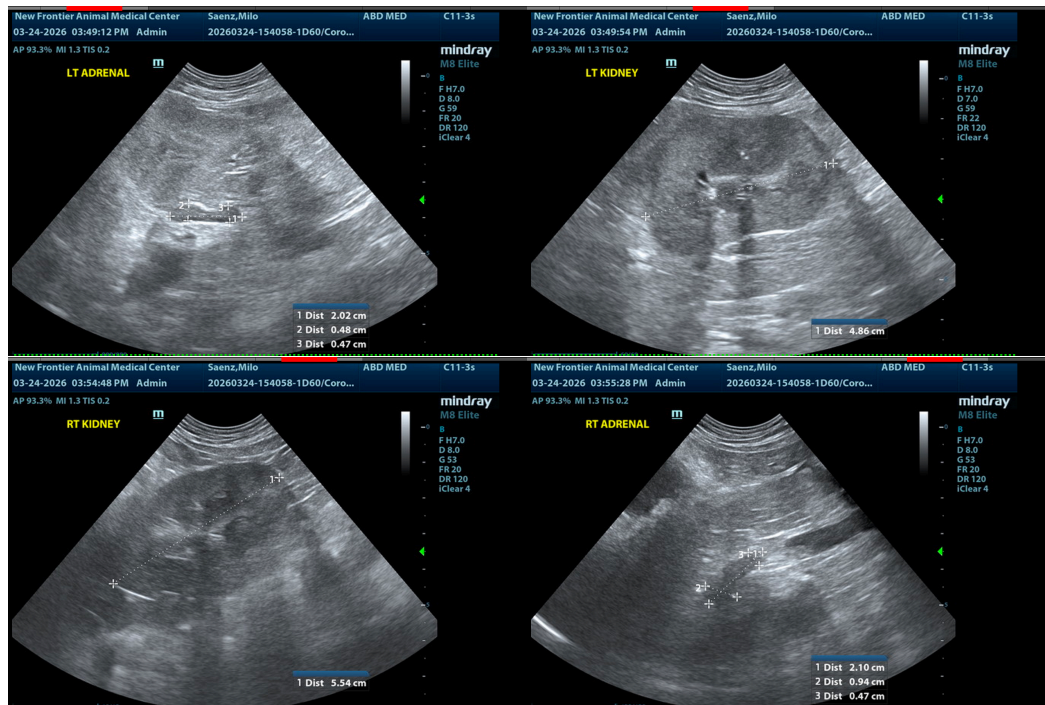
- Age related changes visualized with both kidneys.
- Large heterogenous liver with a hypochoic nodule. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy.
- Large, mottled spleen. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's a very large, irregular, hypochoic, inflamed cranial abdominal mass lesion and numerous large, hypochoic, irregular lymph nodes in the abdomen, suggestive of possible metastatic lymph nodes. The larger mass lesion lies in the path of the pancreas and could represent a pancreatic mass lesion or a severely enlarged lymph node in the area. Recommend a fine needle aspirate for cytologic evaluation. If a diagnosis cannot be obtained, recommend fine needle aspirate of the liver and spleen as both are large, and abnormal in appearance.

If a cytologic diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding the best treatment options and prognosis. Based on the appearance today, I'm concerned that surgical options may be limited.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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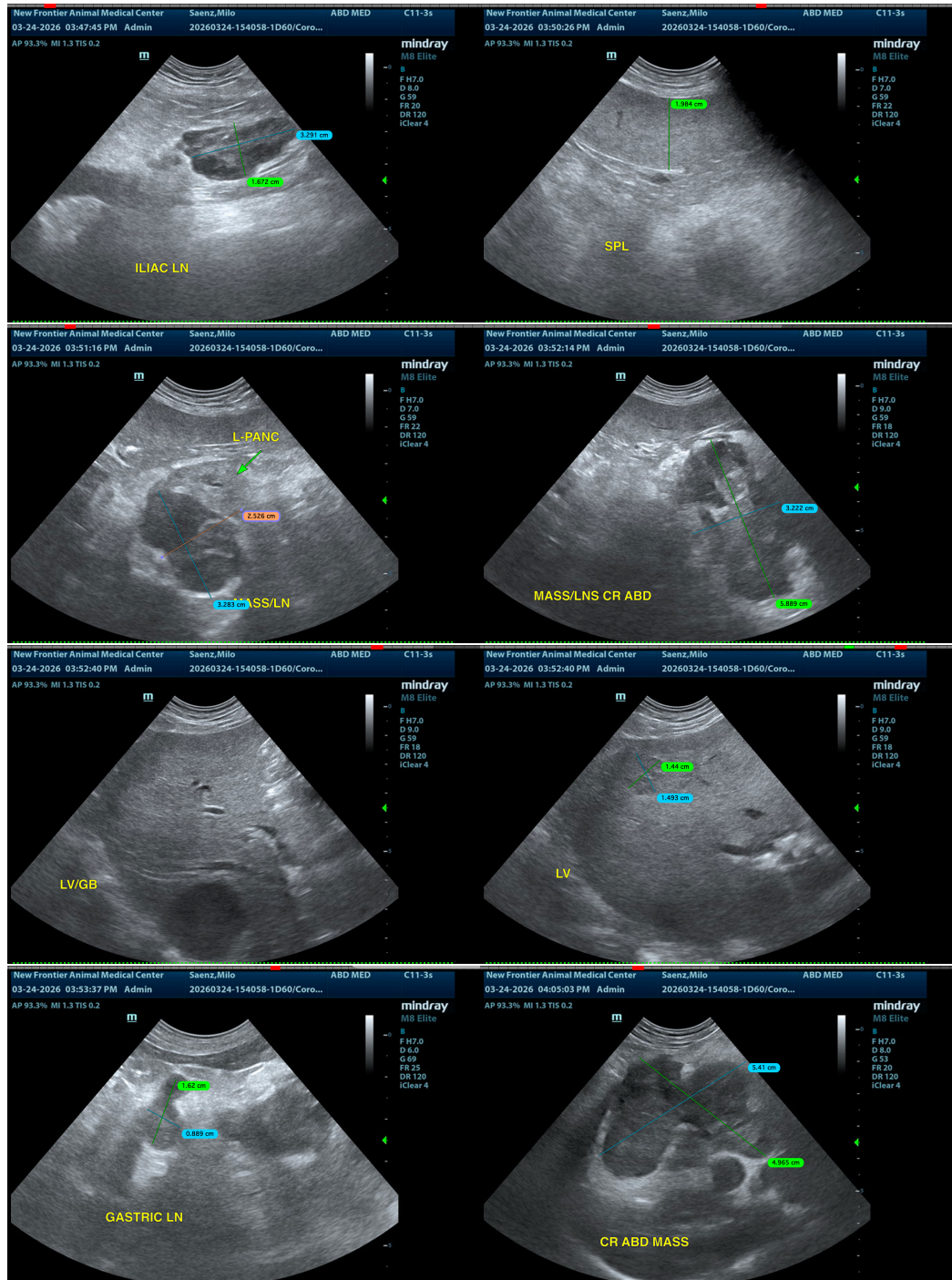
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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

info@sonopath.com