

**PATIENT**

Paco Andres Rosa

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

16.0 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. Michelle Trappler

**INVOICE**

73969

**DATE**

3/24/26

**PRESENTING CLINICAL SIGNS**

Px presented as a referral for an echocardiogram and an abdominal ultrasound due to a heart murmur being auscultated and an abdominal mass being visualized in radiographs. Px had an episode on 3/13/26 where he fell over and was not responsive for a short amount of time. On 3/16/26 owner took Px to vet because Px was shaking and showing signs of abdominal discomfort, rads were performed and a seemingly mineralized mass was observed on the mid abd, bloodwork was performed an anemia was noted. Px was referred to a sx specialist, who performed thoracic rads and no metastasis was noted. Px is currently taking the following Mx: Gabapentin 100mg BID, Prednisone 5 mg SID x 3 days, EOD x 3 doses, then stop.

Abnormal PE/Chem/CBC/UA Results: Referral attached below for your reference

**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 (0.94 cm) 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 (4.71 cm) with occasional small cortical cysts. 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.

The right kidney has a normal shape and size (5.33 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 0.64 cm at the cranial pole and 0.63 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 0.58 cm at the cranial pole and 0.54 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 irregular in shape, measuring 1.25 cm in width at the level of the hilus. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous hyperechoic and mixed echogenicity nodules in the spleen. An example measures 1.11 cm in diameter. A hyperechoic



## PATIENT

Paco Andres Rosa

## SPECIES

Canine

## BREED

Mixed

## SEX

Neutered Male

## AGE

15 Years

## WEIGHT

16.0 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. Michelle Trappler

## INVOICE

73969

## DATE

3/24/26

nodules measuring 0.79 cm. Additionally, there is a large, irregular, hypoechoic, mixed echogenicity cavitated mass effect visualized measuring 6.49 cm x 6.06 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 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 0.27 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 0.37 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 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

## ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Large, irregular, mixed echogenicity cavitated splenic mass with numerous splenic nodules – A large, heterogenous mass with cavitations is present within the splenic parenchyma. The mass distorts the splenic capsule. Differentials for the mass include neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.
- 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.



## PATIENT

Paco Andres Rosa

## SPECIES

Canine

## BREED

Mixed

## SEX

Neutered Male

## AGE

15 Years

## WEIGHT

16.0 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. Michelle Trappler

## INVOICE

73969

## DATE

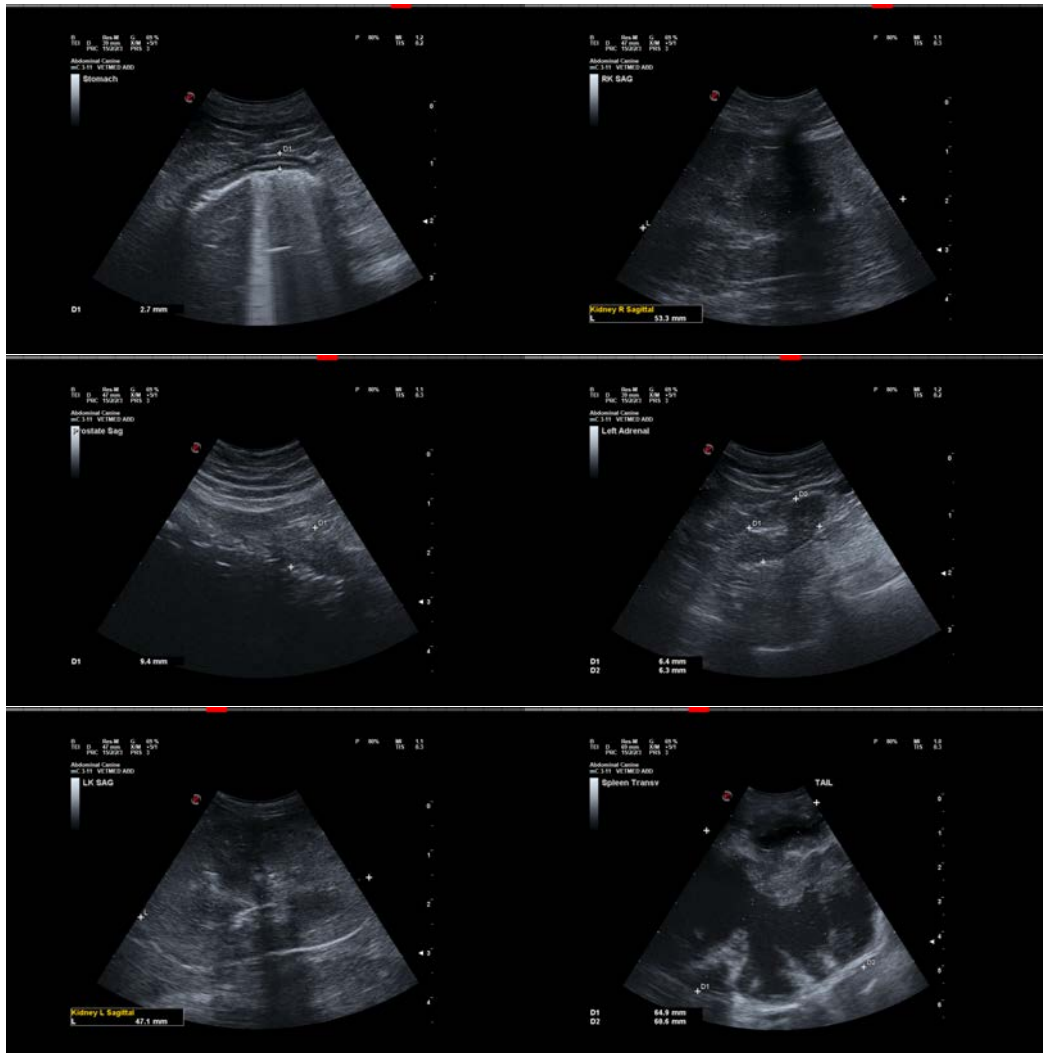
3/24/26

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, mixed echogenicity, irregular, cavitated mass effect visualized in the mid cranial abdomen. This appears to be associated with the spleen. A fine needle aspirate could be considered, but ultimately splenectomy with samples for histopathology are likely warranted for both diagnostic and therapeutic purposes.

The liver is heterogeneous, but no focal metastatic lesions are observed. Neoplastic infiltration cannot be definitively ruled out but seems less likely. The liver should be biopsied at the time of surgery.

Prior to surgery, consider diuresis for the kidneys, and evaluation of a blood pressure, looking for evidence of hypertension, etc.





## PATIENT

Paco Andres Rosa

## SPECIES

Canine

## BREED

Mixed

## SEX

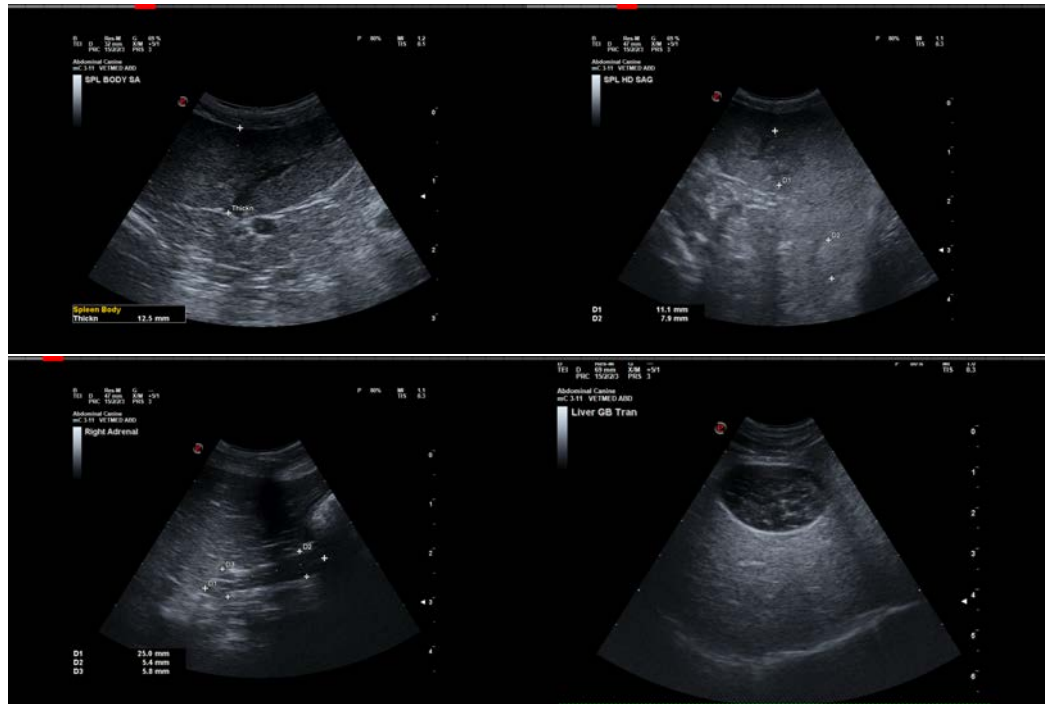
Neutered Male

## AGE

15 Years

## WEIGHT

16.0 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. Michelle Trappler

## INVOICE

73969

## DATE

3/24/26

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