



**DATE PRESENTING CLINICAL SIGNS**

3/26/2026

**Patient History:** PU/PD x 4 months. Hx: splenic mass on AFAST (surgery not performed)- ALT 249, ALP 382 USG 1.005 (first morning). Remainder of labs normal including renal

**PATIENT**

Swartzel DelFavero

**Current Medications:** 300mg Gabapentin BID, 75mg Carprofen PRN, Librela

**Labwork Results:** Labwork not attached, listed as above.

**SPECIES**

Canine

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

**Sedation:** Not required to complete full diagnostic ultrasound.

**BREED**

Mixed

**Stat Report:** Not requested.

**Imaging Performed by:** Stephanie Warga RDCS, RVT.

**SEX**

MN

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE**

15 years

**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.

**WEIGHT**

88.2 lbs

The prostate is normal in size (0.97cm) 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.

**INTERPRETED BY**

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

The left kidney has a normal shape and size (7.17cm). 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. Pyelectasia noted measuring 0.5 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**HOSPITAL NAME**

Everhart VH

The right kidney has a normal shape and size (6.84 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. Pyelectasia noted measuring 0.32. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**REFERRING VET**

Dr. DelFavero

**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.

**INVOICE**

11570

The right adrenal gland is normal in size measuring 0.58 cm at the cranial pole and 0.5 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 subjectively normal in size and irregular in shape, and is mottled. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. In the mid body of the spleen, there is an irregular mottled hypoechoic mass effect, possibly consistent with two mass lesions measuring 2.76 cm x 1.38 cm, and 2.06 cm x 1.39 cm.

### ***Liver***

The liver is normal 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. There's a suspected mixed echogenicity mass effect arising from the left liver, measuring 4.72 cm x 5.6 cm. An origin from other cranial abdominal structures cannot be ruled out.

The gall bladder lumen is moderately distended. The wall of the gall bladder is hyperechoic measuring 0.15 cm. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of 0.72 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. Shadowing ingesta interferes with full evaluation of the stomach, and some areas of the cranial abdomen.

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 (0.44 cm in wall thickness) and the jejunum measured as normal (0.36 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.

### ***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.

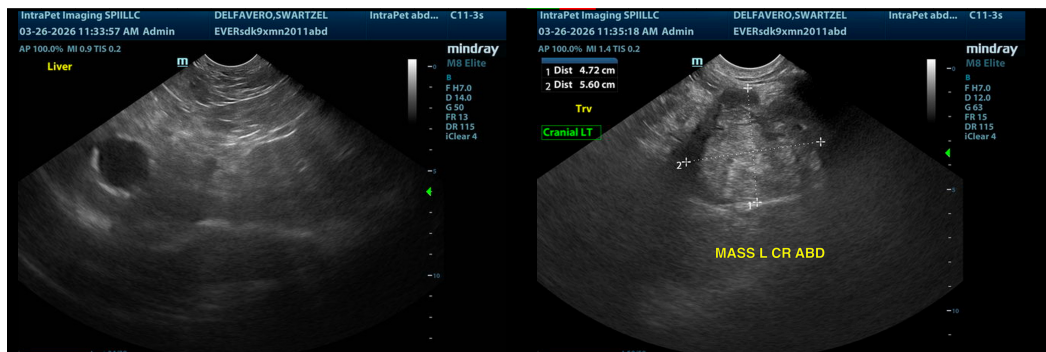
## **ULTRASONOGRAPHIC FINDINGS**

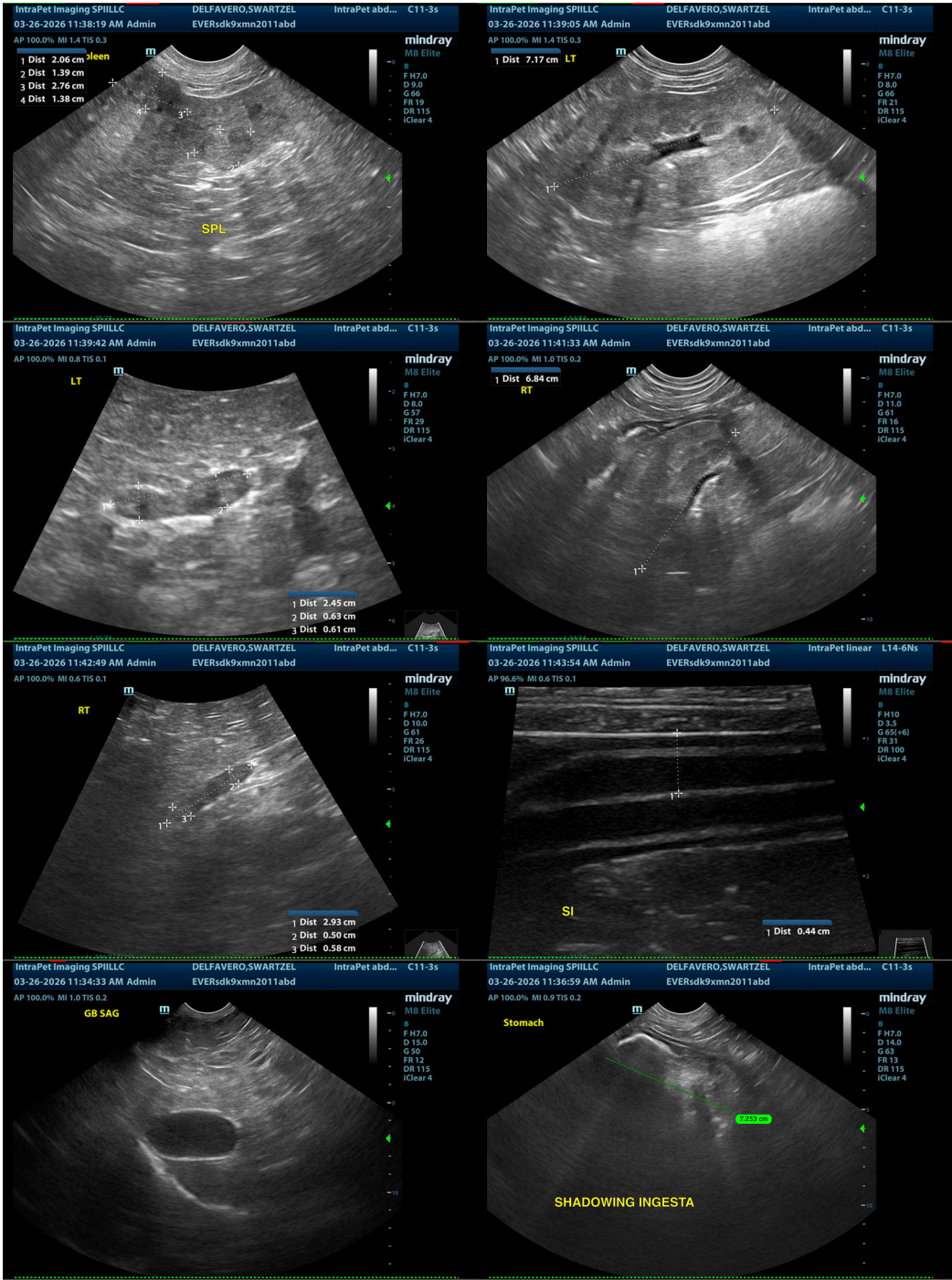
- Age related changes and pyelectasia noted associated with both kidneys. Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Mottled, irregular spleen with a mixed echogenicity mass effect(s). focal 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..)
- Heterogenous liver with a suspected irregular, mixed echogenicity mass effect. Findings are concerning for a possible neoplastic lesion, although a benign hepatic mass lesion such as an adenoma or similar cannot be ruled out. A vascular attachment to the liver is not clearly observed. An association with other cranial abdominal structures (body wall, etc.) cannot be ruled out.
- Moderate fluid/shadowing ingesta visualized within the gastric lumen. Correlate with the feeding history. If the patient was adequately fasted, consider the possibility of delayed gastric emptying. Less likely a partial outflow tract obstruction (none visualized.)

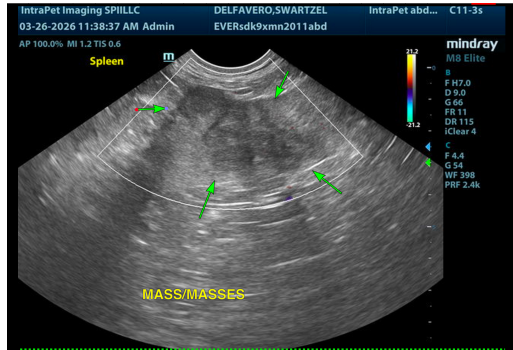
### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is diffusely mottled with a mixed echogenicity mass effect which deviates the splenic margins (this could be two adjoined mass effects.) Additionally, there is a mixed echogenicity, irregular cranial abdominal mass lesion which is suspected to be associated with the caudal aspect of the left lobe of the liver, although an association with other cranial abdominal structures cannot be ruled out. Recommend a fine needle aspirate of both lesions and ideally a contrast CT scan to further evaluate and to determine if surgical resection of the left cranial mass lesion could be considered at the same time as a splenectomy, and to evaluate for the possible presence of other subtle metastatic lesions.

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







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.

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