



## PATIENT

Cody Brooke

## SPECIES

Canine

## BREED

Australian Cattle Dog x

## SEX

Neutered Male

## AGE

14 Years

## WEIGHT

72 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jack Reese

## HOSPITAL NAME

Willow Run Veterinary  
Clinic

## REFERRING VET

Anna Leppien, DVM

## INVOICE

74499

## DATE

4/16/26

## PRESENTING CLINICAL SIGNS

Patient presented for second opinion evaluation of suspected abdominal mass. Radiographs suggestive of likely splenic mass - no evidence of metastasis on available thoracic radiographs. Patient exhibiting intermittent signs of pain at home - abdominal vs. orthopedic pain. Otherwise doing well - E/D normally.

Abnormal PE/Chem/CBC/UA Results: ALP 227 ALT 130 All other lab values WNL

## 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 (1.2 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 (7.19 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.

The right kidney has a normal shape and size (6.14 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 0.71 cm at the cranial pole and 0.56 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 1.75 cm at the cranial pole and 0.60 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. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic nodule visualized within the parenchyma near the hilus measuring 1.19 cm in diameter. Additionally, there is a large, hyperechoic, mixed echogenicity mass effect visualized measuring 5.83 cm x 4.2 cm.

### *Liver*

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear



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normal. There is a hyperechoic mass effect visualized ventral to the gallbladder measuring 2.88 cm x 4.62 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.

### ***Gastrointestinal***

The stomach contains mild/moderate fluid. 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. Jejunum wall measures 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.

## **ULTRASONOGRAPHIC FINDINGS**

- Hypoechoic nodule and mixed echogenicity hyperechoic mass effect visualized associated with the spleen – The lesions observed have a somewhat different appearance possibly consistent with two separate types of lesions. Both lesions could represent benign or neoplastic lesions (lymphoid nodule, hematoma, hemangioma, hemangiosarcoma, carcinoma, round cell neoplasia, other).
- Hyperechoic mass effect visualized in the liver – This has a somewhat benign appearance most consistent with an adenoma or primary carcinoma. Other differentials are possible.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Typically, a splenectomy would be pursued in this type of situation, both for therapeutic and diagnostic purposes. If a more conservative approach is desired, you could consider a fine needle aspirate of both lesions for cytologic evaluation.

Additionally, there is a hyperechoic lesion visualized within the liver. This could very well represent a non-related lesion, or less likely could represent a metastatic lesion. If a safe window for sampling is available, consider a fine needle aspirate. Otherwise, options would include a contrast CT scan to



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further evaluate all the lesions described for possible surgical planning, or you could consider splenectomy and biopsy of the liver lesion +/- removal if referred to a surgeon and this is the agreed upon plan.

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

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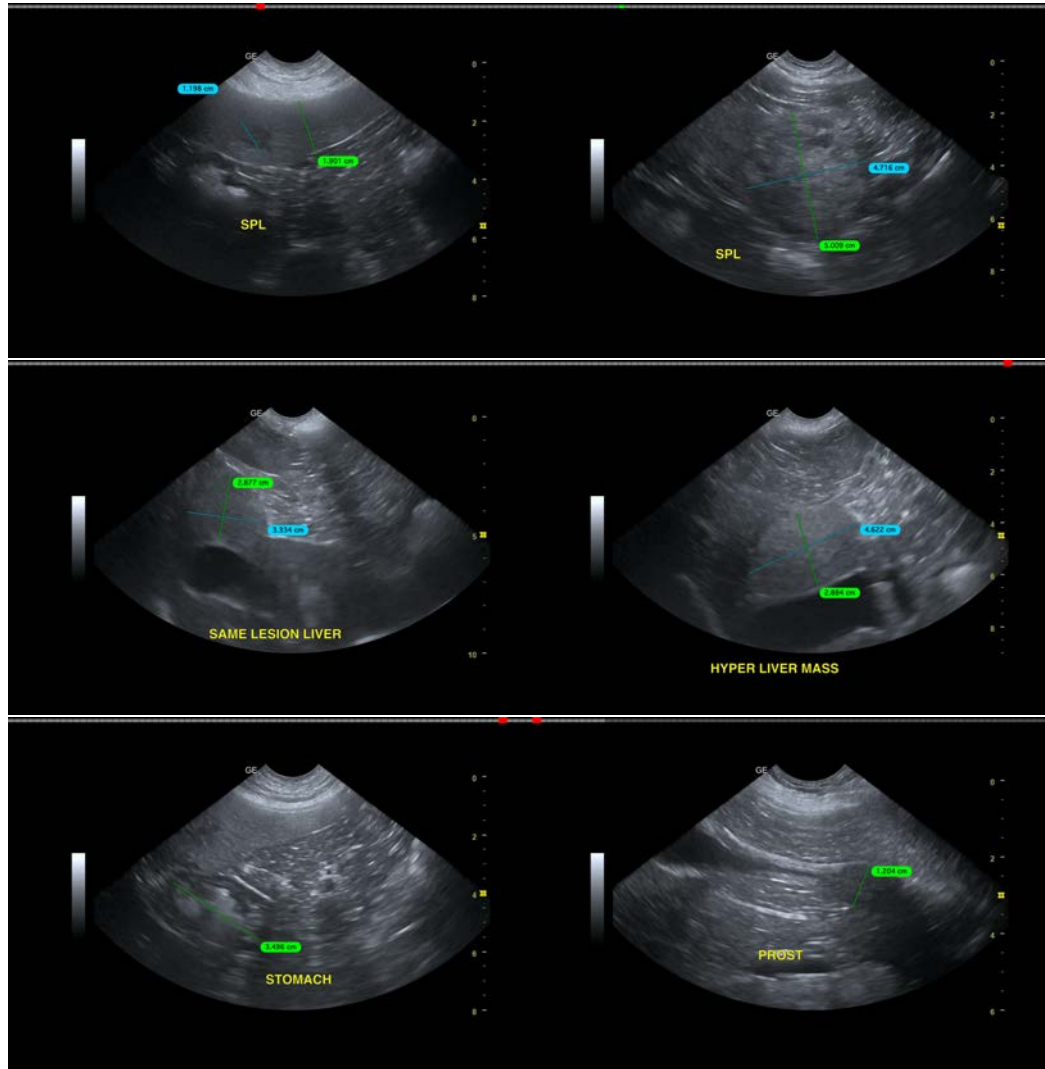
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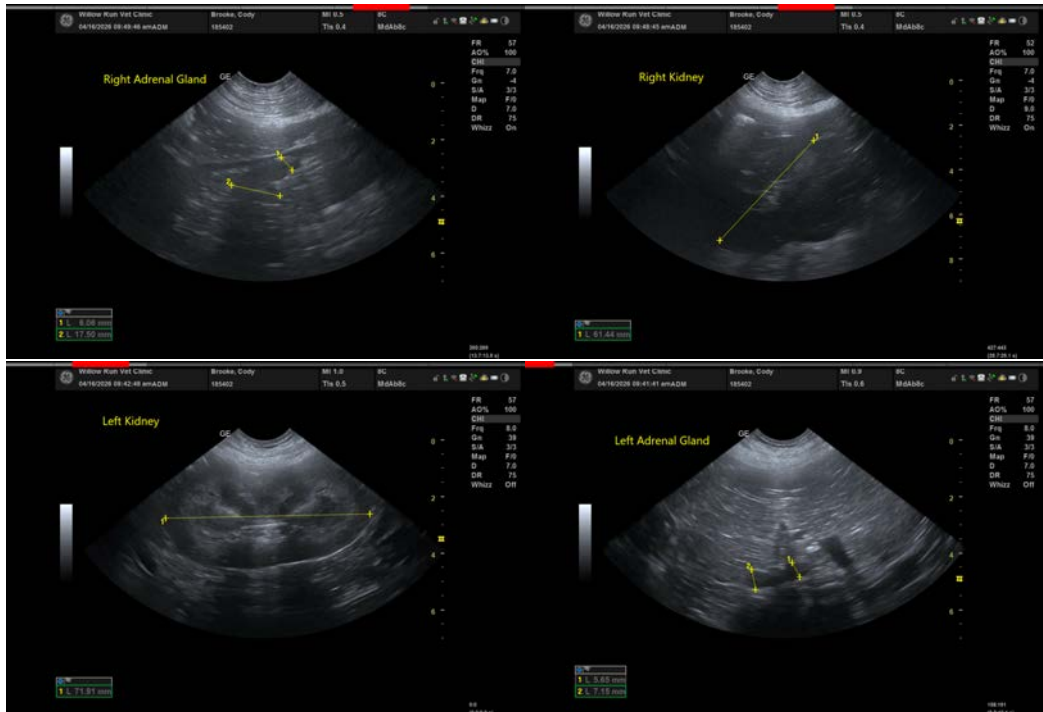
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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