



## PATIENT

Tessa Lisciandro

## SPECIES

Canine

## BREED

Havanese

## SEX

Spayed Female

## AGE

13 Years

## WEIGHT

15.4 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Danielle Shemanski,  
DVM, MA

## HOSPITAL NAME

Western New York  
Veterinary Services

## REFERRING VET

Wendy Kurtz, DVM

## INVOICE

74823

## DATE

4/29/26

## PRESENTING CLINICAL SIGNS

Lab work 4/16/26 at RDVM showed many nRBCs, mild leukopenia, chronic progressive mild increased liver enzymes. Ddx includes Cushing's, splenic diseases, leukemia, bone marrow diseases, and liver disease. Cardio report on 4/15/26 reports increased R wave amplitude. Tessa was scheduled for a dental procedure to have the rest of her teeth pulled, but pre-anesthetic blood work was concerning to her primary veterinarian. The owner reports the white blood cells were a little low and there was some liver enzyme elevation. They were concerned about Cushing's or a bone marrow issue. The owner notes that blood work had changed from a test run a month or two prior. Appetite is good. No vomiting. The owner reports Tessa has horrible teeth. They have been hesitant to put her under anesthesia again because she has trouble coming out of it, and it is expected to be a long procedure for the remaining canine teeth. However, the teeth have progressed enough and they decided to proceed. She is not losing weight. She has been better since her food has been measured out more consistently. She was on antibiotics but just finished them. The dental procedure is now scheduled for the end of May.  
CLINICAL SIGNS: None MEDICATIONS: None

Abnormal PE/Chem/CBC/UA Results: April 16, 2026 Blood Chem ALP: 912 U/L HIGH ALT: 258 U/L HIGH Anion Gap: 27 mmol/L HIGH AST: 56 U/L HIGH CBC: Platelets: 437 K/μL HIGH WBC: 5.4 K/μL LOW Nucleated RBCs: 11 per 100 WBC HIGH January 6, 2026 Blood chem ALP: 644 U/L HIGH1 ALT: 174 U/L HIGH CBC Platelets: 534 K/μL HIGH Monocytes: 0.877 K/μL HIGH Lymphocytes: 0.845 K/μL LOW PT, PTT both within normal range.

## 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 left kidney has a normal shape and size (4.42 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (4.44 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 borderline "plump" measuring 0.56 cm at the cranial pole and 0.77 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" measuring 0.75 cm at the cranial pole and 0.69 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.



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## Spleen

The spleen is normal in size (1.16 cm in width at the level of the hilus) and shape and slightly mottled. The blood flow through the hilus and splenic parenchyma appears normal. There are subtle hyperechoic mottled areas visualized within the parenchyma.

## Liver

The liver is large in size and rounded. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are ill-defined hypoechoic nodules visualized throughout the parenchyma. On some views there is some more focal rounding, most consistent with rounded liver lobe, but a very subtle isoechoic mass effect cannot be ruled out. This area measures 3.85 cm in diameter.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

## Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.39 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 0.29 cm. Jejunum wall measures 0.31 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 compared to the surrounding isoechoic 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.

## PRIMARY FINDINGS

- Borderline "plump" adrenal glands – Findings could be consistent with anatomic variation, early hyperplasia, etc.
- Mildly mottled spleen with some ill-defined hyperechoic regions – 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.



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- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Large, heterogeneous, rounded liver with ill-defined hypoechoic nodules and a rounded isoechoic "mass effect" – 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. The nodules observed trend toward a more benign process but underlying neoplasia cannot be ruled out. The rounded mass effect has an appearance most consistent with a rounded liver lobe. An isoechoic mass effect cannot be ruled out. Recommend continued monitoring.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

## SECONDARY FINDINGS

- Age related changes visualized associated with both kidneys.

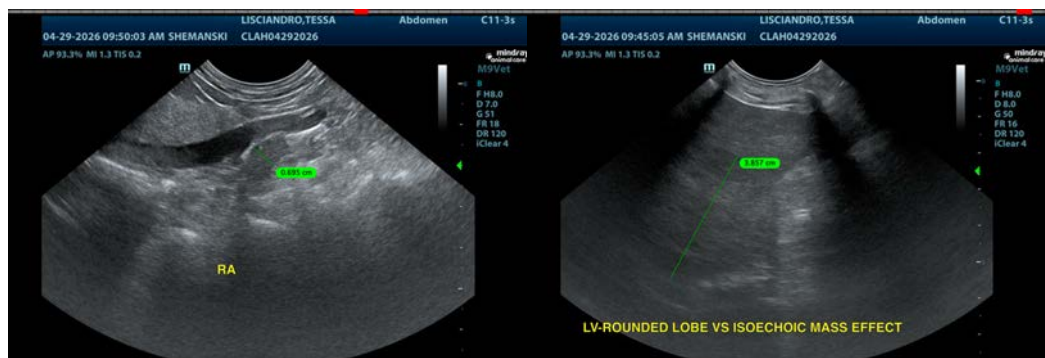
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large, heterogeneous and rounded with ill-defined hypoechoic nodules. This is a non-specific finding, potentially consistent with a vacuolar hepatopathy or similar. The hypoechoic nodules generally have a somewhat benign appearance. The isoechoic rounded region is most consistent with a large, rounded liver, although a poorly defined mass effect cannot be ruled out. Recommend a fine needle aspirate of the liver for cytologic evaluation (provided coagulation parameters are normal), as well as pre- and post-prandial bile acids to assess liver function.

Both adrenals appear somewhat "plump". The significance of this is uncertain. If symptoms consistent with Cushing's are present, you could consider adrenal function testing to further assess.

The spleen appears slightly mottled with some ill-defined hyperechoic regions. This has the appearance most consistent with a benign process, although given the nucleated red blood cells noted, etc., a fine needle aspirate of the spleen should be considered.

Recommend pathologist review of a blood smear to further evaluate the nucleated red blood cells present.





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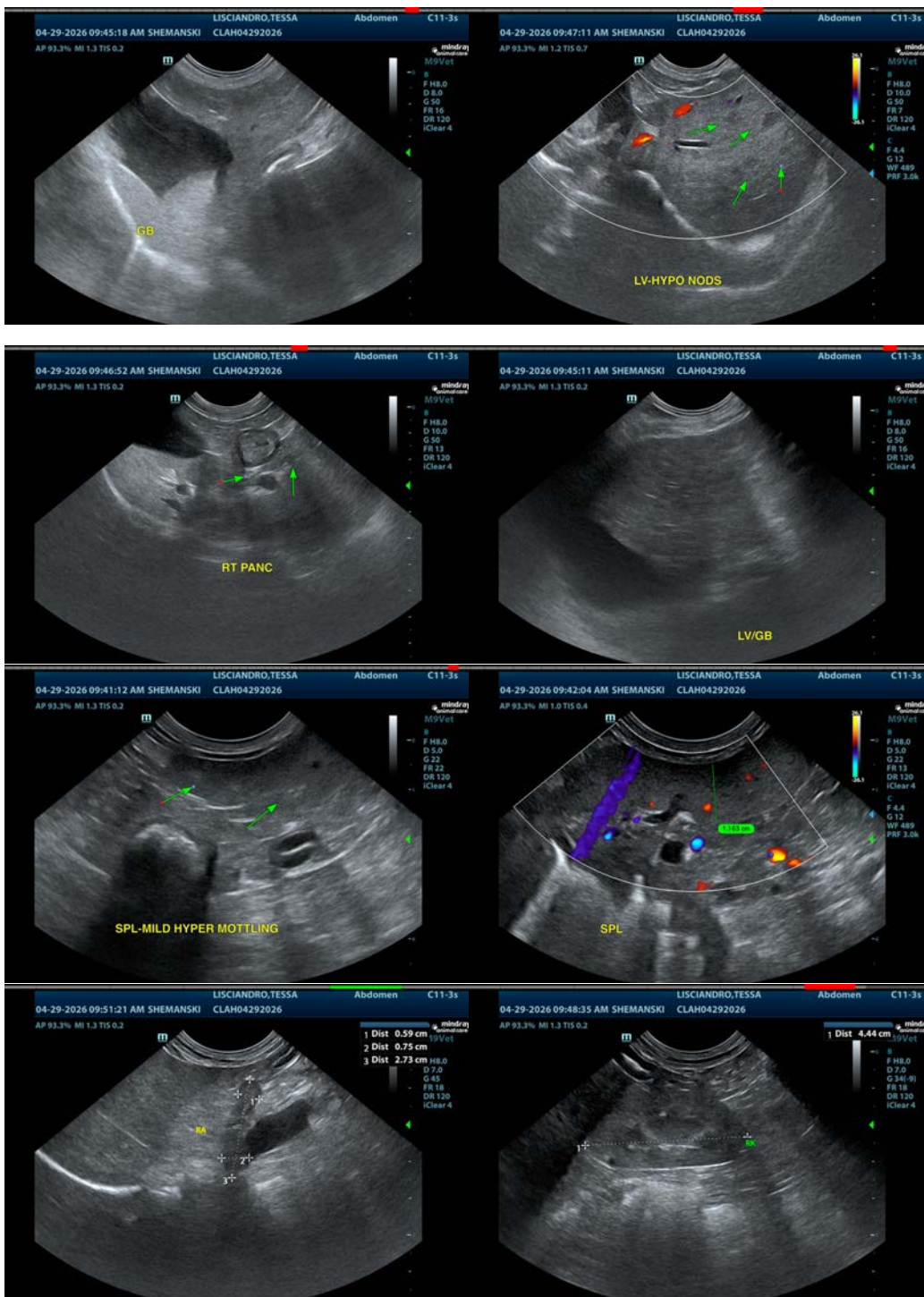
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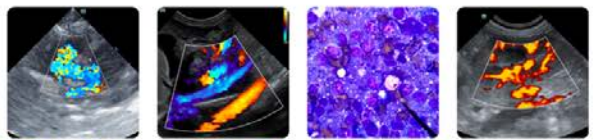
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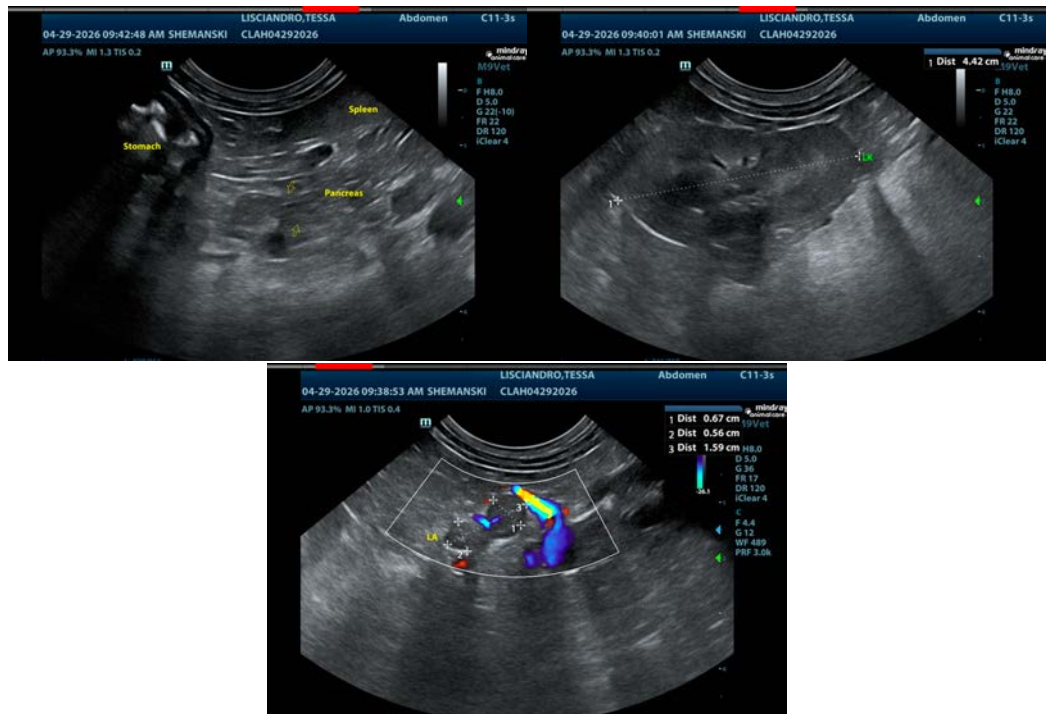
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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