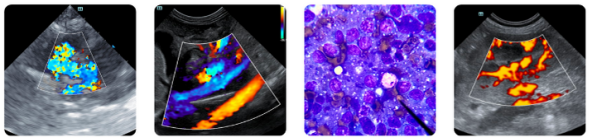


PATIENT

Xena Pierce

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

7 years

WEIGHT

45.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Danielle Shemanski

HOSPITAL NAME

Western New York Veterinary Services

REFERRING VET

Dr. Jessica Demers

INVOICE

11941

DATE

5/13/2026

PRESENTING CLINICAL SIGNS

Pet seems to be in a lot of pain, will only eat when she is on Gabapentin, and has lost weight. Radiographs and an AFAST were performed and showed many abnormalities. History: Xena, developed vomiting, anorexia, and 4 lbs weight loss starting April 18th after a lake trip. An abdominal tumor was subsequently discovered. The owner notes significant discomfort when Xena is off medication, including signs of mouth pain and difficulty eating anything but soft food. She has a history of ingesting sticks, which are often seen in her stool. Other observed signs include lethargy, irregular bowel movements, occasional head warmth, and nasal discharge.
CLINICAL SIGNS: Painful, weight loss, decreased appetite, vomiting, lethargy.

MEDICATIONS: Cerenia 24 mg, Entyce 30 mg/ml, Gabapentin, *Was given 0.45 mL butorphanol IV for the procedure.

Abnormal PE/Chem/CBC/UA Results: Radiographs taken May 6, 2026 (3-view thoracic and 3-view abdomen): - Very large mid-cranial ventral abdominal mass - Dorsally and cranially displaced intestines - Ill-defined, thoracic, several miliary nodules - Heart size and shape: NSF - No obvious tumors or lymph node enlargement AFAST performed on May 6, 2026: - Two suspected discrete abdominal masses - Large cystic structures, mostly well-defined - Liver and gallbladder: NSF - No obvious free fluid Blood work (CBC and chem panel) from April 29, 2026, were within normal limits.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly thickened (particularly in the apical region) measuring at 0.62 cm with slightly irregular mucosal surface. The trigone, ureteral papillae and visible urethra appear free of any mass, lesions, or calculi.

The left kidney has a normal shape and size (5.8 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.

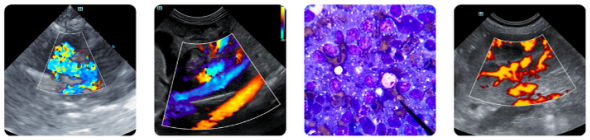
The right kidney has a normal shape and size (6.99 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.42 cm at the cranial pole and 0.52 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 0.78 cm at the cranial pole and 0.66 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



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The spleen is subjectively normal in size (1.95 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is normal in size, and is subjectively mildly hyperechoic. 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. The gallbladder appears somewhat folded/possibly septate.

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.

Most of 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 (0.52 cm in wall thickness) and the jejunum measured as normal (0.36 cm.) Visualized peristalsis appears appropriate. There is a large abdominal mass suspected to be of GI origin described under other.

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. There is no significant lymphadenopathy. The omentum is mildly hyperechoic.

Other

There is a very large (greater than 10.34 cm x 10.4 cm) mixed echogenicity, possibly mildly mineralized/partially cystic mass effect in the mid abdomen. This has the appearance to be associated with the bowel and appears to have a gas filled area toward the center, most consistent with lumen. An intestinal mass is suspected but cannot be definitively confirmed. Additionally, there is a complex cystic lesion visualized measuring 4.92 cm in diameter. Possibly associated with the omentum, a lymph node, or an unseen association with the bowel.

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.

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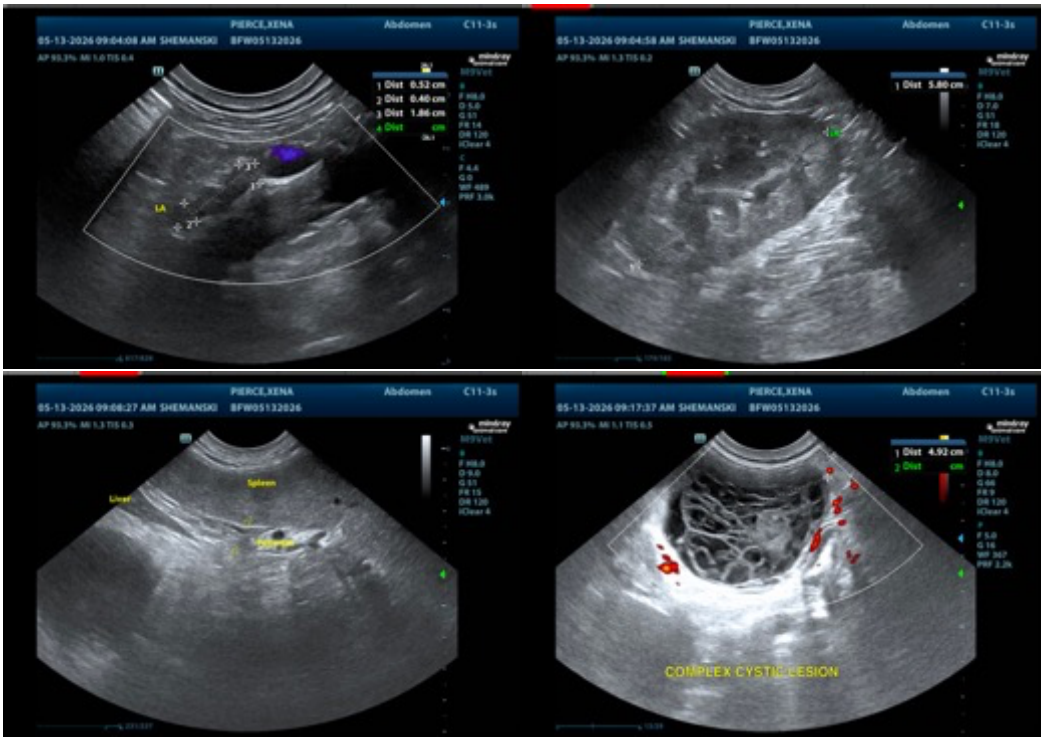
ULTRASONOGRAPHIC FINDINGS

- Mildly thickened/irregular urinary bladder wall. The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Mildly hyperechoic/heterogenous liver. 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.
- Very large, mixed echogenicity, complex cystic, possibly mineralized mid-abdominal mass effect. This is suspected to be intestinal in origin.
- Complex cystic mass effect in the mid cranial abdomen. This is thought to be potentially omental in nature, although an association with the small intestine or similar cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There's a very large complex, partially cystic, possibly mildly mineralized? Mass effect in the mid abdomen. There's a suspected association with the bowel, but the large size and shadowing nature of this structure precludes definitive confirmation. Aspirates of this mass lesion and the maller complex cystic lesion were obtained during the study. Ideally, consider a contrast CT scan to confirm the origins of this mass lesion prior to surgery and/or referral to a veterinary surgeon for explore/surgery.

The bladder wall appears mildly thickened and irregular. Correlate with a urinalysis +/- culture results.



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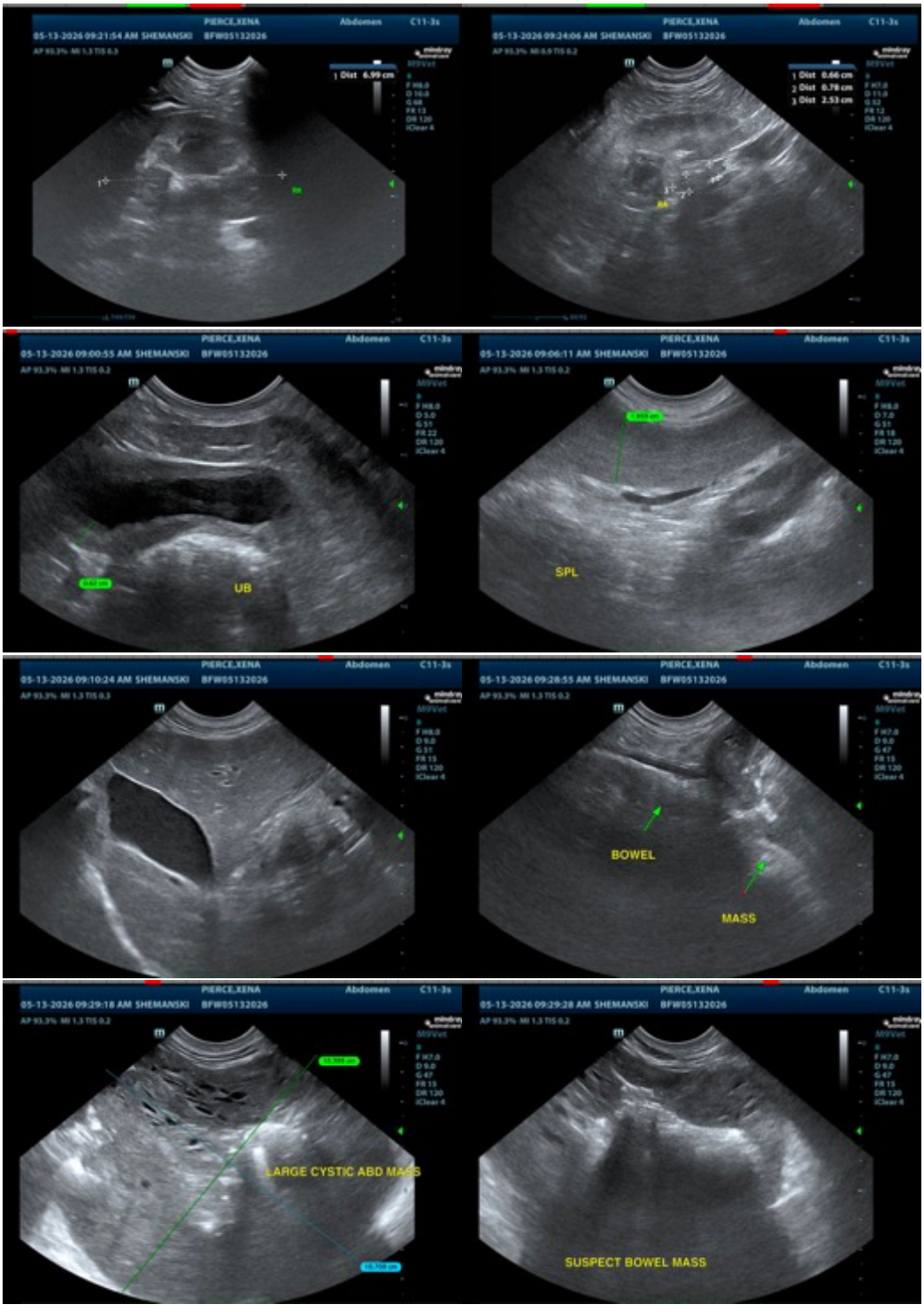

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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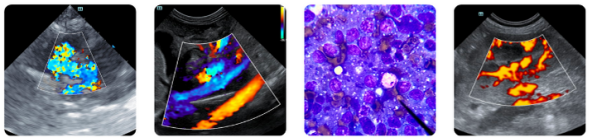

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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

info@sonopath.com