



PATIENT

Ollie Rosado

SPECIES

Canine

BREED

Weimaraner

SEX

Neutered Male

AGE

10 Years

WEIGHT

55.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Patricia Bello

INVOICE

74956

DATE

5/5/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to an hepatic mass being visualized in radiographs. Px originally visited rDVM due to vomiting and diarrhea, Mx was given, but owner reports that symptoms persist nonetheless. Mx given were the following: cerenia, metronidazole, ursodiol, propectalin. Radiographs were performed and a large space-occupying lesion is seen in the right cranial abdomen. Sample of a mesenteric lymph node and a spleen nodule was collected via FNA, results are currently pending.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiographs 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 (1.3 cm x 1.21 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 (6.58 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 (7.22 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 0.87 cm at the cranial pole and 0.78 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 0.84 cm at the cranial pole and 0.77 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 (5.5 cm in width at the level of the hilus), irregular, and significantly mottled. The blood flow through the hilus and splenic parenchyma appears normal. There are too numerous to count ill-defined hypoechoic nodules visualized within the parenchyma. Examples measure 0.77 cm and 1.49 cm.



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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. 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. The gastric wall appears somewhat thickened and prominent in some areas with mildly reduced detail of wall layering measuring at 0.48 cm. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Duodenum wall measures 0.69 cm. Jejunum wall measures 0.43 cm. Visualized peristalsis appears appropriate. There is a focal section of small intestine/jejunum with progressive thickening and loss of layering, culminating in a focal bowel mass lesion, measuring 4.82 cm x 3.65 cm with complete loss of layering.

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 right limb of the pancreas is prominent and hypoechoic as 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

There is a small amount of free fluid. There is a significant diffuse lymphadenopathy with large, hypoechoic, rounded mesenteric lymph nodes. An example measures 1.89 cm x 4.25 cm. The right iliac lymph node measures 0.72 cm x 1.59 cm. The omentum is diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular, mottled spleen with numerous ill-defined hypoechoic nodules – 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.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Large, rounded, 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.



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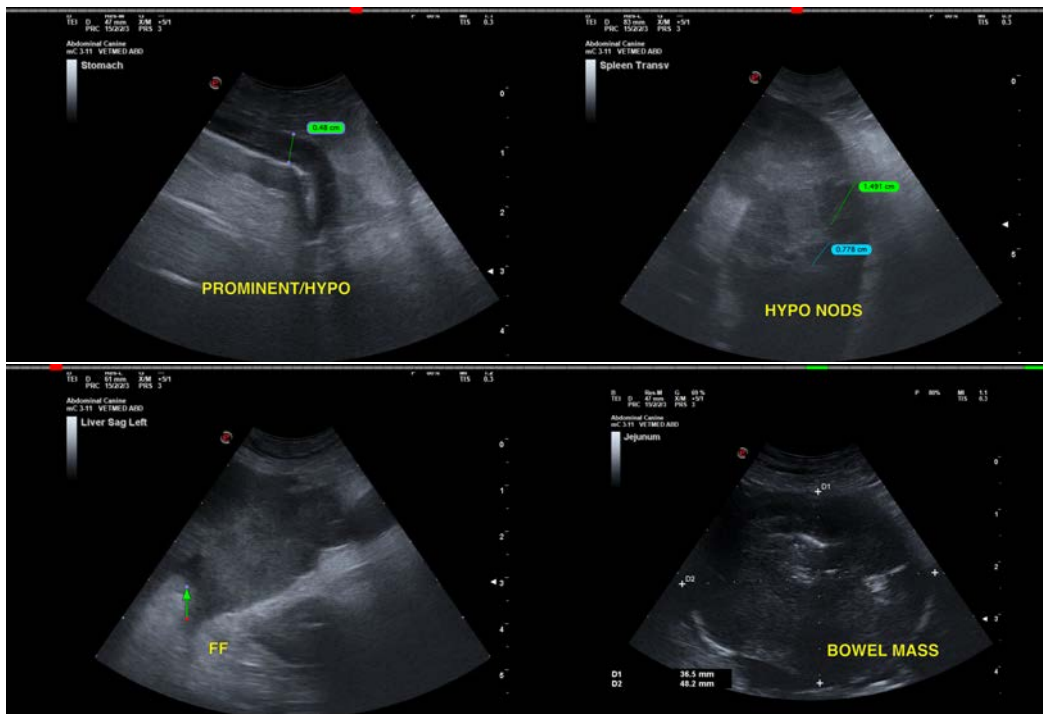
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- Prominent/thickened hypoechoic gastric wall – Findings are concerning for gastritis or infiltrative neoplasia.
- Focal bowel mass with complete loss of layering – Findings are concerning for infiltrative neoplasia. A benign lesion is possible.
- Diffuse moderate/severe mesenteric lymphadenopathy – Findings are concerning for metastatic neoplasia. Highly reactive lymph nodes are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The combination of the severely enlarged, mottled, nodular spleen, the large, rounded, heterogeneous liver, the lymphadenopathy, and the focal bowel mass are concerning for multicentric round cell neoplasia. Alternately, you could have concurrent separate issues. Recommend a fine needle aspirate of the spleen, bowel mass, and a mesenteric lymph node for cytologic evaluation (I believe this was done during today's exam). If a diagnosis can be obtained, recommend consultation with a veterinary oncologist regarding best treatment options and prognosis.

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





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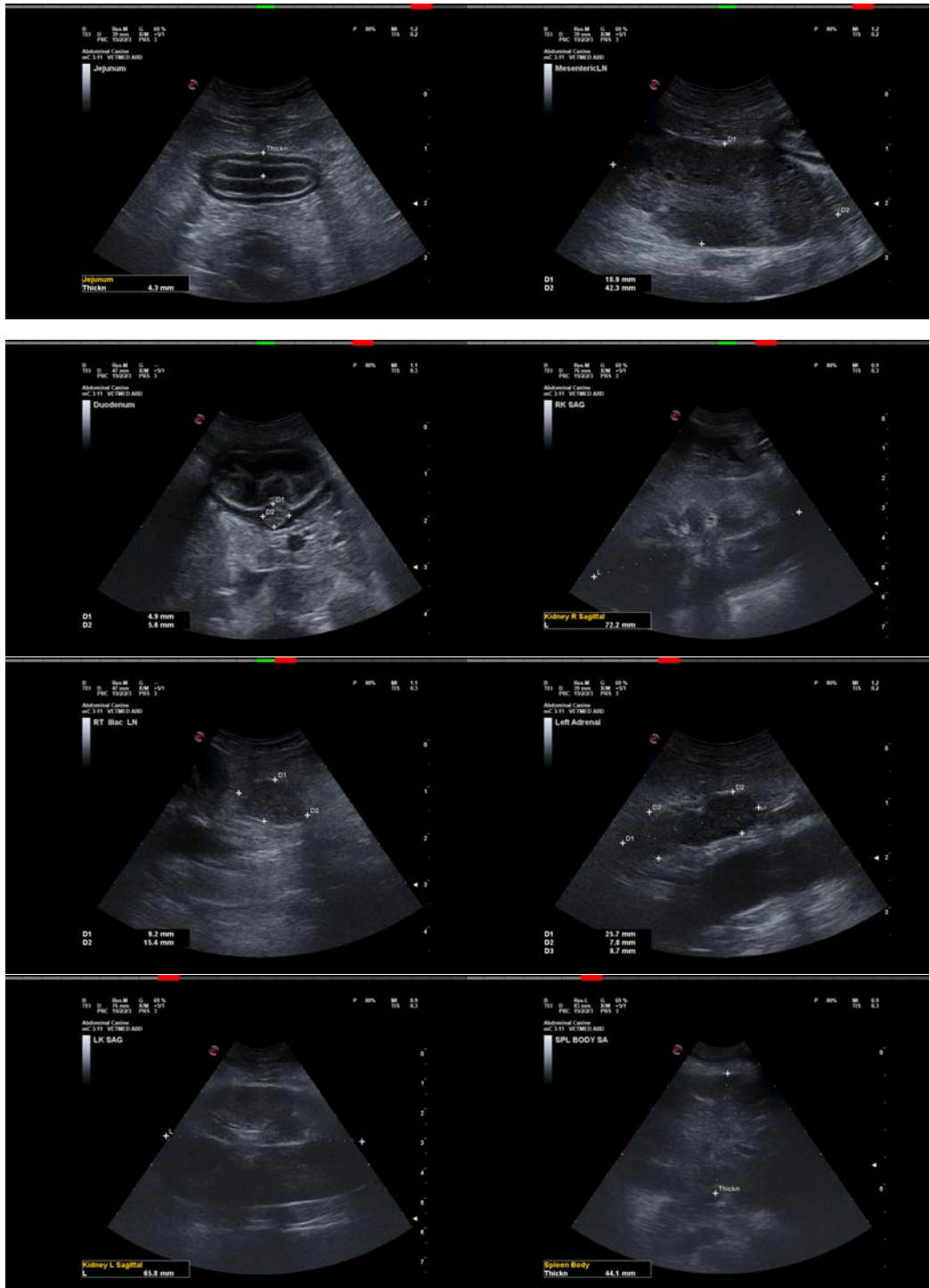
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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