



**PATIENT**

Earl Gerena

**PRESENTING CLINICAL SIGNS**

Abdominal mass. No current meds.  
Abnormal PE/Chem/CBC/UA Results: Anemia - regenerative. HCT 32.8.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Beagle

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.

**SEX**

Neutered Male

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

**AGE**

15 Years

The left kidney has a normal shape and size (3.95 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Very questionable right kidney visualized measuring 7.5 cm. Visualization was obscured by mass effect. I cannot exclude the possibility of renal origin.

**WEIGHT**

29 Pounds

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.58 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.

Visualization of the right adrenal gland is obscured by the large cranial abdominal mass.

**INTERPRETED BY**

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

**Spleen**

The splenic body itself is subjectively normal in size. The echotexture is heterogeneous and mottled. The splenic capsule is largely smooth, but there is a very large mixed echogenic cystic mass effect in the cranial abdomen measuring in excess of 15 x 16 cm, which is adjacent to the body of the spleen. Splenic tissue appears somewhat irregular in that area, but a definitive connection is not visualized. Suspect that mass is of either splenic or renal origin.

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

North Jersey AH

**Liver**

The liver is subjectively normal in size, and 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 is a large 4.86 cm x 6.98 cm isoechoic cystic mass evident in the liver. There is a very large cystic cranial abdominal mass that I suspect to be of either splenic or renal origin, but hepatic origin cannot be excluded as a possibility.

**REFERRING VET**

Dr. Mark Reidel

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

**INVOICE**

24821

**Gastrointestinal**

**DATE**

8/19/21



## PATIENT

Earl Gerena

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.

## SPECIES

Canine

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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.)

## BREED

Beagle

Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

## SEX

Neutered Male

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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

Visualization of the pancreas is obscured by the very large cranial abdominal mass.

## AGE

15 Years

### Free Abdomen

Evaluation of the peritoneal cavity revealed scant anechoic free fluid. No lymphadenomegaly visualized. 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.

## WEIGHT

29 Pounds

## ULTRASONOGRAPHIC FINDINGS

- Very large mixed echogenic cystic mass in the cranial abdomen – suspect it is splenic in origin, but cannot rule out the possibility of originating from the right kidney or less likely liver.
- Heterogeneous liver with large isoechoic, partially cystic mass – this could represent a primary hepatic mass, or less likely metastasis from the large cranial abdominal mass.

## INTERPRETED BY

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

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cranial abdominal mass is so large, it is difficult to determine its origin, as it is coming in contact with or obscuring visualization of many of the abdominal organs. Splenic origin seems most likely, but I cannot exclude the possibility of it arising from the right kidney or the liver. Options moving forward include exploratory surgery by a board certified veterinary surgeon to evaluate for possible mass removal or biopsy if non-resectable, or preoperative CT scan with fine needle aspirate to obtain further information prior to considering surgery. Recommend 3-view thoracic radiographs.

## IMAGING PERFORMED BY

Kelly Vazquez

## HOSPITAL NAME

North Jersey AH

## REFERRING VET

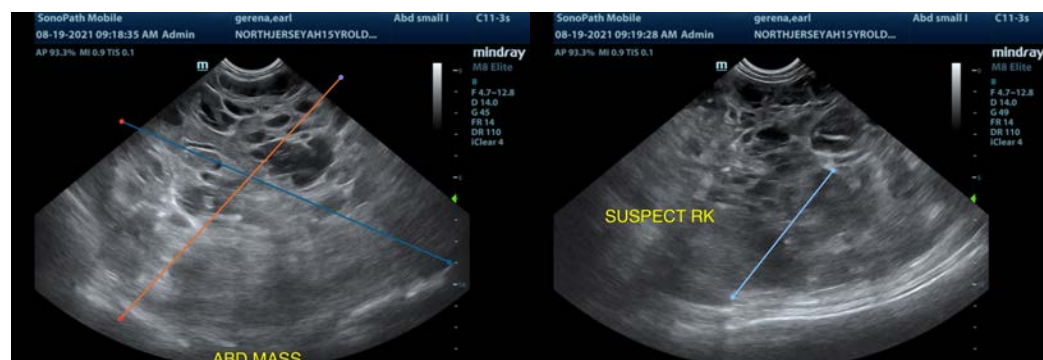
Dr. Mark Reidel

## INVOICE

24821

## DATE

8/19/21





**PATIENT**

Earl Gerena

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

29 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

North Jersey AH

**REFERRING VET**

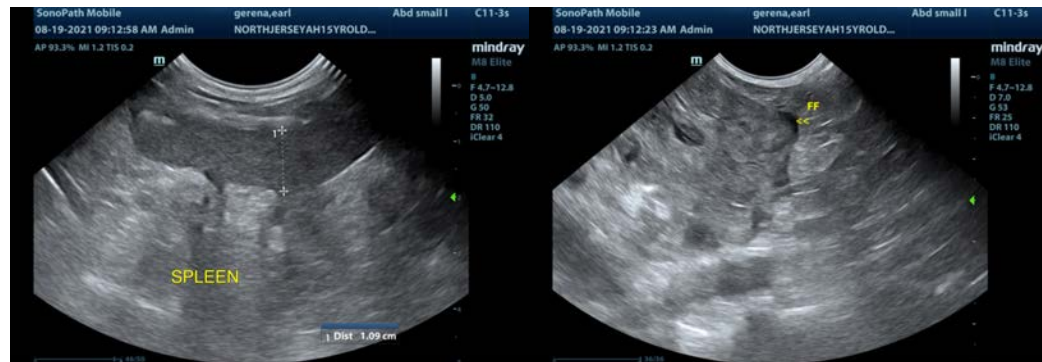
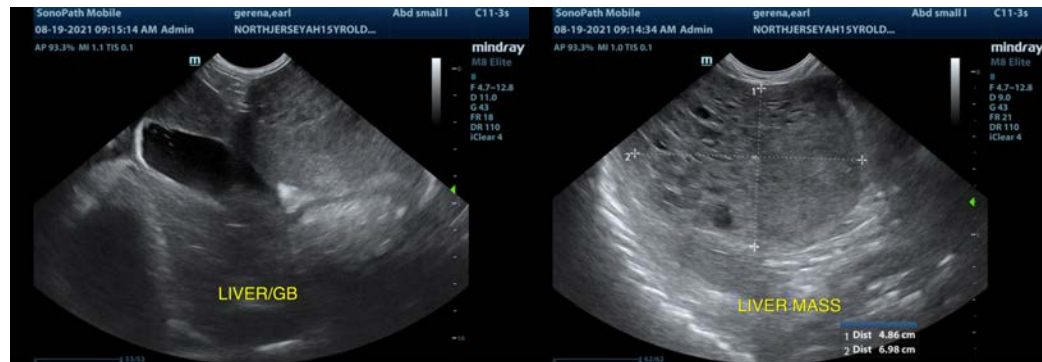
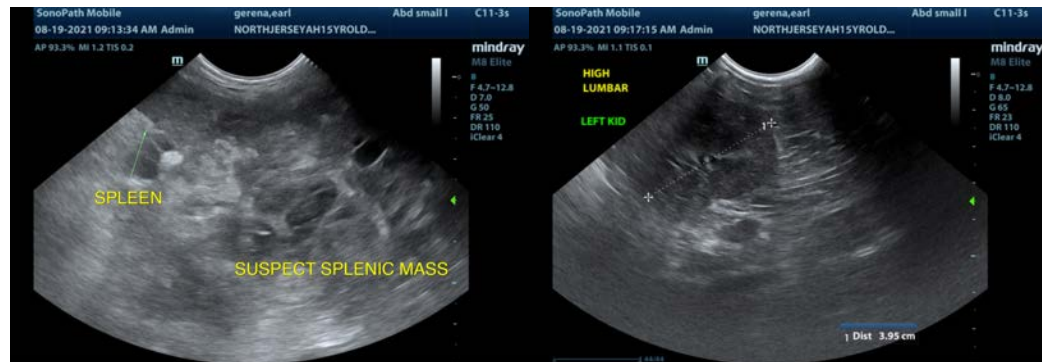
Dr. Mark Reidel

**INVOICE**

24821

**DATE**

8/19/21





**PATIENT**

Earl Gerena

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

**SPECIES**

Canine

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.

**BREED**

Beagle

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)  
kathleen.sennello@sonopath.com

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

29 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

North Jersey AH

**REFERRING VET**

Dr. Mark Reidel

**INVOICE**

24821

**DATE**

8/19/21