

PATIENT

Henry Sommatino

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

MN

AGE

17 years

WEIGHT

2.3 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Roundhill Animal
Hospital

REFERRING VET

Dr. Carl Kelly

INVOICE

11230

DATE

2/2/2026

PRESENTING CLINICAL SIGNS

- *Echo done standing
- Double cavity. New heart murmur 3/6 developed on 1-28-2026, never detected prior to this despite being checked in hospital during IV fluid TX. Has been receiving IV fluid therapy Monday through Thursday in the hospital since 1-22-26, owner gives SQ fluids other days to assist kidneys. IV TX typically includes 50% dextrose, b-vitamins, metronidazole, unasyn, enrofloxacin, cerenia and famotidine in small amount of LRS.
- Was given 30cc whole blood last week due to low PCV (26)
- Radiographs showed increased diffuse lung density of cranial-ventral lung fields (1-20-26). Pulmonary edema not seen on rads.
- E-mailed recent bloodwork.

Abnormal PE/Chem/CBC/UA Results: LABS attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture, and echogenicity for a neutered male.

Kidneys are bilaterally small in size, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is mild pyelectasia bilaterally. There is no mineral observed. Left kidney measures 2.94 cm. Right kidney measures 2.94 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.48 cm at caudal pole) (the cranial pole is difficult to fully visualize in these images), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.37 cm at cranial pole and 0.49 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mottled by multifocal discrete hypoechoic nodules of varying sizes "moth-eaten". Visible vasculature and biliary tree appear normal without distension or congestion.



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Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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The visible small intestine demonstrates areas of mild/emerging thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

There is a trace amount of free fluid noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

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ULTRASONOGRAPHIC FINDINGS

- The nodular liver is concerning for an infiltrative process such as round cell neoplasia versus metastatic neoplasia versus other. Having said that, a benign process such as marked nodular hyperplasia even steroid or vacuolar hepatopathy, extramedullary hematopoiesis, chronic inflammatory disease, etc., cannot be ruled out without tissue sampling.
- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Mild/emerging inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling. This finding is likely in part normal patient variant in a senior.

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- Trace free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.

- Moderate chronic kidney disease changes with mild pyelectasia noted bilaterally.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

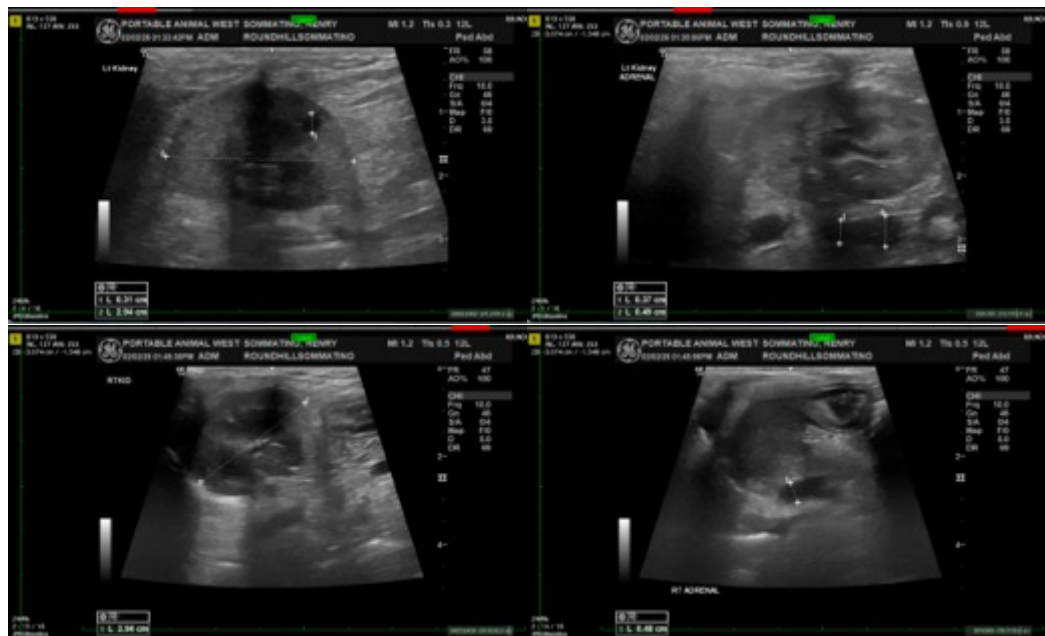
Fine needle aspirates of the liver are recommended if patient's coagulation status is appropriate.

If a diagnosis is not made, comprehensive infectious disease evaluation including testing for leptospirosis could be considered.

Bile acids could be considered if patient's total bilirubin is not increased.

A blood pressure is recommended.

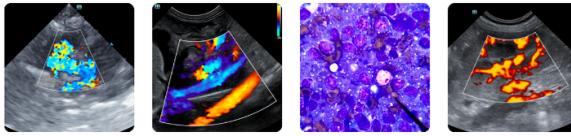
Other than supportive/symptomatic medical management of clinical signs, further diagnostic and treatment recommendations are largely dependent on results of the above.



Imaging performed by



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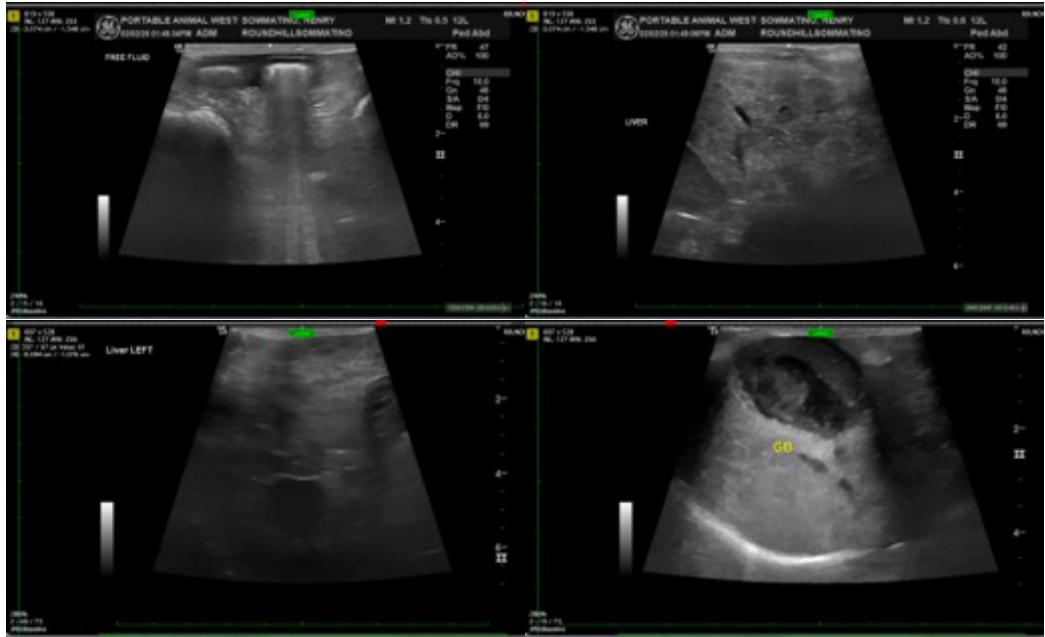
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
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