



PATIENT

Koko Pollins

SPECIES

Canine

BREED

Mini Poodle

SEX

Neutered Male

AGE

17 Years

WEIGHT

6.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Kolttek, RVT

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Dorval

INVOICE

72338

DATE

1/21/26

PRESENTING CLINICAL SIGNS

Needs an eye enucleation, pre-op bloodwork revealed anemia. Looking for possible cause.

Abnormal PE/Chem/CBC/UA Results: CBC: RBC 5.39 (5.65 - 8.87 x10¹²/L) HCT 0.322 (0.373 - 0.617 L/L) HGB 117 (131 - 205 g/L) MCV 59.7 (61.6 - 73.5 fL) Mono 1.15 (0.16 - 1.12 x10⁹/L) Platelets 634 (148 - 484 x10⁹/L) PDW 8.0 (9.1 - 19.4 fL) Plateletcrit 0.65 (0.14 - 0.46 %) CHEM: BUN 9.6 (2.5 - 9.6 mmol/L) Abdominal radiographs: liver appears enlarged

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 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.

The left kidney has a normal shape and size (4.25 cm) with a shadowing cortical mineralization measuring 0.34 cm and mild pyelectasia at 0.31 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 infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.81 cm) with mild pyelectasia at 0.24 cm. Overall echogenicity is slightly hyperechoic with poor 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.66 cm at the cranial pole and 0.68 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 not clearly visualized.

Spleen

The spleen is subjectively normal in size (1.2 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. There are numerous variably sized, ill-defined hypoechoic nodules in the parenchyma. Examples measure 1.37 cm x 1.48 cm, 0.98 cm x 0.46 cm (mixed nodule near the gallbladder), 0.95 cm x 1.5 cm, and 0.61 cm.



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The gall bladder lumen is moderately distended. here is a moderate amount of non-organized echogenic debris. The gallbladder wall appears mildly thickened and hyperechoic, measuring at 0.31 cm with adhered debris and a small focal intraluminal mineralization most consistent with a cholelith measuring 0.63 cm. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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.

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 0.40 cm. Jejunum wall measures 0.33 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 visible/mildly mottled in the right limb. 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.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys as well as bilateral pyelectasia – Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Large, hyperechoic liver with ill-defined hypoechoic nodules – The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy. The hypoechoic nodules generally have somewhat of a benign appearance, possibly consistent with regenerative nodules. Neoplastic lesions cannot be ruled out.
- Moderate gallbladder debris with mildly thickened gallbladder wall with adhered debris and small cholelith – A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

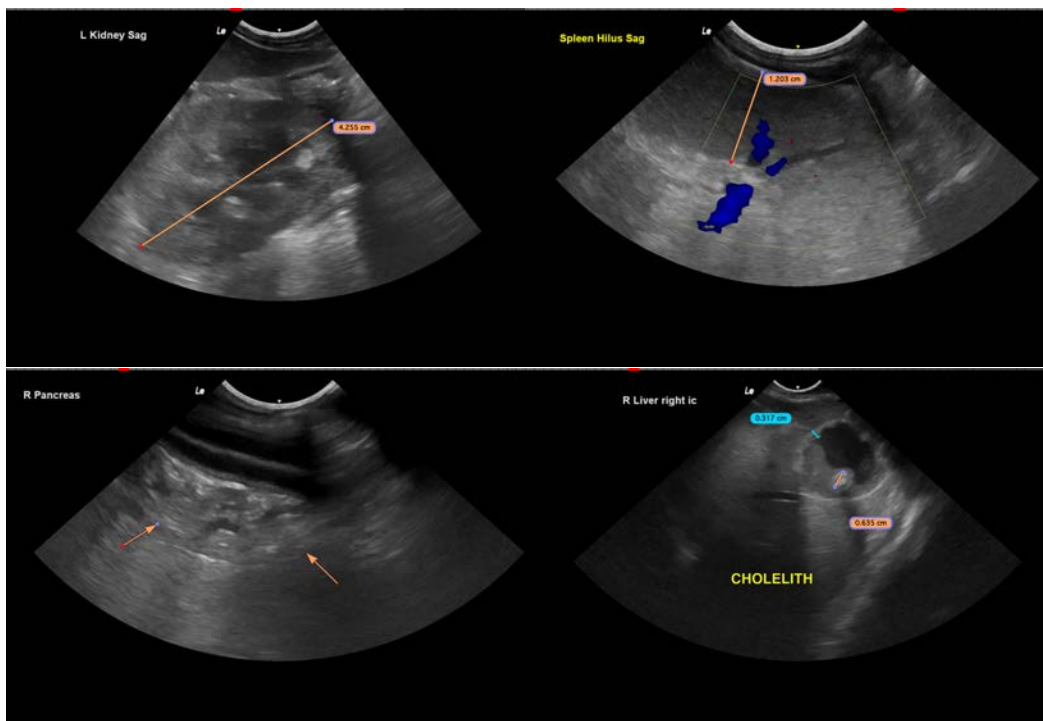
The liver appears subjectively large and hyperechoic with numerous irregular, ill-defined hypoechoic nodules. The significance of this finding in the absence of liver enzyme elevations is uncertain.

Generally, this appearance would be consistent with a vacuolar hepatopathy and regenerative nodules or similar, but a primary hepatopathy or neoplastic process cannot be ruled out. If there is concern, you could consider a fine needle aspirate.

There is a large amount of debris visualized in the gallbladder, and some of the debris appears adhered to the gallbladder wall. Consider starting chronic Ursodiol therapy and continued monitoring of the gallbladder for progression to a mature mucocele.

The renal changes are consistent with age related renal disease. Consider a urinalysis, culture and blood pressure as a baseline.

Correlate with the severity of the ocular disease, as a chronic inflammatory condition could cause an anemia of chronic disease. Recommend pathologist review of a blood smear and reticulocyte count.





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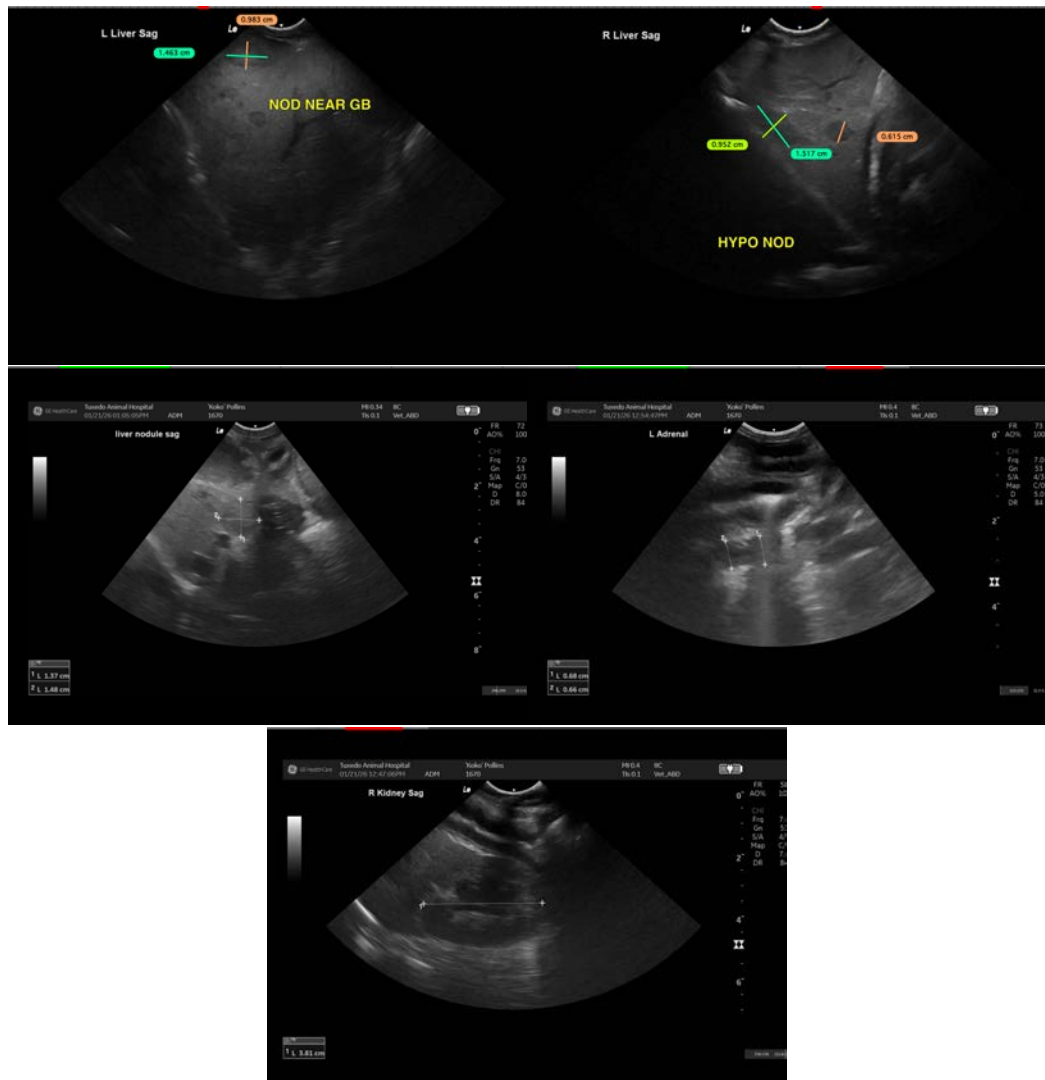
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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