



PATIENT

Bella Terry

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

8 Years 3 Months

WEIGHT

52.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Nothside Animal
Hospital

REFERRING VET

Dr. Kanaskie

INVOICE

72375

DATE

1/22/26

PRESENTING CLINICAL SIGNS

BCS 7/9. Recently hospitalized for septic abd. from ruptured liver mass.

Sx for liver lobectomy; Splenectomy and cholecystectomy at referral in Dec. 2025. Repeat rads/labs revealed even more elevated liver values. Post-op rads still indicate a potential spleen present in abd.

Lab Abnormalities: Elevated liver enzymes, PSL, Cholesterol.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is significantly distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (7.6 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (8.57 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is "plump", measuring 0.64 cm at the cranial pole and 0.79 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 large and irregular in shape, measuring 1.51 cm at the cranial pole and 0.84 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 abnormal in that there is a hyperechoic nodule in the cranial pole measuring 1.51 cm x 2.2 cm. No evidence of vascular invasion is visualized.

Spleen

The spleen is surgically absent.

Liver

The liver is large in size and irregular in shape. 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 hypoechoic nodule visualized in the left side of the liver measuring 2.18 cm x 2.46 cm. Additionally, there is a larger mixed echogenicity hypoechoic nodule visualized in the right side of the liver measuring 3.01 cm x 1.99 cm, in the region where the gallbladder previously was.



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The gall bladder is surgically absent. There is an anechoic, somewhat tubular appearing structure visualized in the region of the common bile duct/cystic duct, possibly consistent with a remnant post-cholecystectomy.

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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.

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The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.62 cm. Jejunum wall measures 0.41 cm. There is mild mucosal fogging and speckling visualized associated with the duodenum. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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

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The right limb of the pancreas is prominent and mottled 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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy noted. There is a prominent left iliac lymph node measuring 0.69 cm x 1.13 cm and a lymph node in the cranial abdomen measuring 0.96 cm x 1.25 cm. The omentum is normal in echogenicity.

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Other

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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PRIMARY FINDINGS

- Suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Bilateral adrenomegaly with a hyperechoic nodule at the cranial pole of the right adrenal – Findings could be consistent with bilateral hyperplasia. The nodule in the cranial pole of the right adrenal could be consistent with an adenoma, carcinoma, pheochromocytoma, other.
- Large, heterogeneous, irregular liver with occasional poorly defined hypoechoic nodules – 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. The larger nodule in the region previously occupied by the gallbladder could represent an early mass lesion or remnant of the removed mass lesion.

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- Thickened small intestine/duodenum with mild mucosal fogging and speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

SECONDARY FINDINGS

- Suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Age related changes visualized associated with both kidneys.
- Surgically absent spleen.
- Pancreatic changes consistent with chronic pancreatic remodeling.
- Surgically absent gallbladder.

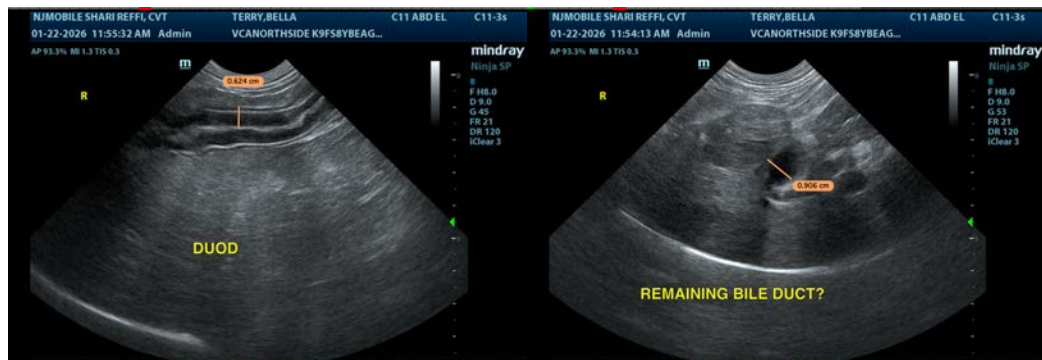
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and heterogeneous with an occasional hypoechoic nodule and a larger hypoechoic nodule on the right side. Depending on the severity and which liver enzyme elevations are present, this could be consistent with progressive vacuolar hepatopathy or similar. If a more significant hepatopathy is suspected (consider pre- and post-prandial bile acids to assess), fine needle aspirate of a focal liver nodule and/or biopsy of the liver may be warranted. If there is concern for regrowth of a hepatic mass lesion, contrast CT scan would likely be necessary to further evaluate. This could also be of benefit in evaluation of the nodule on the cranial pole of the right adrenal, looking for vascular invasion, etc.

If signs of Cushing’s are present, consider adrenal function testing (as long as other concurrent illnesses aren’t a significant issue). Additionally consider blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels, looking for possible pheochromocytoma.

The significance of the small intestine thickening is uncertain in the absence of gastrointestinal symptoms. Continued monitoring is warranted.

Considering the severe medical issues this patient has had and recent surgeries, the abdomen appears fairly quiet. No evidence of effusion, peritonitis, etc. noted at this time.





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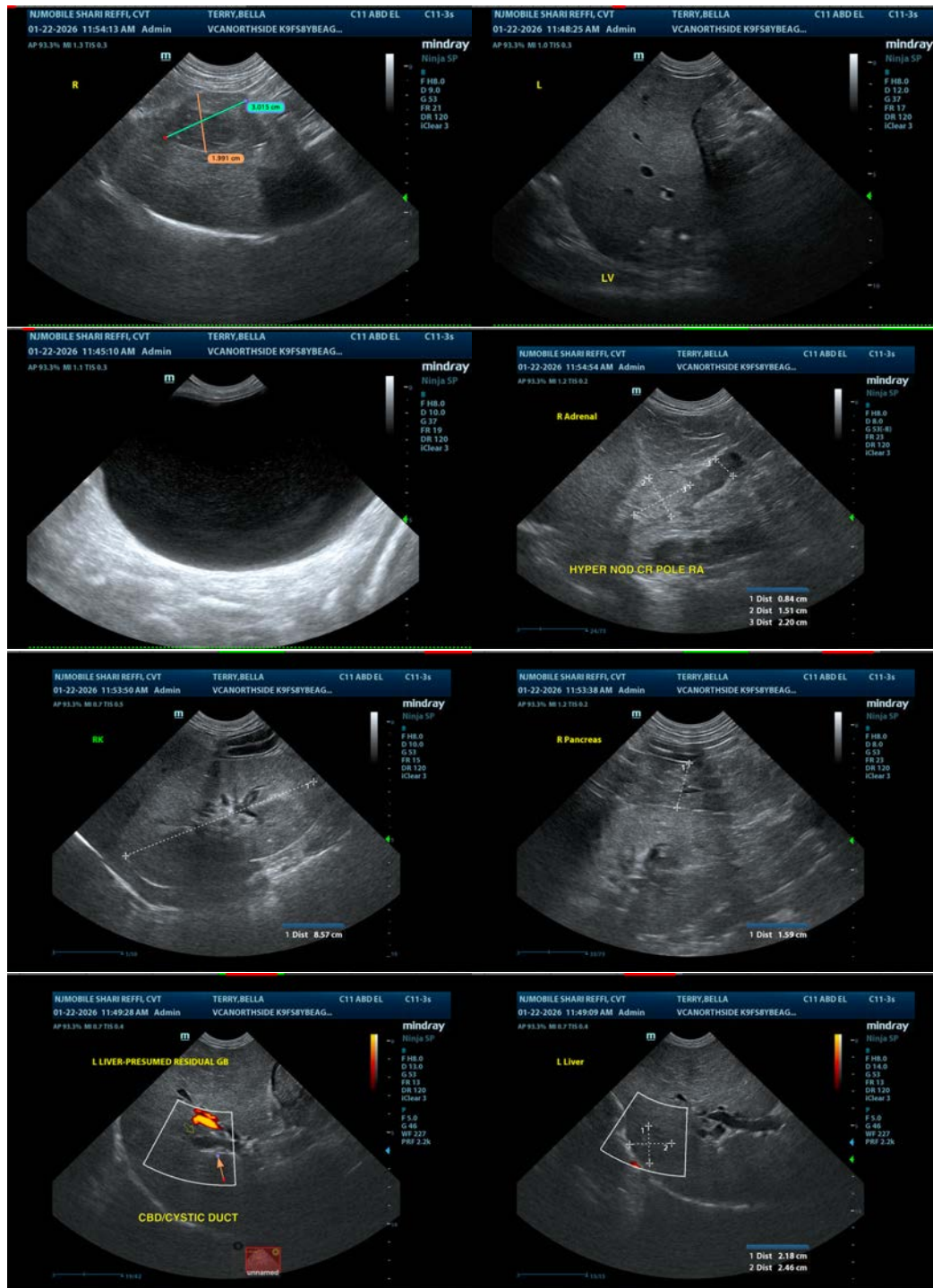
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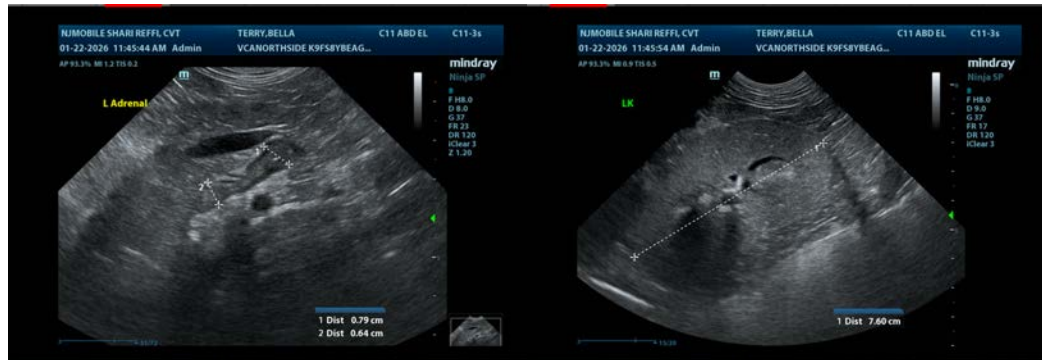
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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