

PATIENT

Ella Marden

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

10 years

WEIGHT

34.5 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Brighton Greens
Veterinary Hospital

REFERRING VET

Dr. Robin Janeway

INVOICE

11195

DATE

1/28/2026

PRESENTING CLINICAL SIGNS

- Prev I131 treatment for hyperthyroidism. O states pt vomits especially when he eats dry food. possible IBD Blood Pressure- 150 (p is very anxious and difficult.)

Abnormal PE/Chem/CBC/UA Results: 3+ proteinuria. not PU/PD nor increased appetite. UPCR significantly elevated at 2.1 on 1/21/2026 Blood pressure- 150mmHg Systolic (p is very anxious and difficult) ALT 378. ALk Phos 738. Cholesterol 364. Trig 873.

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 left kidney has a normal shape and size (7.29 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 (7.34 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 plump in size measuring 0.67 cm at the cranial pole and 0.83 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.

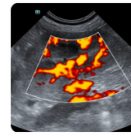
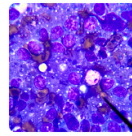
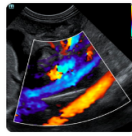
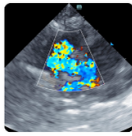
The right adrenal gland is plump in size measuring 1.04 cm at the cranial pole and 0.94 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.19 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is normal in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are occasional ill-defined hypoechoic nodules in the parenchyma. An example measures 1.78 cm in diameter and 1.11 cm x 1.82 cm on the right side.



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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.

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Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

BREED

Terrier Mix

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 (0.48 cm in wall thickness) and the jejunum measured as normal (0.3 cm.) 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.

WEIGHT

34.5 kg

Pancreas

The pancreas is normal and isoechoic to surrounding 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 revealed a scant bit of free fluid visualized near the spleen. There's occasional prominent isoechoic lymph nodes. A pair of mesenteric lymph nodes measures 0.8 cm x 2.32 cm and 1.16 cm x 4.17 cm. A lymph node at the ileocecal junction measures 0.76 cm x 2.28 cm. Pancreaticoduodenal lymph node measures 0.57 cm in diameter. The omentum is of normal uniform echogenicity.

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

ULTRASONOGRAPHIC FINDINGS

- Borderline bilateral adrenomegaly. Findings could be consistent with bilateral hyperplasia or anatomic variation.
- Mildly heterogenous liver with ill-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 nodules observed trend toward a more benign process but underlying neoplasia cannot be ruled out.
- Mild diffuse lymphadenopathy with scant free fluid. Findings are most consistent with a reactive lymphadenopathy. Early neoplastic change cannot be ruled out.

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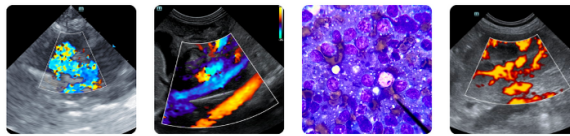
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively, the liver appears mildly heterogenous and there are occasional ill-defined hypoechoic nodules. These changes could be consistent with a vacuolar hepatopathy and regenerative nodules. Although a more significant hepatopathy is possible. Both adrenals are somewhat plump. Given this in



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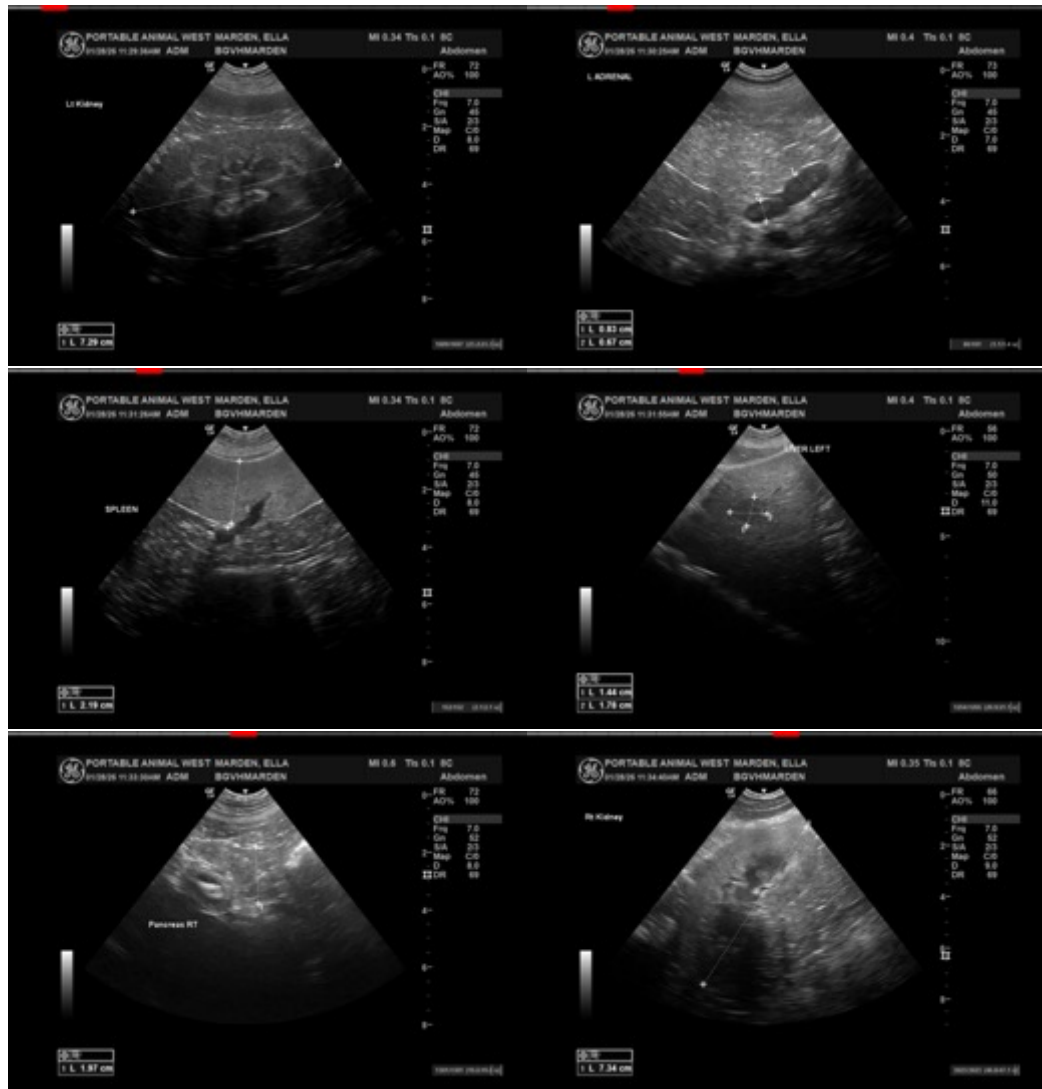
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conjunction with the proteinuria, pituitary dependent hyperadrenocorticism could be a factor. If this is suspected, consider adrenal function testing for further evaluation.

If further evaluation for a different primary hepatopathy is desired, consider a liver function test and a fine needle aspirate.

Further evaluation for proteinuria could include vector born disease testing, thoracic radiographs etc..

*** Report has been amended to reflect the correct patient history



PORTABLE ANIMAL WEST MARDEN, ELLA
1/18/26 11:29:58 AM ADM BOVHMARDEN MI 0.34 Th 0.1 8C Abdomen

Lt Kidney

PR 72
AD% 100

CHE
Fng 7.0
Gn 45
SA 213
Map C0
D 8.0
CR 88

1 L 7.28 cm

PORTABLE ANIMAL WEST MARDEN, ELLA
1/18/26 11:30:58 AM ADM BOVHMARDEN MI 0.4 Th 0.1 8C Abdomen

L ADRENAL

PR 73
AD% 100

CHE
Fng 7.0
Gn 45
SA 213
Map C0
D 7.0
CR 88

1 L 8.82 cm
2 L 6.67 cm

PORTABLE ANIMAL WEST MARDEN, ELLA
1/18/26 11:31:58 AM ADM BOVHMARDEN MI 0.34 Th 0.1 8C Abdomen

SPLEEN

PR 72
AD% 100

CHE
Fng 7.0
Gn 45
SA 213
Map C0
D 8.0
CR 88

1 L 2.19 cm

PORTABLE ANIMAL WEST MARDEN, ELLA
1/18/26 11:31:58 AM ADM BOVHMARDEN MI 0.4 Th 0.1 8C Abdomen

LIVER LEFT

PR 98
AD% 100

CHE
Fng 7.0
Gn 58
SA 213
Map C0
D 11.0
CR 88

1 L 1.44 cm
2 L 1.78 cm

PORTABLE ANIMAL WEST MARDEN, ELLA
1/18/26 11:32:58 AM ADM BOVHMARDEN MI 0.5 Th 0.1 8C Abdomen

Pancreas RT

PR 72
AD% 100

CHE
Fng 7.0
Gn 51
SA 213
Map C0
D 8.0
CR 88

1 L 1.87 cm

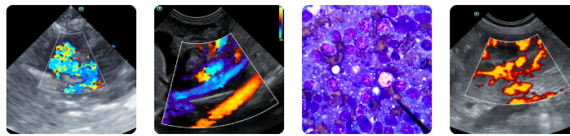
PORTABLE ANIMAL WEST MARDEN, ELLA
1/18/26 11:34:00 AM ADM BOVHMARDEN MI 0.35 Th 0.1 8C Abdomen

Rt Kidney

PR 88
AD% 100

CHE
Fng 7.0
Gn 52
SA 213
Map C0
D 9.0
CR 88

1 L 7.34 cm



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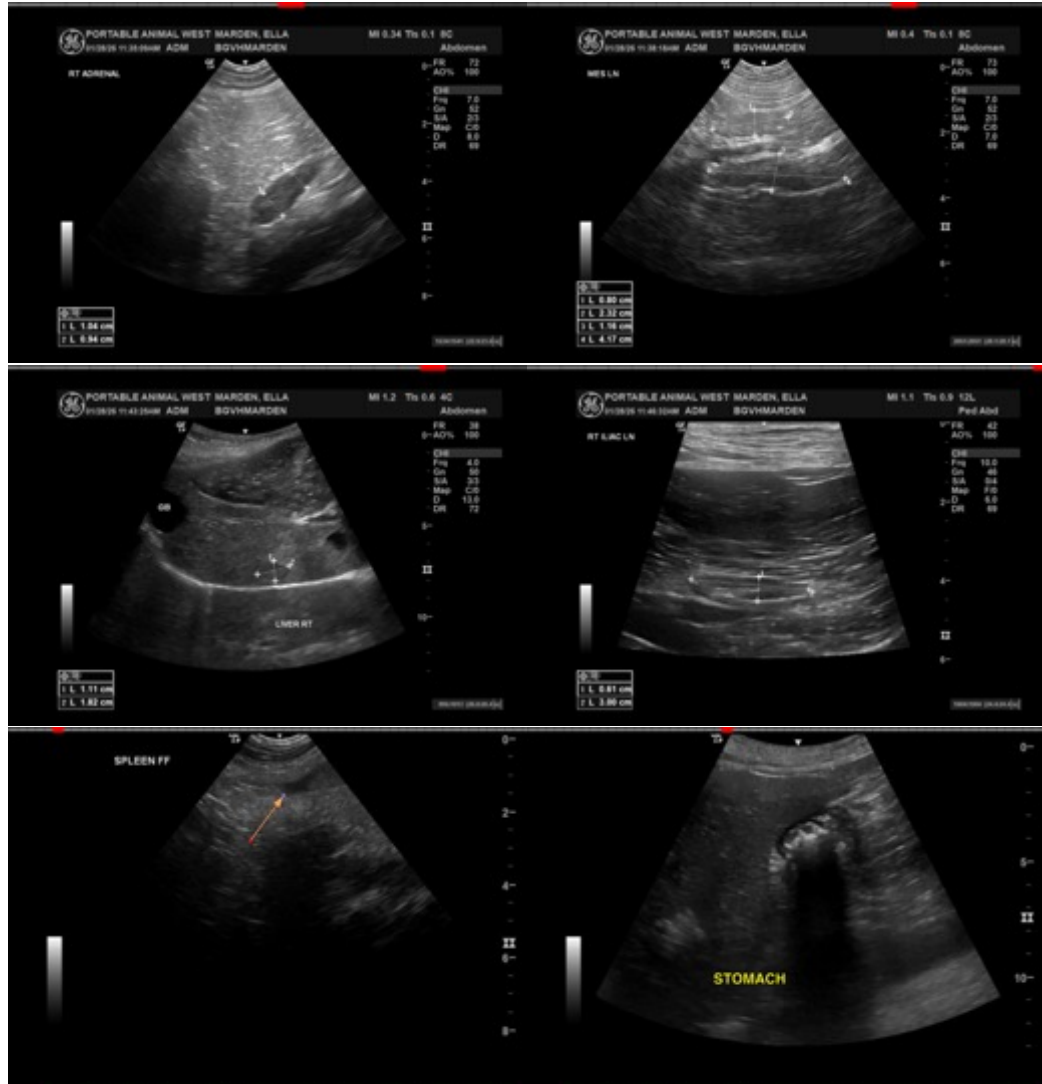
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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