



PATIENT

Theo Ethans

SPECIES

Canine

BREED

Standard Poodle

SEX

Male

AGE

11 Years

WEIGHT

24.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Chhabra

INVOICE

72620

DATE

1/30/26

PRESENTING CLINICAL SIGNS

History of seizures. Patient experienced a partial seizure and was not himself afterward. The next day he was normal. Physical examination is unremarkable. E/D/D/U are within normal limits. U/S because liver values significantly elevated.

Meds: Levetiracetam 500mg tablet- 1000mg morning and night, 750 mg in the afternoon.

Abnormal PE/Chem/CBC/UA Results: CBC Hct 0.36 (0.37-0.62) Retic 2.4% WBC 19.8 x10e9/l (5.05-16.8) Neut 17.1 (3.0-11.6) CHEM: BUN 12.1 mmol/l (2.5-9.6) ALT 1638 u/l (10-125) was 528 u/l 1 year ago and 858 u/l 2y ago ALP 345 u/l (23-212) was 312 u/l 1yr ago

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 (6.07 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is a hypoechoic region towards the medial aspect of the kidney most consistent with a hypoechoic nodule or echogenic cyst/abscess measuring 1.63 cm x 1.92 cm. 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 (6.34 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 normal in size measuring 0.68 cm at the cranial pole and 0.80 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 normal in size measuring 0.72 cm at the cranial pole and 0.62 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 (1.84 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.



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Liver

The liver is large in size, irregular and hypoechoic with rounded 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 somewhat poorly defined, mixed echogenicity, hypoechoic, possibly cavitated mass effect visualized in the right side of the liver measuring 0.47 cm x 4.78 cm. The region around the liver in this area appears highly inflammatory. There are several other areas of the liver that are rounded, creating poorly defined mass effects, which I suspect are rounded liver lobes. There is a hypoechoic nodule in the ventral right aspect of the liver measuring 1.41 cm in diameter.

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. There is mild fluid adjacent to the gallbladder.

Gastrointestinal

The stomach contains a moderate/large amount of fluid/ingesta. 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 to moderate 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. Jejunum wall measures 0.30 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 area of 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.

Free Abdomen

There is a small to moderate amount of free abdominal fluid. This is primarily seen adjacent to the right lobe of the liver near the gallbladder and urinary bladder. There is a prominent gastric lymph node visualized measuring 1.0 cm in diameter. The omentum is severely hyperechoic in the cranial abdomen near the right side of the liver.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic lesion visualized in the mid cortical region of the left kidney – Possible differentials would include a benign or neoplastic nodule, less likely abscess or echogenic cyst.
- Large, rounded, irregular, hypoechoic, heterogeneous liver with a hypoechoic nodule and a right-sided slightly cavitated appearing mass effect. Findings are concerning for possible necrotic mass lesion, abscess, other.
- Mild cranial abdominal lymphadenopathy and severe inflammation.



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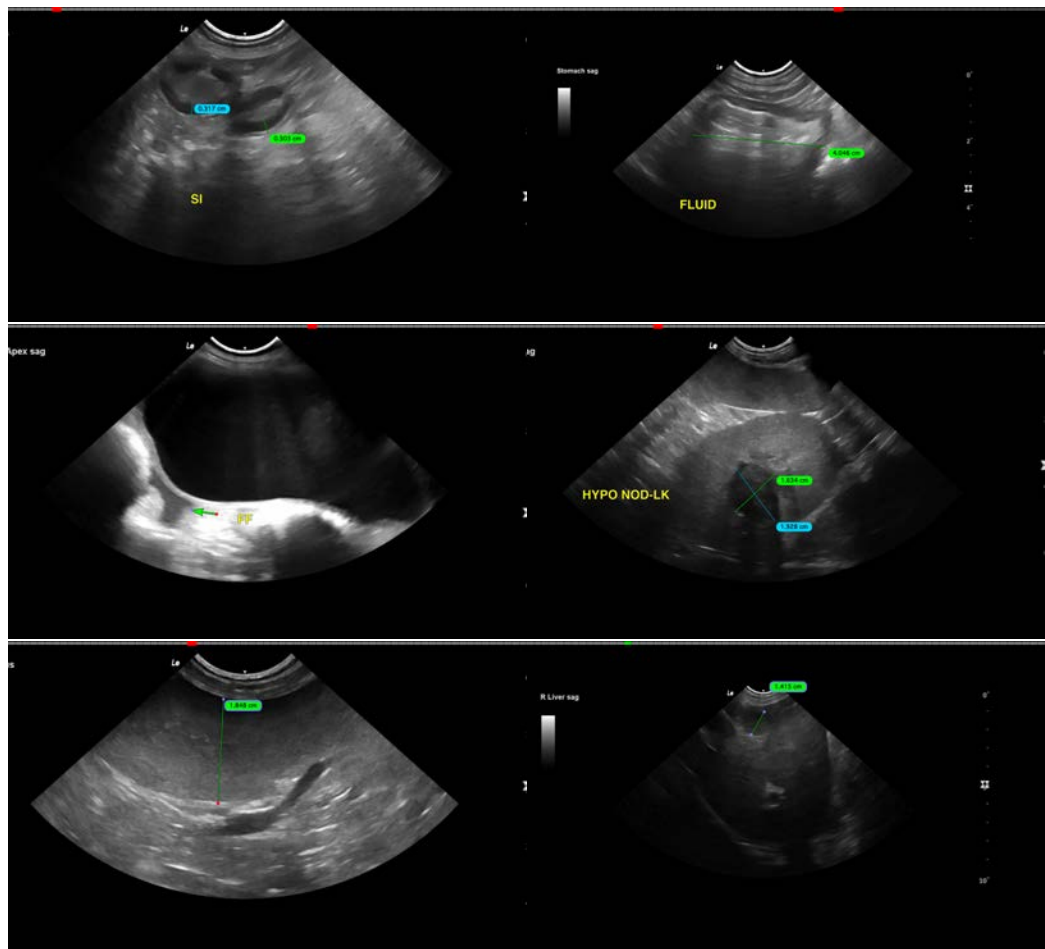
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and very abnormal. It has rounded margins and bulging irregular shape. In the right side of the liver there is a hypoechoic, heterogeneous appearing mass lesion with surrounding inflammation, concerning for an inflammatory mass lesion, necrotic mass, abscess, etc.

There is a hypoechoic nodule visualized in the mid cortical region of the left kidney. This could be concerning for a metastatic lesion, a primary mass lesion, or less likely an echogenic abscess or cystic lesion.

Consider sampling of the free abdominal fluid for fluid analysis and cytology. Additionally, recommend a fine needle aspirate of "normal" liver and possibly the right-sided lesion if a safe window can be obtained (and coagulation parameters are normal). A contrast CT scan would likely be necessary if surgical intervention is considered. Additionally, a fine needle aspirate of the hypoechoic lesion in the kidney could be considered, particularly if a metastatic lesion would change the treatment plan.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).





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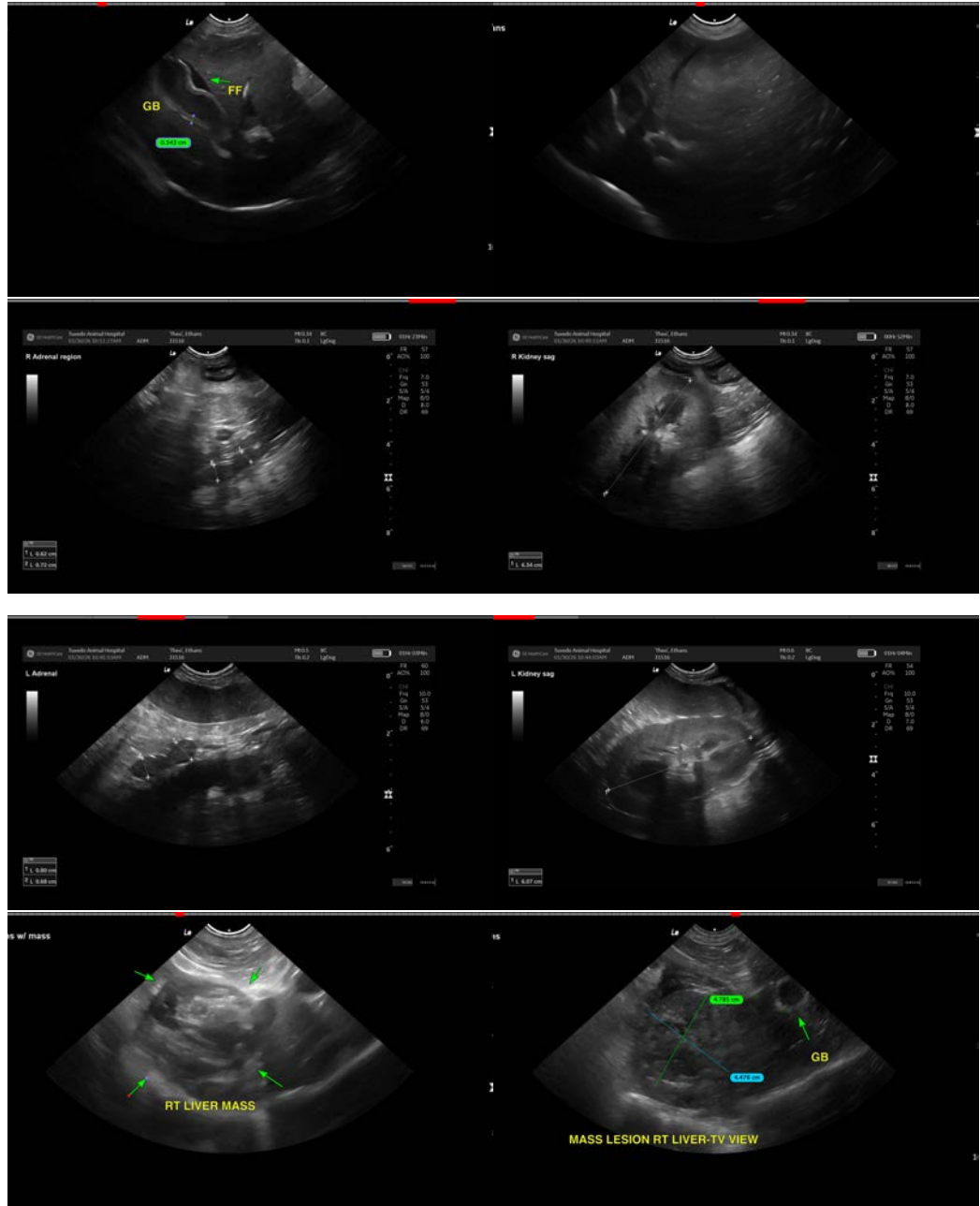
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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