



PATIENT

Arlo Haj

SPECIES

Canine

BREED

German Shepherd x

SEX

Neutered Male

AGE

8 Years

WEIGHT

46.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Andrea Nason

INVOICE

72979

DATE

1/6/26

PRESENTING CLINICAL SIGNS

Arlo was seen and treated for pneumonia last August. On his recheck chest radiographs, the radiologist read out a suspected liver/abdominal mass. He had an u/s at that time (attached) and liver and spleen cytology. We repeated an ultrasound today to assess for any changes/emersion of neoplasia.

Abnormal PE/Chem/CBC/UA Results: Liver + spleen cytology last august: Mild hepatocellular atypia, Mild lymphoplasmacytic inflammation with rare large lymphocytes, Mild non-lipid vacuolar change. Minimal lymphoid reactivity with mild extramedullary hematopoiesis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears of normal thickness with a smooth mucosal surface. There is a moderate amount of suspended echogenic debris and some dependent hyperechoic debris. On some views there is some focal hyperechoic debris possibly consistent with small mineralizations/stones (no shadowing appreciated in the views provided). The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The prostate is normal in size (0.53 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (3.52 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 (6.75 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 0.35 cm at the cranial pole and 0.53 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is subjectively normal in size (2.23 cm in width at the level of the hilus). The spleen echotexture is heterogenous and mottled, 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 and mildly rounded. The parenchyma is 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. An example measures 1.05 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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.

Most of 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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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

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

- Suspended echogenic debris and dependent hyperechoic/possibly mineralized debris/small stones visualized in the urinary bladder – Correlate with urinalysis and culture.
- Mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large, heterogeneous, rounded 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.



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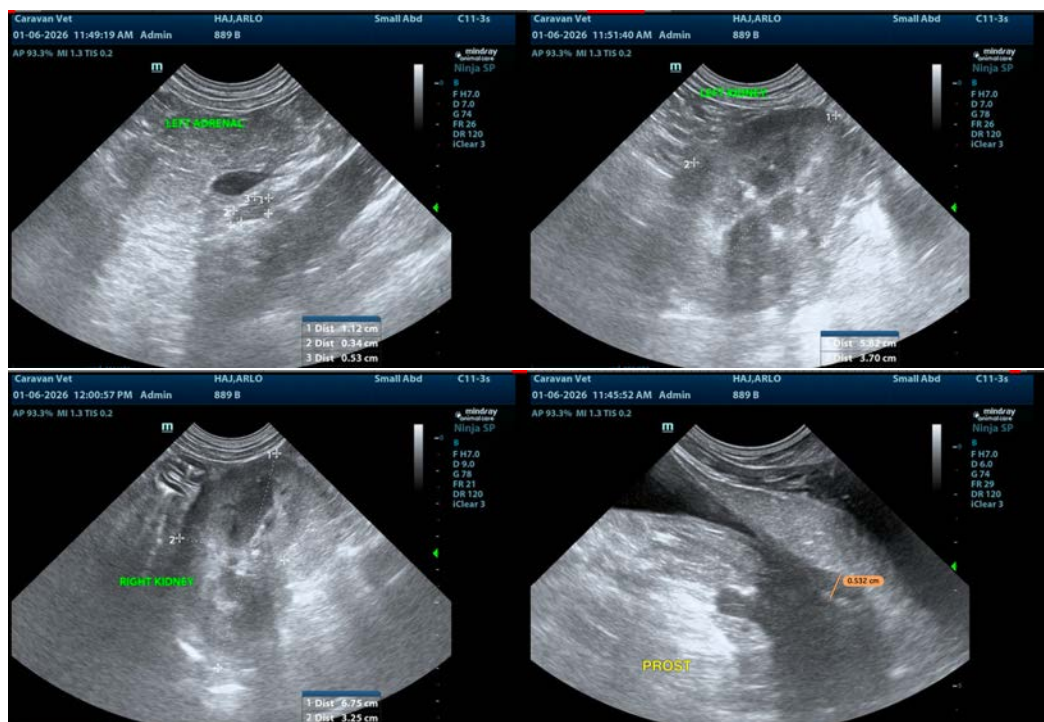
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- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings on today's exam appear relatively stable when compared to the ultrasound performed in 8/2025. The spleen is persistently mottled with no evidence of progressive expansile mass lesions, etc. Additionally, the liver is large, heterogeneous and rounded, but a distinct mass effect cannot be clearly visualized. Correlate these findings with patient's clinical assessment, current lab work, etc. to determine if further workup of a hepatopathy is warranted. If the patient is not doing well clinically, you could consider repeat cytology of the spleen and continued monitoring of both areas.

There is some suspended and dependent echogenic debris in the urinary bladder and concern for possible small mineralizations/stones. Correlate with abdominal radiographs, urinalysis +/- culture results.





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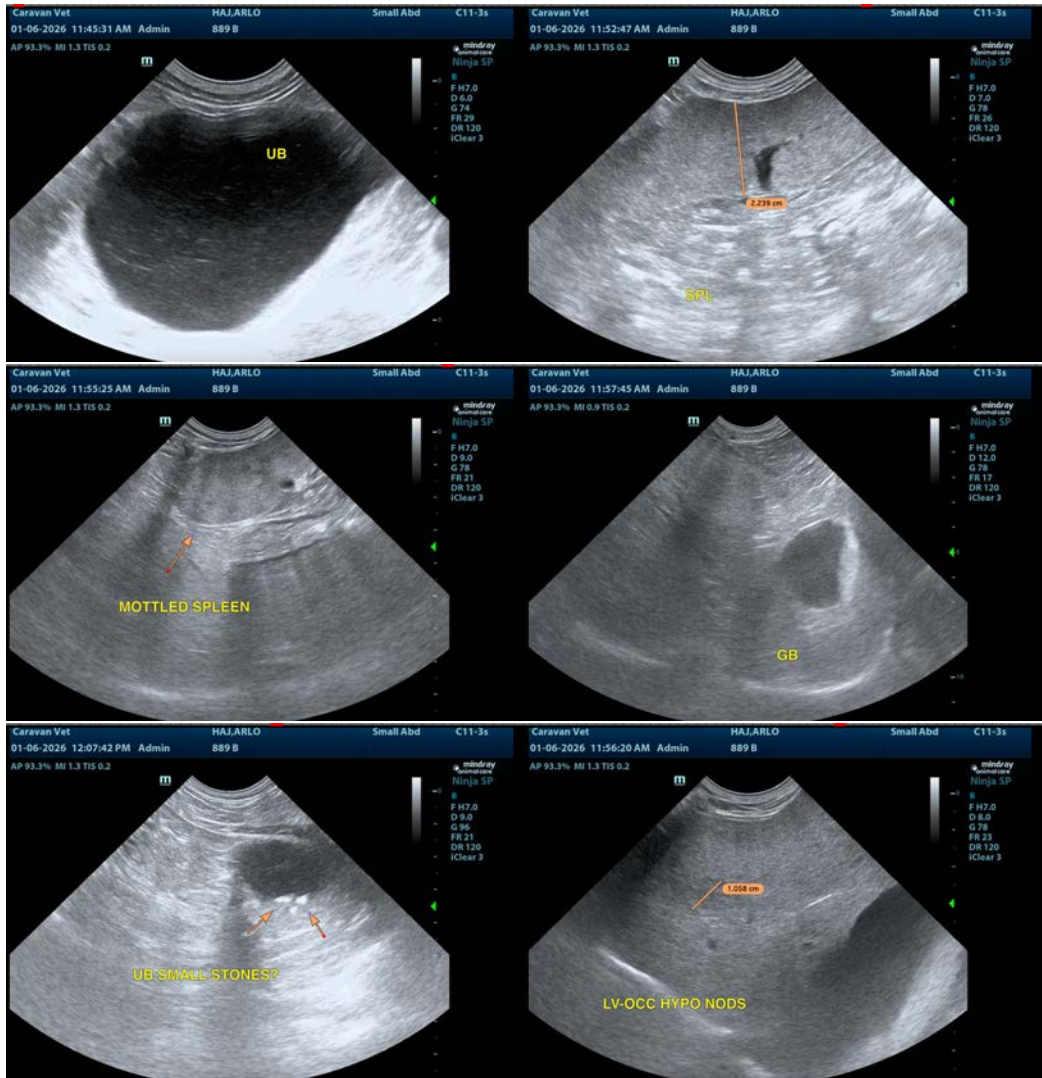
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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