



PATIENT

Cash Larkin

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

9 Years

WEIGHT

18.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Scaglione

INVOICE

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DATE

1/6/26

PRESENTING CLINICAL SIGNS

Elev. ALT and mild increase ALP. Intermittent diarrhea- resolves w/ metro and diet.
Abnormal PE/Chem/CBC/UA Results: ALT-272 ALP-223 WBC-5.5

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 prostate is normal in size (1.01 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 (4.5 cm). There are small, hyperechoic foci visualized in the cortex, most consistent with mild dystrophic mineralization. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.8 cm). There are occasional hyperechoic foci visualized in the cortex, most consistent with mild dystrophic mineralization. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.75 cm at the cranial pole and 0.59 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 0.94 cm at the cranial pole and 0.48 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 (1.62 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 subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous hypoechoic nodules visualized throughout the parenchyma. Examples measure 0.70 cm and 0.66 cm.



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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 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.

BREED

Havanese

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 0.42 cm. Jejunum wall measures 0.39 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 non-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 pancreas is prominent, hypoechoic and 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

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There is no significant free fluid. No lymphadenopathy noted. The omentum is mildly diffusely hyperechoic, particularly in the right cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Prominent, hypoechoic right limb of the pancreas – Findings are most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Hypoechoic 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.
- Diffusely thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The liver is somewhat heterogeneous with numerous ill-defined hypoechoic nodules. At this time, this has the appearance most consistent with regenerative nodules, although an early neoplastic process cannot be ruled out. Additionally, given the reported GI signs, this could represent a reactive hepatopathy. Further evaluation could include pre- and post-prandial bile acids to assess liver function +/- a fine needle aspirate (provided coagulation parameters are normal).

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The right limb of the pancreas is hypoechoic and mottled. Correlate with a PLI level. Findings are most consistent with pancreatic remodeling +/- chronic pancreatitis. If chronic pancreatitis is suspected, consider empirical therapy.

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The small intestine appears mildly diffusely thickened. Findings could be consistent with a chronic enteropathy. Correlate with clinical signs. Is the diarrhea large or small bowel. Additionally consider the following:

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Havanese

- Consider a prescription ultra low-fat/hydrolyzed protein combination prescription diet (Royal Canin).

SEX

Neutered Male

- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.

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- Recommend chronic probiotic therapy.
- If symptoms are persistent despite taking these measures, biopsies of the GI tract (upper and lower GI?) may be warranted.

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- If not already done, recommend parasite screening and empirical deworming.

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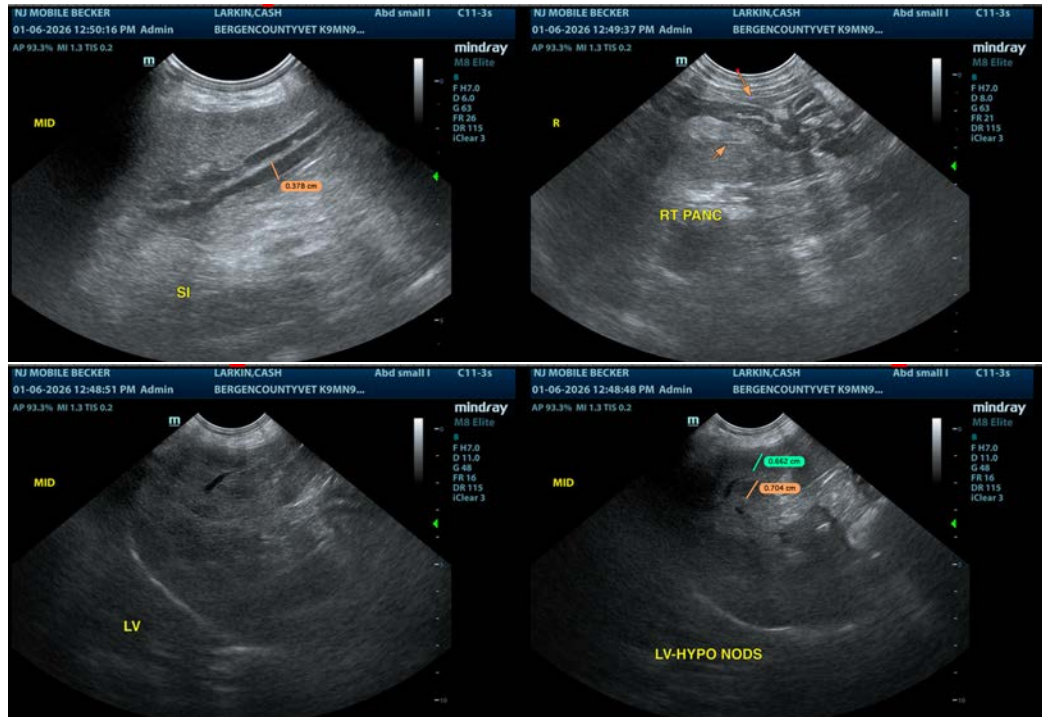
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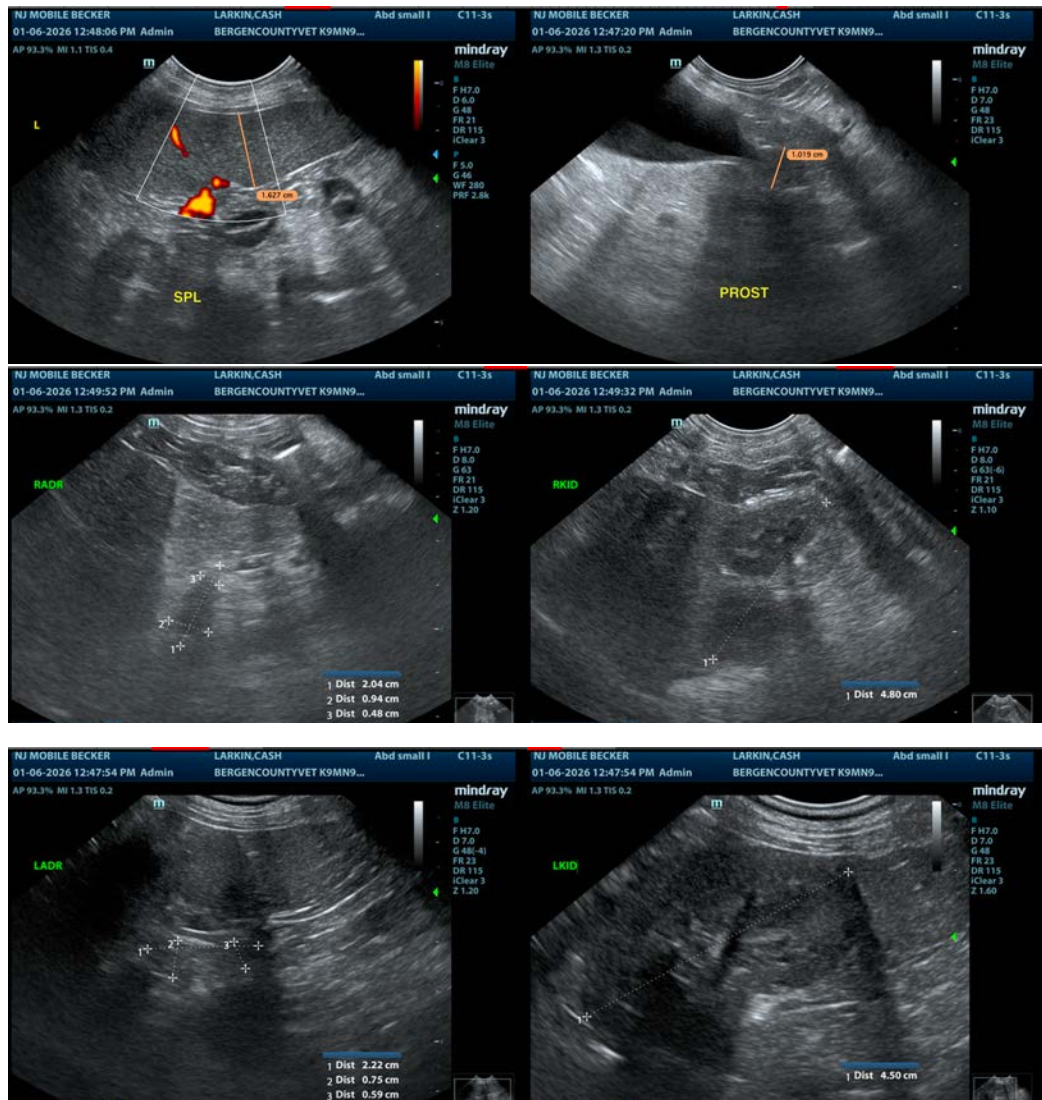
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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