



**PATIENT**

Penny McLoughlin

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

Spayed Female

**AGE**

13 Years 10 Months

**WEIGHT**

55 Pounds

**INTERPRETED BY**

Kathleen A. Sennello  
 DVM, MS, DACVIM  
 (SAIM)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Armstrong AC

**REFERRING VET**

Dr. Dolan

**INVOICE**

35325

**DATE**

1/9/26

**PRESENTING CLINICAL SIGNS**

History: P presented to ER clinic after ingestion of chocolate and a lot of other food from pantry. ER clinic took rads and saw mass effect in mid to caudal abd. Rec US. 3 rads attached.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. In the dependent portion of the urinary bladder, there are occasional hyperechoic foci, most consistent with small stones. Examples measure 0.24 cm and 0.23 cm. The region of the trigone and ureteral papillae appear normal. The proximal urethra appears somewhat prominent with questionable dilation and possible intraluminal echogenic material, measuring at 0.71 cm.

The left kidney has a normal shape and size (6.27 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (5.18 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 borderline large in size measuring 0.58 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 plump in size measuring 1.81 cm at the cranial pole and 0.76 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 plump with slightly rounded margins, measuring 2.66 cm in width at the level of the hilus. The blood flow through the hilus and splenic parenchyma appears normal. On one of the views provided, there is the appearance of a small isoechoic nodule visualized measuring 0.79 cm, and a focal rounded isoechoic region.

**Liver**

The liver is subjectively large 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. No focal nodules or cystic lesions are observed.

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.



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***Gastrointestinal***

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The stomach contains a large amount of fluid and shadowing ingesta. The majority of the gastric wall appears normal thickness with intact wall layering. In the mid body, there is a focal area of wall, which appears slightly more thickened, measuring at 0.75 cm.

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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 (0.42 in wall thickness) and the jejunum measured as normal (0.36 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.

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***Pancreas***

**AGE**

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***

55 Pounds

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.

**INTERPRETED BY**

***Other***

Kathleen A. Sennello  
 DVM, MS, DACVIM  
 (SAIM)

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.

**IMAGING PERFORMED BY**

**ULTRASONOGRAPHIC FINDINGS**

Kathleen Byrnes

- Small mineralization/calculi visualized in the dependent portion of the urinary bladder and questionable urethral thickening. Correlate with a urinalysis, culture, and radiographs of the caudal abdomen. The apparent urethral thickening could be due to imaging artifact, urethritis or urethral neoplasia. Correlate with a digital rectal exam to palpate for a thickened urethra and evaluate for any evidence of hematuria or abnormalities noted on free catch urine sample. Reevaluation of the urethra could be considered in the future (6-8 weeks), if no significant abnormalities are noted.

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- Rounded/plump spleen with a suspected isoechoic nodule- Findings could be consistent with mild congestion, anatomic variation, less likely lymphoid hyperplasia, infiltrative neoplasia, etc. The hypoechoic nodule is very subtle and has a somewhat benign appearance at this time. Consider reevaluation in the future to see if these progresses.

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- Large heterogenous liver- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy.



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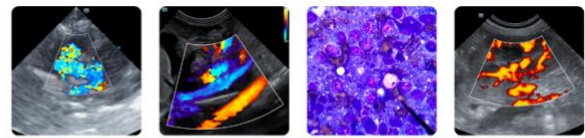
- Moderate gallbladder debris- The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.
- Fluid/ingesta distended stomach with a prominent gastric wall- The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of a definitive abdominal mass is observed on today's exam. The spleen is somewhat rounded and enlarged with subtle folding in some regions, which could create a mass effect on radiographs. There is a subtle hypoechoic nodule visualized on one view, but this is not repeatable. Recommend continued monitoring of the spleen over time, looking for the development of a more definitive lesion.

There are some small stones visualized in the urinary bladder. These may be small enough to pass? Correlate with radiographs that include the abdomen, urethra, etc. On some views, the urethra appears somewhat prominent with echogenic intraluminal debris. This could represent imaging artifact or a thickened urethra. Correlate with a digital rectal exam and correlate with urinalysis findings. If pathology in this region is suspected, consider repeat evaluation in 6-8 weeks. Additionally, you could consider cytology on a free catch urine sample or similar if the sample is very cellular.

The liver subjectively appears somewhat large and heterogenous. The significance of this in the absence of liver enzyme elevations is uncertain. If not already done, recommend current blood work. Additionally, both adrenals are somewhat plump. This could represent anatomic variation or mild hyperplasia.



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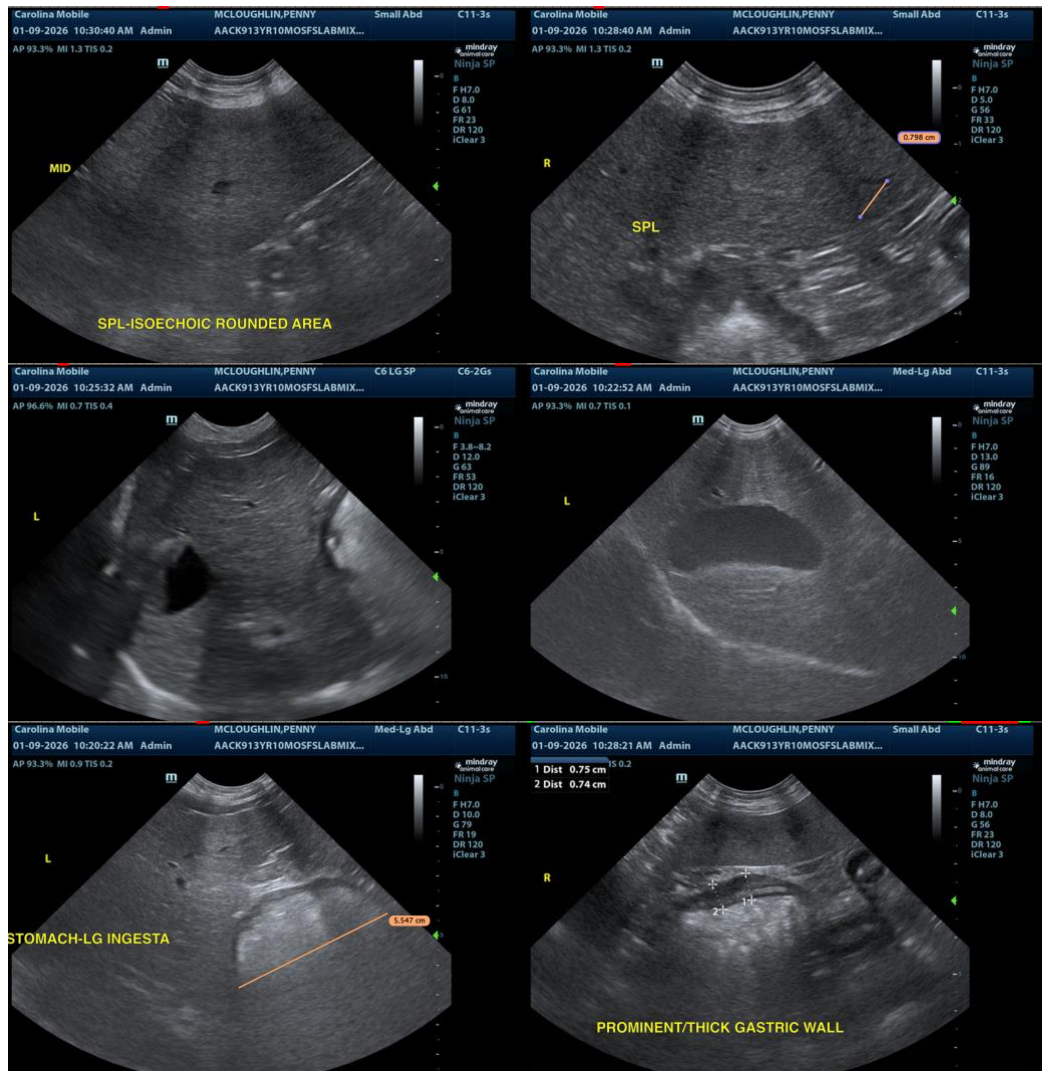
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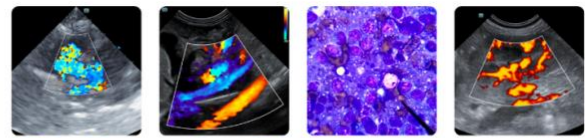
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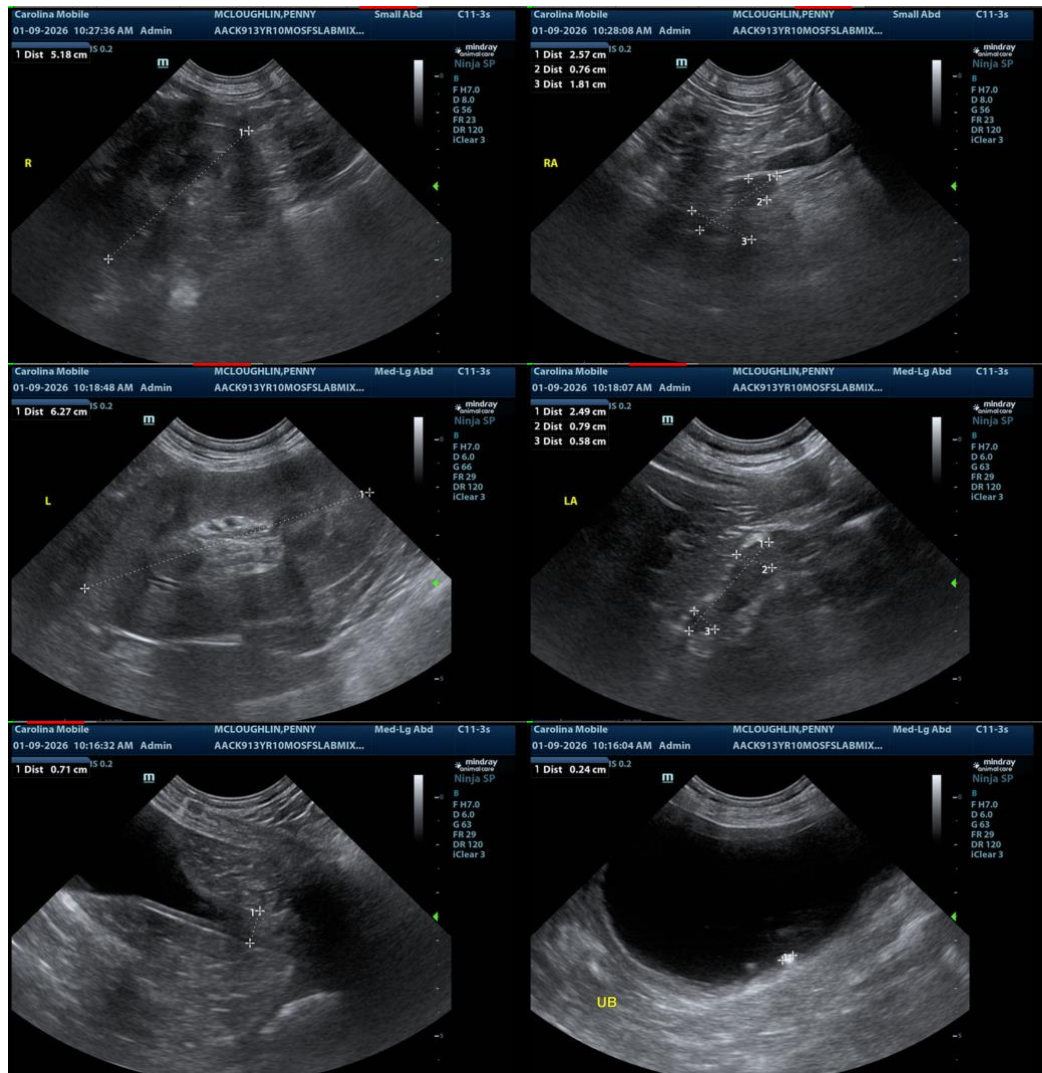
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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