



PATIENT

Chloe Clontz

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

9 Years

WEIGHT

86 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Aloha Veterinary
 Hospital

REFERRING VET

Dr. Keck

INVOICE

71734

DATE

11/12/25

PRESENTING CLINICAL SIGNS

P initially presented ADR last week. ALT 266, rdvm fast scan suspected mass in left liver lobe. P BAR today 11/12/25. Attached pic of rdvm scan

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 (6.73 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 (6.92 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 large, measuring 0.91 cm at the cranial pole and 0.87 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 1.31 cm at the cranial pole and 0.66 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 and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. Additionally, there is a subtle, small, hypoechoic nodule visualized in the cranial aspect of the spleen measuring 1.18 cm x 1.19 cm. The blood flow through the hilus and splenic parenchyma appears normal.

Liver

The liver is large in size and rounded. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. In the left side of the liver there is a small cystic appearing structure visualized measuring 0.96 cm x 0.81 cm.

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 a moderate to large amount of shadowing ingesta. The gastric wall 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. Shadowing ingesta interferes with full evaluation of the stomach and some areas of small intestine.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate fluid and gas. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.56 cm. Jejunum wall measures 0.31 cm. Visualized peristalsis appears appropriate. Many areas of small bowel appear moderately distended with fluid and gas/ingesta.

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 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. There is no evidence of a diffuse lymphadenopathy. There is a structure visualized near the tail of the spleen most consistent with a mesenteric lymph node, measuring 0.80 cm.

Other

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.

ULTRASONOGRAPHIC FINDINGS

- Large left adrenal gland and normal right adrenal gland – The significance of this is uncertain. Recommend continued monitoring.
- Splenic myelolipomas and a small, hypoechoic nodule visualized within the parenchyma – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large, heterogeneous rounded liver with a small, cystic appearing lesion – 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.
- Moderate/large shadowing ingesta visualized within the stomach, and fluid/ingesta visualized within the small intestine – Findings are most consistent with a non-fasted patient.



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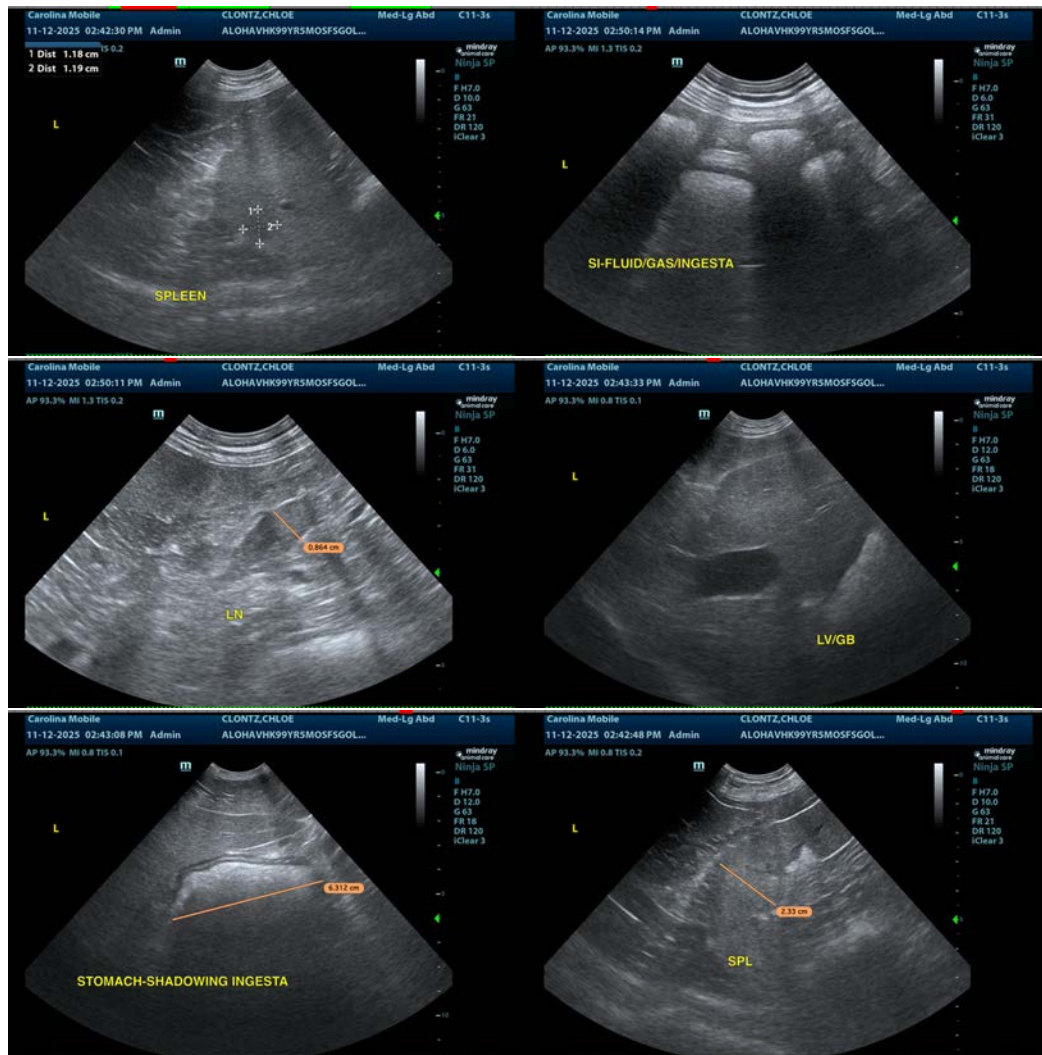
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

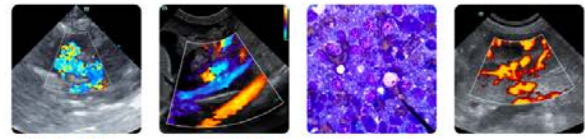
The liver is large and has some rounded margins. A discrete mass effect was not clearly visualized. There is a small cystic structure visualized in the left side of the liver, most consistent with a benign hepatic cyst. Consider reevaluation of the ALT once the patient is feeling better. If it persistently elevated, additional diagnostics could include the following:

- Recommend pre- and post-prandial bile acids to assess liver function.
- Consider a fine needle aspirate of the liver (I believe this was already done today).
- Consider screening for Leptospirosis if clinically appropriate.

If liver function is abnormal and/or the ALT continues to rise, a biopsy of the liver may eventually be warranted for histopathology, culture and copper levels.

There is a very subtle hypochoic nodule in the spleen. Options moving forward would include a fine needle aspirate or continued monitoring with ultrasound.





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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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