



PATIENT

Beatrice Lerch

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

11 years

WEIGHT

39.2 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Incline Veterinary
Hospital

REFERRING VET

Dr. Sovik, Kateryna

INVOICE

10767

DATE

11/18/2025

PRESENTING CLINICAL SIGNS

Pt previous had abdominal ultrasound 4/7/2025: findings enlarged urinary bladder, splenic nodules (benign appearing), and mild gallbladder debris. Pt has had distended abdomen since 4/2025, notably larger on physical exam 11/13. Pt E/D/U/BM normally. Good energy levels, and otherwise acting normal. Pt is overweight, BCS 7/9. MEDS_ Adequan injections monthly, probiotics, joint supplement daily Any additional information 300mg Gabapentin and 300mg Trazodone given PO ~3 hours prior to ultrasound.

Abnormal PE/Chem/CBC/UA Results: Bloodwork 11/13/2025: CBC WNL, Chemistry- TBIL 1.1mg/dL (0.0-0.9), CHOL 385mg/dL (110-320).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is over distended with anechoic urine. No evidence of an obstruction or focal lesion is observed.

The left kidney has a normal shape and size (7.65 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 is normal in size (6.72 cm) and irregular in shape. There is capsular irregularity at the caudal pole, most consistent with a previous infarct. This hyperechoic appearance abuts a slightly hypoechoic area which I suspect is artifact from the adjacent infarct, but a small, poorly defined nodule cannot be ruled out. This area measures 0.86 cm x 0.94 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 or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.52 cm at the cranial pole and 0.56 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 0.9 cm at the cranial pole and 0.72 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. The blood flow through the hilus and splenic parenchyma appears normal. There are occasional hyperechoic nodules most consistent with benign myelolipomas. An example measures 0.45 cm.

Liver



PATIENT

Beatrice Lerch

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

11 years

WEIGHT

39.2 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Incline Veterinary
Hospital

REFERRING VET

Dr. Sovik, Kateryna

INVOICE

10767

DATE

11/18/2025

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There's a very small hypoechoic nodule visualized in the parenchyma measuring 0.75 cm x 1.14 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.

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.

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 (0.52 cm in wall thickness) and the jejunum measured as normal (0.32 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 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 significant lymphadenopathy. A jejunal lymph node is visualized measuring 0.46 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Large, overdistended urinary bladder. Recommend evaluation of the urinary bladder before and after urination to ensure that the urinary bladder is emptying completely.
- Hyperechoic lesions in the spleen most consistent with benign myelolipomas.
- Small, hypoechoic nodule in the liver. Currently has a benign appearance. Recommend continued monitoring.
- Irregular caudal pole of the right kidney. Findings are most consistent with a previous infarct. Recommend continued monitoring of this region as an irregular, hypoechoic region is present and could represent focal lesion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

Beatrice Lerch

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

11 years

WEIGHT

39.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Incline Veterinary
Hospital

REFERRING VET

Dr. Sovik, Kateryna

INVOICE

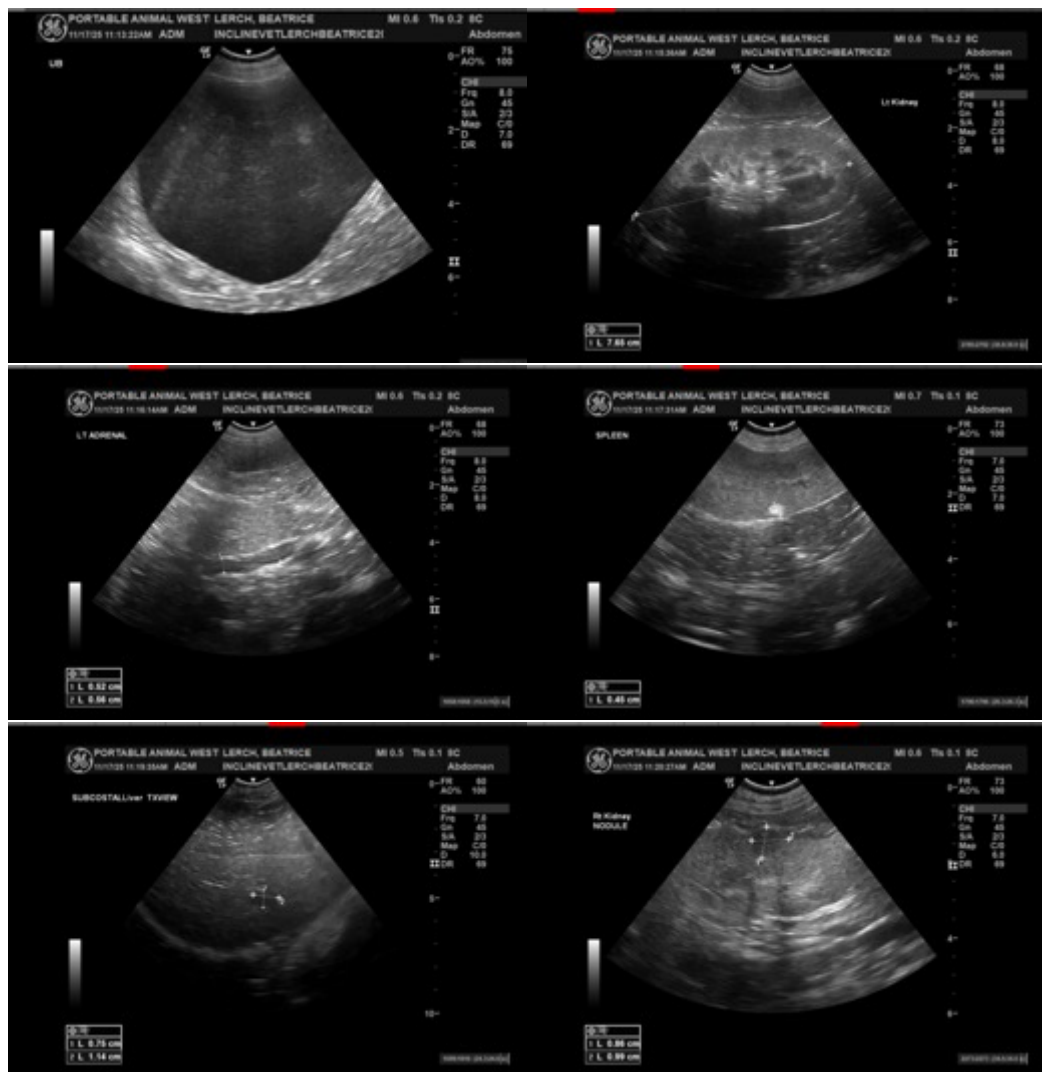
10767

DATE

11/18/2025

The appearance of today's exam is relatively similar exam 04/07/2025. No large mass lesions are observed to explain the abdominal distension. The urinary bladder is overdistended and large. This has been consistent. Recommend imaging the urinary bladder and allowing her to go on a walk and fully empty the urinary bladder and repeat evaluation. The urinary bladder should be significantly smaller/almost empty. If she's unable to empty the urinary bladder, there could be a functional issue, detrusor atony, outflow tract obstruction, etc. Additionally, there is a large amount of falciform fat. It's possible that intraabdominal fat is contributing to the abdominal distension noted.

The caudal pole of the right kidney appears irregular on today's exam, most consistent with a previous infarct. There is some irregular hypoechoic tissue adjacent to this, which I suspect represents imaging artifact, but a small nodule cannot be ruled out. Consider reevaluation in 6-8 weeks to reassess.





PATIENT

Beatrice Lerch

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

11 years

WEIGHT

39.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Incline Veterinary
Hospital

REFERRING VET

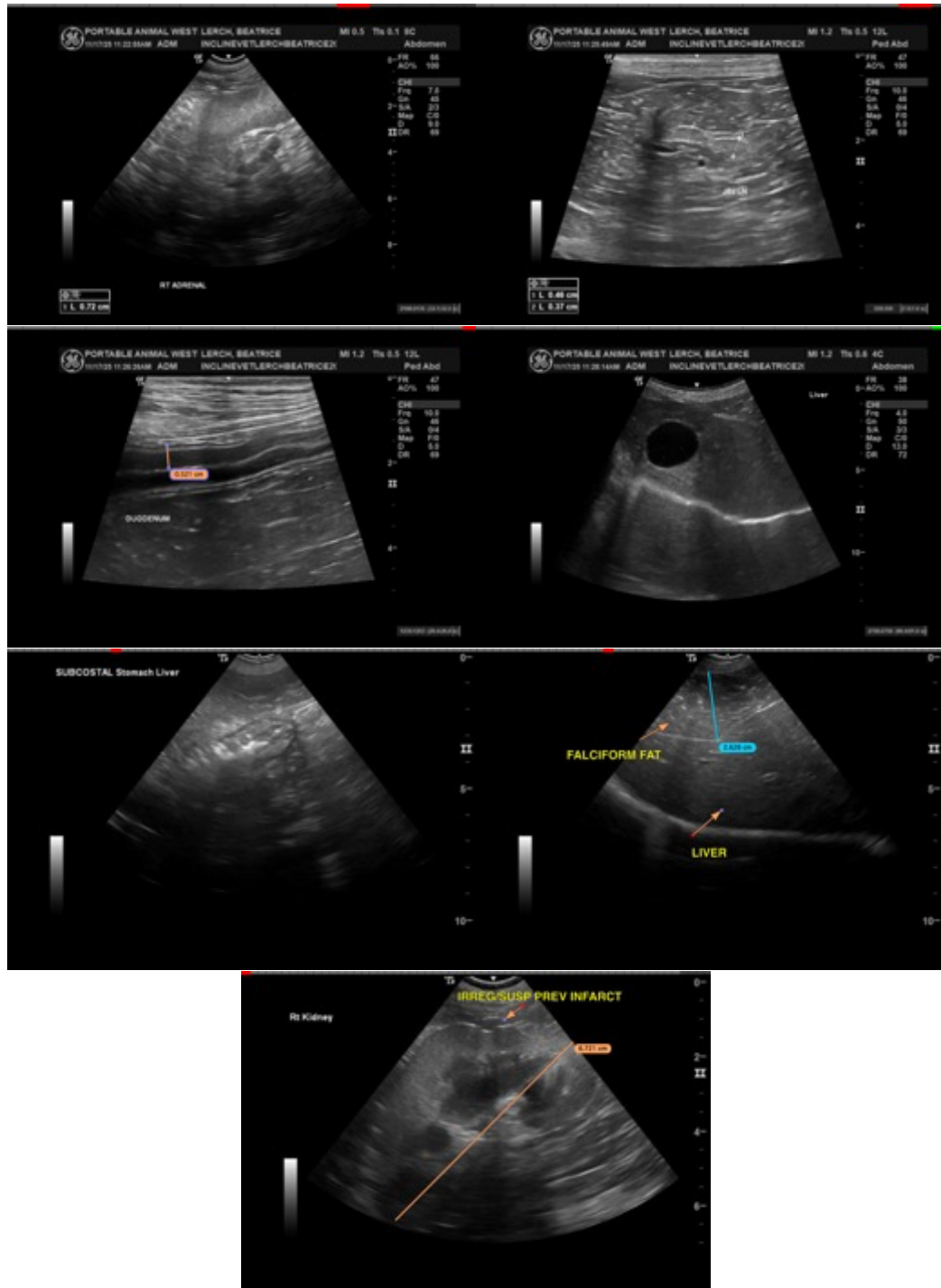
Dr. Sovik, Kateryna

INVOICE

10767

DATE

11/18/2025

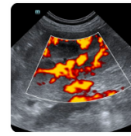
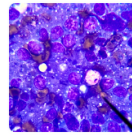


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Imaging
performed by



Paw & Animal Wellness Sonography, Inc.
pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telectology
Educational Teleconsultation Services™

SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com  info@sonopath.com  1.800.838.4268

PATIENT

Beatrice Lerch

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

11 years

WEIGHT

39.2 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Incline Veterinary
Hospital

REFERRING VET

Dr. Sovik, Kateryna

INVOICE

10767

DATE

11/18/2025

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