



PATIENT

Shadow Maroulis

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

10 Years

WEIGHT

86 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Hospital of
Roxbury

REFERRING VET

Dr. Elia

INVOICE

71895

DATE

11/18/25

PRESENTING CLINICAL SIGNS

Elevated LE's. Not eating. Rads nsf. Current Medications: Metro; Amoxi; Denamarin; Famotidine; Torb administered for scan.

Abnormal PE/Chem/CBC/UA Results: Elevated LE's

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 (0.83 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 (6.93 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 (7.53 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 0.49 cm at the cranial pole and 0.52 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 1.35 cm at the cranial pole and 0.65 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 (2.5 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 borderline small and slightly irregular. 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.



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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.

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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. Duodenum wall measures 0.42 cm. Jejunum wall measures 0.35 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.

Pancreas

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The left limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is a large, hypoechoic structure visualized caudal to the stomach in the region of the left limb of the pancreas, which exhibits relatively low vascularity, most consistent with a cystic structure. This measures 3.06 cm x 4.52 cm. Adjacent to this there is a 2nd hypoechoic structure measuring 1.74 cm in diameter with a cystic region, most consistent with a cystic lymph node or nodule. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

There is scant free fluid noted. No significant diffuse lymphadenopathy is noted. The omentum is generally of normal echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- Two cystic lesions visualized in the region of the left limb of the pancreas – Findings could be consistent with benign pancreatic cysts, less likely abscesses or cystic mass lesions.
- Heterogeneous, irregular liver – 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.
- Scant free abdominal fluid.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The liver appears borderline small and mildly heterogeneous. The gallbladder appears normal, although the bile duct is difficult to follow. Depending on which liver enzymes are elevated and the degree of elevation, further evaluation could include a liver function test +/- a biopsy of the liver with samples for histopathology, culture and copper levels (Labradors have been associated with copper hepatopathies and chronic active hepatitis).

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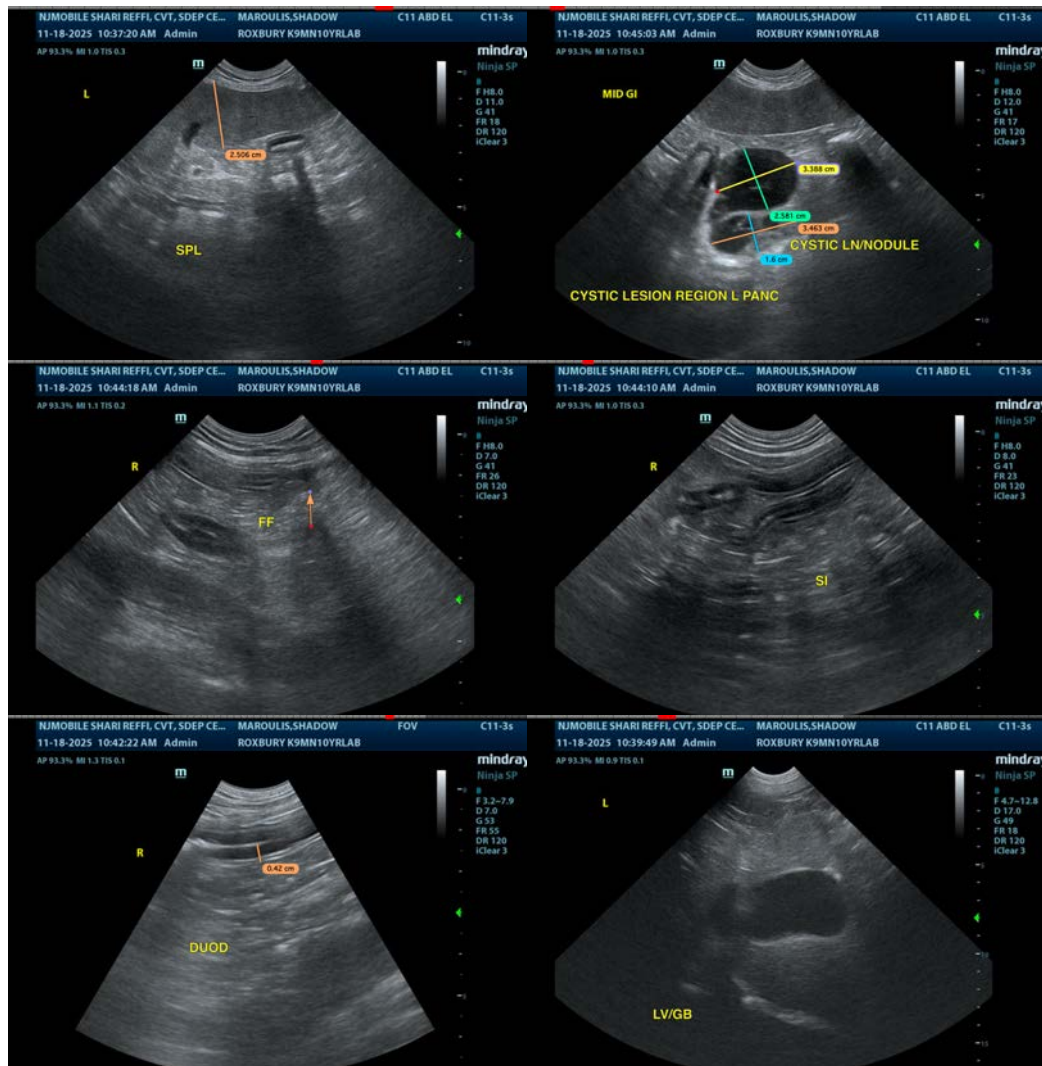
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There is a poorly vascular hypoechoic structure visualized caudal to the stomach, most consistent with a cystic lesion that appears to be associated with the left limb of the pancreas. The nature of this lesion is uncertain. This could represent a benign or early neoplastic lesion. You could consider an aspirate and potential drainage of the fluid for cytologic evaluation (+/- culture). Additionally, you could consider a contrast CT scan to further evaluate the liver/gallbladder and the cystic lesion in case surgical evaluation is desired.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).





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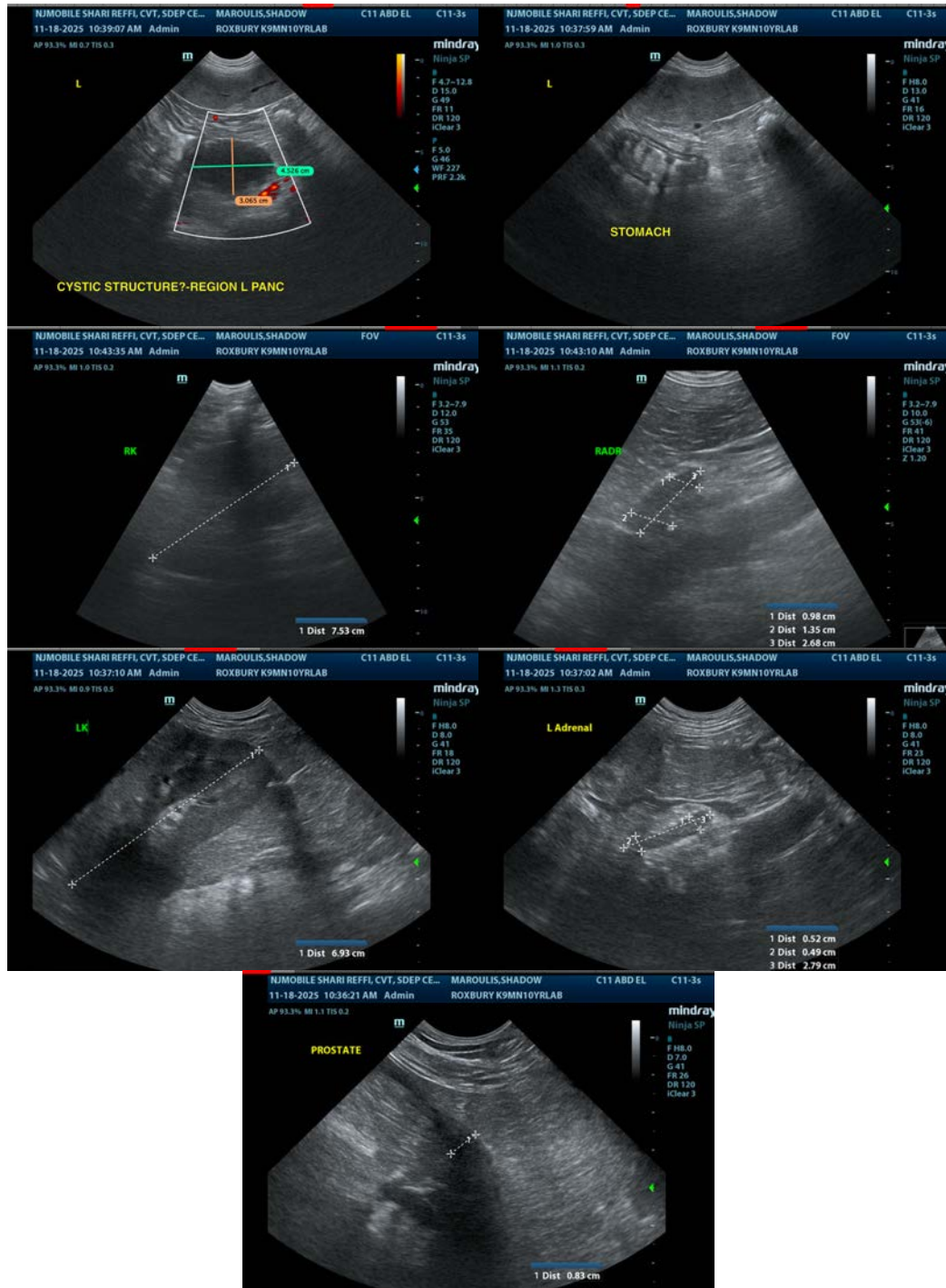
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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