



**PATIENT**

Sammie Jones

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

FS

**AGE**

14 years

**WEIGHT**

14.4 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

MountainView Animal  
Hospital

**REFERRING VET**

Dr. Mariam Malak

**INVOICE**

10793

**DATE**

11/21/2025

**PRESENTING CLINICAL SIGNS**

History of increasing ALT/ALP, suspect primary liver disease (or as secondary hepatopathy to primary GI disease), neoplasia, Cushing's disease vs others. P is doing okay per O. she has been on liver supplements, but no significant improve of live values. Current meds: Denamarin Tablets 225mg.

Abnormal PE/Chem/CBC/UA Results: liver values recheck done on 10/23/2025: ALT(322) has slightly improved, but ALP(245) has gotten higher comparing with last recheck. Otherwise the reminder of BW done on 5/13/2025 is unremarkable.

**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 (3.91 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 (4.17 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 in size measuring 0.71 cm at the cranial pole and 0.99 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 0.6 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 (1.92 cm) 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. No focal parenchymal abnormalities are visualized.

**Liver**

The liver is large in size, and normal in 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 is a somewhat poorly defined, moderate sized hypoechoic mass effect visualized in the left side of the liver measuring 2.31 cm x 4.73 cm. Additionally, there's a smaller nodule measuring 0.8 cm x 1.44 cm, and another measuring 0.96 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. 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**

The stomach is moderately dilated with fluid/gas and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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. The duodenum measured as normal (0.41 cm in wall thickness) and the jejunum measured as normal (0.31 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**

The pancreas is visible/mildly mottled in the right limb. 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**

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.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**ULTRASONOGRAPHIC FINDINGS**

- Large left adrenal. The left adrenal has a benign appearance at this time, most consistent with focal hyperplasia or an adenoma. Recommend continued monitoring.
- Pancreatic changes consistent with pancreatic remodeling.
- Large, heterogenous liver with a poorly defined hypoechoic left sided mass effect and additional poorly defined hypoechoic nodules. These could represent benign or neoplastic lesions (adenoma, carcinoma, other.)
- 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.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The liver is diffusely heterogenous and there are occasional, poorly defined, hypoechoic nodules as well as a larger hypoechoic left sided mass effect. Recommend a fine needle aspirate of the left sided mass lesion for further evaluation. If surgical intervention would be considered, then recommend a contrast CT scan to better determine the margins and extent of the lesion, and to further evaluate the



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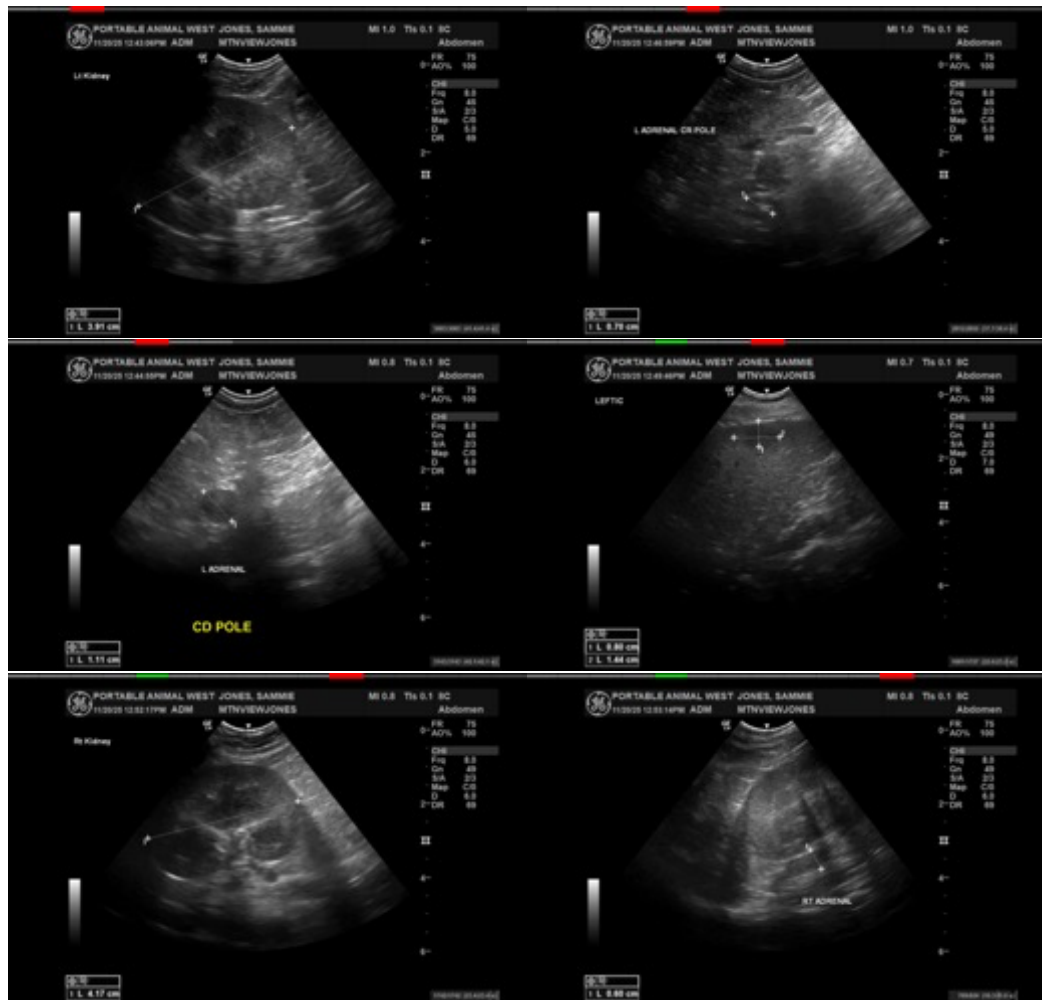
11/21/2025

additional hypoechoic nodules.

If significant symptoms consistent with Cushing's disease are present, you could consider adrenal function testing with the knowledge that this could be difficult to interpret in the face of concurrent disease. Recommend continued monitoring of the left adrenal for continued growth.

There's a moderate amount of debris visualized within the gallbladder. You could consider chronic ursodiol therapy in the hopes that it may have positive hepatic effects as well.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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performed by



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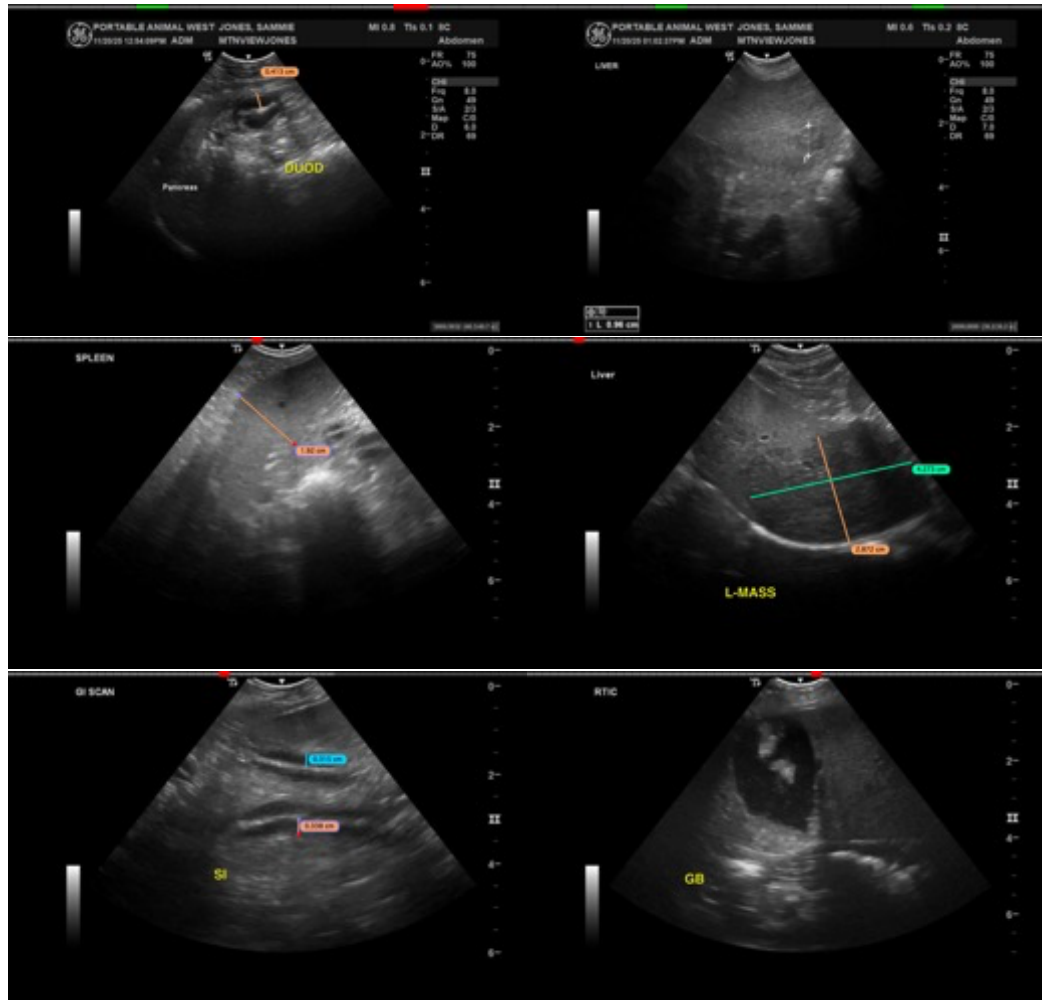
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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