



PATIENT

Lucy Provost

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

12 Years 6 Months

WEIGHT

26.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Harmony Heights
 Veterinary Hospital

REFERRING VET

Dr. Sechrist

INVOICE

71594

DATE

11/5/25

PRESENTING CLINICAL SIGNS

P presented for US due to elevated liver values. Mild improvement in values on Denamarin. P sedated with 0.2 ml dexdom and torb iv.

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 (5.53 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.

The right kidney has a normal shape and size (5.9 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 and slightly irregular in shape, measuring 1.08 cm at the cranial pole and 0.88 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is somewhat abnormal in that there is a subtle hypoechoic nodule in the cranial pole measuring 0.90 cm in diameter. There is no evidence of vascular invasion.

The right adrenal gland is normal in size measuring 0.81 cm at the cranial pole and 0.64 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.

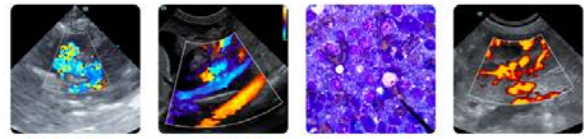
Spleen

The spleen is subjectively normal in size (1.02 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 large in size and rounded with irregular margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are occasional ill-defined hyper- and hypoechoic nodules. A hyperechoic nodule visualized on the right side measures 1.49 cm in diameter.

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.

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 0.47 cm. Jejunum wall measures 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 left limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is a slightly hyperechoic, somewhat poorly defined nodule visualized in the left limb of the pancreas measuring 1.49 cm x 1.63 cm. There is no evidence of regional mesenteric inflammation or fluid.

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.

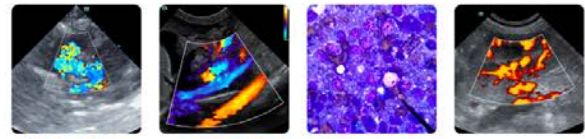
ULTRASONOGRAPHIC FINDINGS

- Large left adrenal with a hypoechoic nodule in the cranial pole – Findings could be consistent with generalized hyperplasia with a nodular appearance, an adenoma, or less likely an early neoplastic lesion.
- Prominent, mottled left limb of the pancreas with a slightly hyperechoic/isoechoic nodule – The general appearance of the pancreas is most consistent with chronic pancreatic remodeling. A poorly defined nodule could be an adenoma, a large lymphoid nodule. A neoplastic lesion such as carcinoma, insulinoma round cell neoplasia, other can't be ruled out.
- Large, heterogeneous, irregular liver with ill-defined nodules – 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. The nodules have a somewhat benign appearance. An early neoplastic process cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large, heterogeneous, and nodular. These are non-specific findings, possibly consistent with a vacuolar hepatopathy depending on which liver enzymes are elevated and the degree of elevation.

There is a slightly isoechoic nodule visualized in the left limb of the pancreas. The significance of this is uncertain. This could represent a benign or early neoplastic lesion. There is no evidence of pancreatic inflammation. If a safe window for sampling is available, consider a fine needle aspirate.



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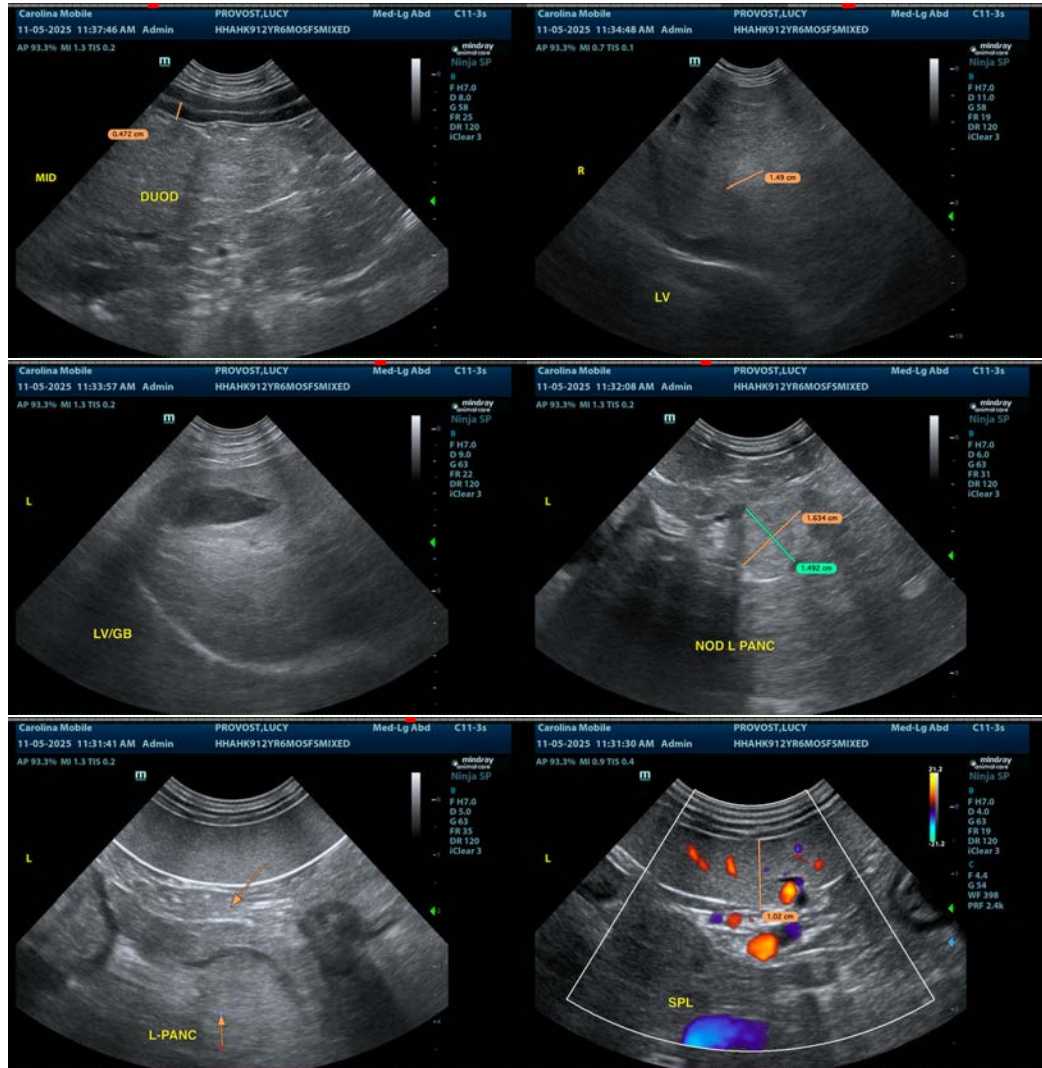
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The left adrenal gland is large with a poorly defined hypoechoic nodule in the cranial pole. Findings could be consistent with irregular hyperplasia, a small adenoma, or even an early neoplastic lesion. If signs of Cushing's are present, you could consider adrenal function testing. Additionally consider a blood pressure evaluation. If hypertension is present, consider screening for a pheochromocytoma, and strongly recommend close continued monitoring with ultrasound (recheck in 8-12 weeks, sooner if concerned). Additionally, you could consider a contrast CT scan to further evaluate the left adrenal, pancreatic lesion, and liver.

Consider a liver function test and a fine needle aspirate of the liver.





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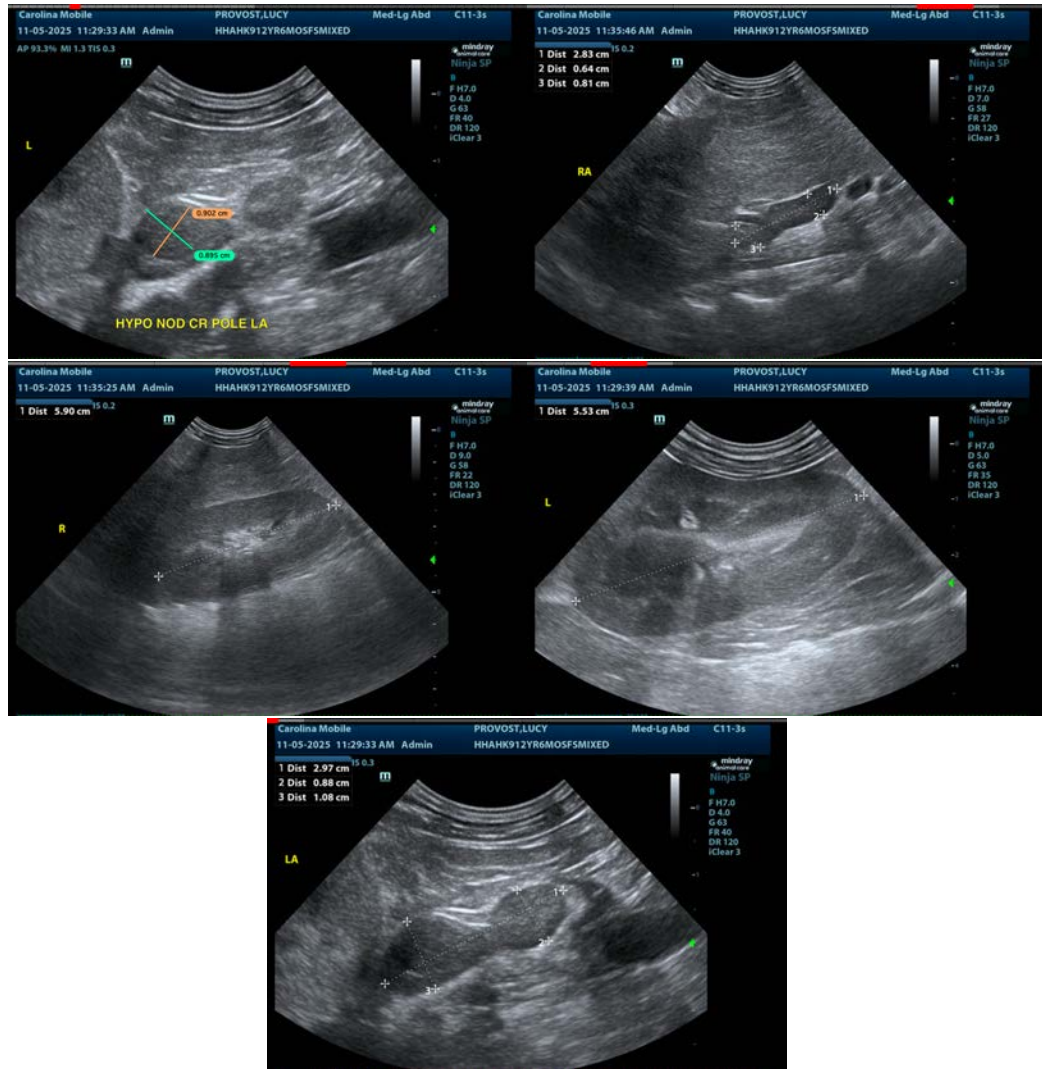
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com