



## PATIENT

Sophia Heath

## SPECIES

Canine

## BREED

Cattle Dog x

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

24.4 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sarah Green

## HOSPITAL NAME

Healing Spirit Animal  
Wellness

## REFERRING VET

Dr. Sarah Green

## INVOICE

71617

## DATE

11/5/25

## PRESENTING CLINICAL SIGNS

Scan performed due progressive elevation of liver enzymes on chemistry  
Abnormal PE/Chem/CBC/UA Results: ALT = 420 (18 - 121) U/L, AST = 128 (16 - 55) U/L, Globulin = 4.3 (2.4 - 4.0)g/dL

## 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 (4.29 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 (3.71 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 0.61 cm at the cranial pole and 0.61 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

### *Spleen*

The spleen is subjectively normal in size, 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 normal in size but slightly irregular in shape. The visible portions of the vasculature and biliary tract appear normal. On the sagittal view of the liver there is a rounded, isoechoic region that appears to be in the mid left region, measuring 3.76 cm x 3.53 cm. This could represent an isoechoic mass effect or a rounded liver lobe.

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 0.46 cm. Jejunum wall measures 0.35 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, 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

- Isoechoic "mass effect" in the mid left region of the liver – This could represent anatomic variation/a rounded liver lobe or a poorly defined mass effect.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is an isoechoic rounded area visualized in the sagittal view of the liver most consistent with a lesion in the mid left region of the liver. This structure is not visualized on all views and could be consistent with a rounded liver lobe. If this is a true mass effect, this would be most consistent with an adenoma, carcinoma, other. Options moving forward could include a fine needle aspirate of this region of the liver for cytologic evaluation, continued monitoring with ultrasound, or even a contrast CT scan of the region.

If clinically appropriate, consider screening for Leptospirosis. Additionally consider a liver function test (pre- and post-prandial bile acids) to assess for significant liver dysfunction. If the liver enzyme elevation is secondary to a chronic primary hepatopathy, it is likely that biopsies of the liver with samples for histopathology, culture and copper levels may be warranted.



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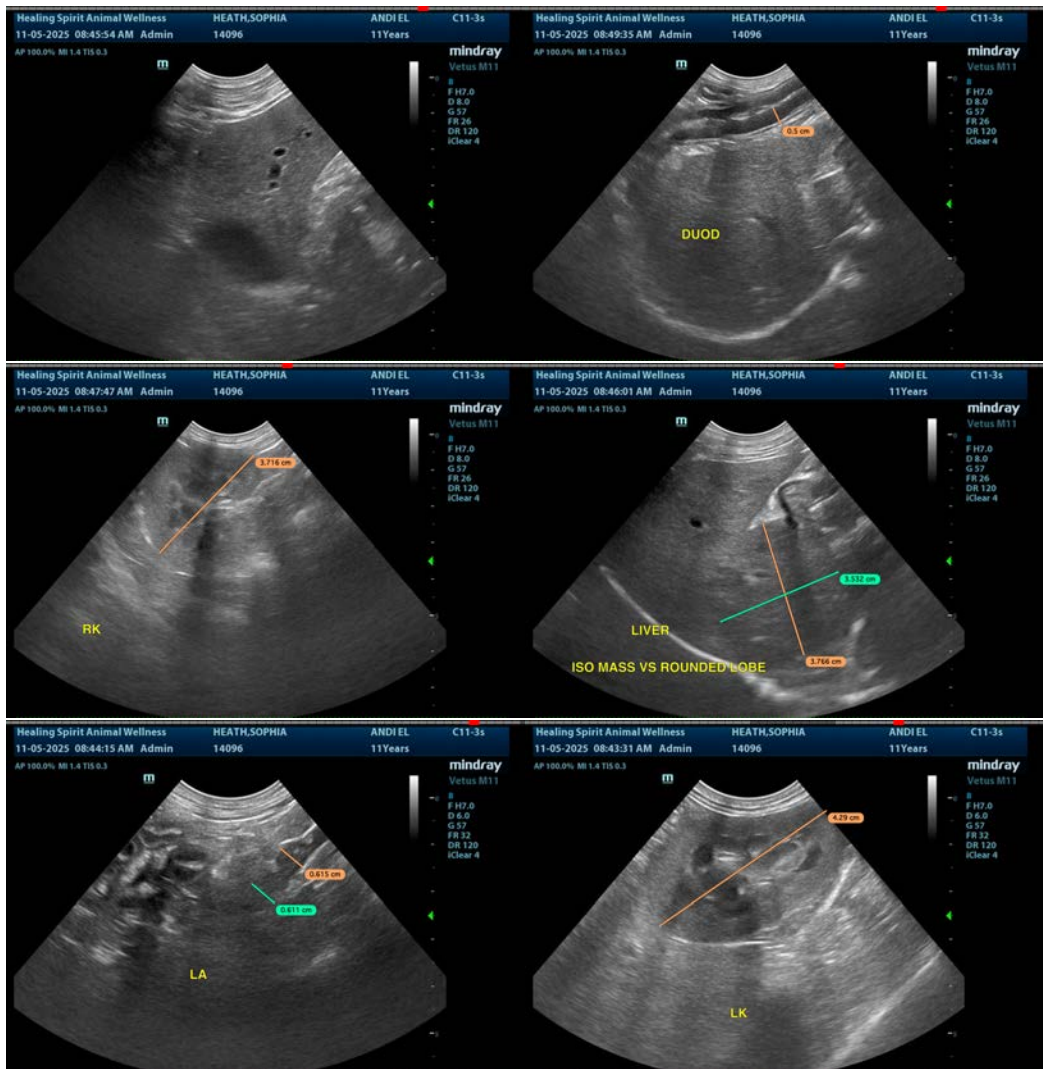
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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