



PATIENT

Sophie Mott

SPECIES

Canine

BREED

Shetland

SEX

Spayed Female

AGE

14 years

WEIGHT

27.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. John Ammeraal

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr. John Ammeraal

INVOICE

10691

DATE

11/05/2025

PRESENTING CLINICAL SIGNS

Appetite decreased for a week. Vomited on Thurs and Sun. Did eat later on Sunday and no vomiting. HAs chronic cough as well.

Abnormal PE/Chem/CBC/UA Results: General exam normal, ALT 796 U/L, ALKP 1631 U/L, AST 71 U/L, GGT 13 U/L Tbili: 0.3mg/dL, ALT/AST Normal in June BUN 42mg/dL, CBC Normal USG 1.023. UPC 6.2 as well. Rods 26-50 free catch, WBC 2-3 Blood trace.

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 (5.14 cm). Overall echogenicity is slightly hyperechoic with poor 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 (6.2 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. Mild pyelectasia noted measuring 0.34 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is large in size measuring 1.05 cm at the cranial pole and 1.35 cm at the caudal pole, and irregular/mottled. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that it's very large and mottled. No discrete nodule is observed. No evidence of vascular invasion is visualized.

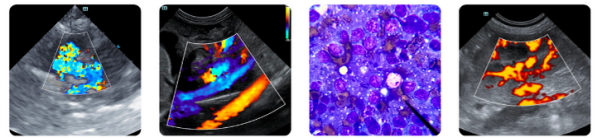
The right adrenal gland is normal in size measuring 0.68 cm at the caudal pole, and the cranial pole is not clearly visualized. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with 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.

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 hyperechoic nodule on the left side, measuring 1.08 cm in diameter.



PATIENT

Sophie Mott

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

SPECIES

Canine

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.

BREED

Shetland

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 (0.54 cm in wall thickness) and the jejunum measured as normal (0.27 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Spayed Female

AGE

14 years

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.

WEIGHT

27.2

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.

INTERPRETED BY

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

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

Dr. John Ammeraal

ULTRASONOGRAPHIC FINDINGS

- Large, mottled left adrenal. Findings could be consistent with an adrenal mass lesion or significant hyperplasia.
- Age related changes visualized associated with both kidneys. With left sided pyelectasia. Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Large, heterogenous liver with occasional ill-defined hypo- and hyperechoic nodules. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy.
- Large gallbladder debris. A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr. John Ammeraal

INVOICE

10691

DATE

11/05/2025



PATIENT

Sophie Mott

SPECIES

Canine

BREED

Shetland

SEX

Spayed Female

AGE

14 years

WEIGHT

27.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. John Ammeraal

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr. John Ammeraal

INVOICE

10691

DATE

11/05/2025

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

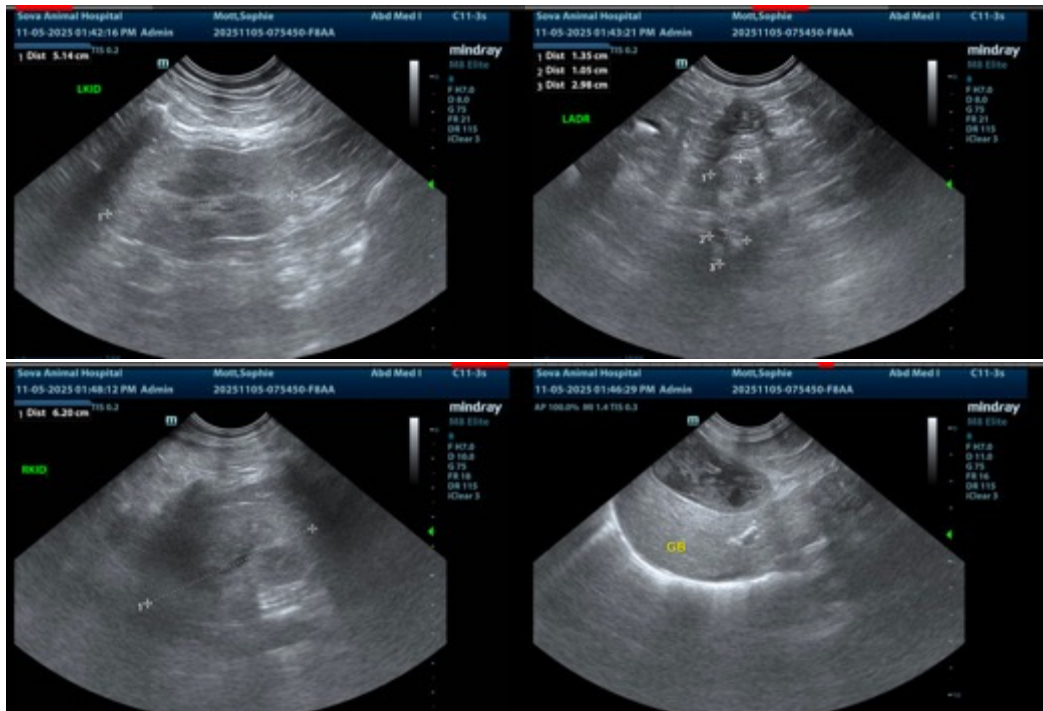
The liver appears large and diffusely heterogenous with occasional ill-defined hyper- and hypochoic nodules. The left side of the liver in particular appears to extend caudally and is difficult to differentiate from the spleen. No discrete mass effect is visualized but this area should be monitored. Recommend a liver function test and a fine needle aspirate of the liver (possibly the left caudal lobe to further assess.) If liver function is abnormal and/or liver values continue to rise, a contrast CT scan may eventually be warranted to further evaluate and possible a biopsy of the liver with samples for histopathology, culture, and copper levels.

The left adrenal is large and mottled. The right adrenal is difficult to visualize and only a relatively normal appearing caudal pole is visible. This favors the possibility of an abnormally enlarged, irregular left adrenal. This could be a mass effect in and of itself, or hyperplasia. If symptoms of Cushing's disease are present, consider adrenal function test and continued monitoring of adrenals with ultrasound (re-check in 8-12 weeks) looking for significant change over time.

No focal lesions were visualized associated with the GI tract to explain the vomiting reported. Recommend empirical treatment for gastroenteritis. If symptoms are persistent, repeat evaluation in the future may be warranted to look for the development of a more prominent lesion.

There's a large amount of debris visualized associated with the gallbladder. There's no evidence of significant wall thickening or inflammation but given the liver enzyme elevations consider treatment for cholecystitis with a course of ursodiol, denamarin, and antibiotics (2-4 weeks) and reassessment of liver values post-treatment. Initially, the gallbladder should be monitored with ultrasound to look for progression to a mucocele.

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





PATIENT

Sophie Mott

SPECIES

Canine

BREED

Shetland

SEX

Spayed Female

AGE

14 years

WEIGHT

27.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. John Ammeraal

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

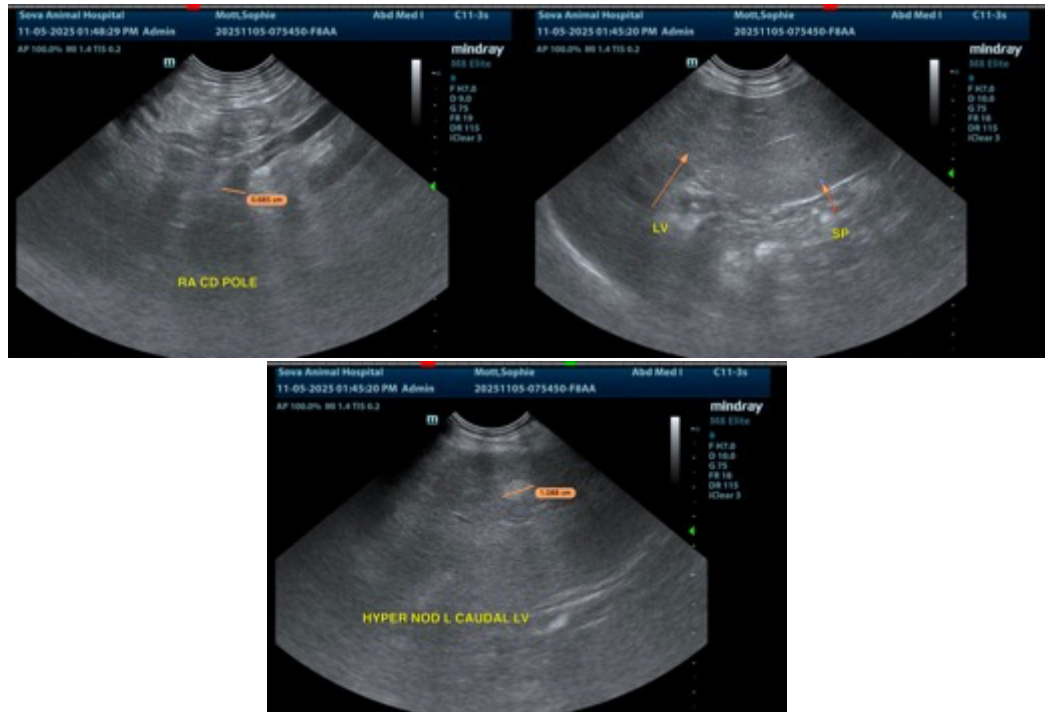
Dr. John Ammeraal

INVOICE

10691

DATE

11/05/2025



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.

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