



**PATIENT**

Daisy Cooke

**SPECIES**

Canine

**BREED**

Bull Terrier

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

54.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Stoney Creek  
 Veterinary Hospital

**REFERRING VET**

Dr. Eldred

**INVOICE**

72506

**DATE**

12/11/25

**PRESENTING CLINICAL SIGNS**

P presented for US due to chronic hepatopathy  
 Abnormal PE/Chem/CBC/UA Results: ALb 4, ALT 361, ALKP 554, Chol 375, AI 108 WBC 24.5, Neu 22.8

**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 is normal in size (6.31 cm). Renal margins are irregular with some focal indentations suggestive of previous infarcts. Overall echogenicity is slightly hyperechoic with mildly reduced 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 or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.6 cm) but slightly irregular in shape with irregular capsule and a marginal indentation most consistent with a previous infarct. Overall echogenicity is slightly hyperechoic with mildly reduced 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 or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal/borderline "flat" measuring 0.36 cm at the cranial pole and 0.46 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 1.39 cm at the cranial pole and 0.59 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 (1.17 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 subjectively normal in size, and 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. No focal nodules or cystic lesions are observed.

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 contains mild/moderate shadowing ingesta. 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 0.44 cm. Jejunum wall measures 0.31 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 area of 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. There is no significant lymphadenopathy. In the cranial abdomen there is a prominent, slightly cystic lymph node most consistent with a cystic portal lymph node measuring 0.83 cm x 2.28 cm. The omentum is of normal echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

- Mildly reduced corticomedullary distinction in both kidneys with evidence of previous infarcts – The renal lesions identified are ill defined and hyperechoic, these could be consistent with previous renal infarcts and can be an indicator of current or previous renal disease.
- Heterogeneous 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.
- 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.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No focal lesions are visualized associated with the liver to explain the elevations in liver enzymes reported. There is a moderate amount of debris visualized in the gallbladder but no evidence of wall thickening or surrounding inflammation. A primary hepatopathy is suspected. Further evaluation could include a liver function test +/- a fine needle aspirates (to rule out round cell neoplasia, etc.). It is likely that liver biopsies with samples for histopathology, culture and copper levels would be necessary for a more definitive diagnosis. If this is a new elevation, you could consider treatment for acute liver injury with a course of Ursodiol, Denamarin, and antibiotics to see if values improve.



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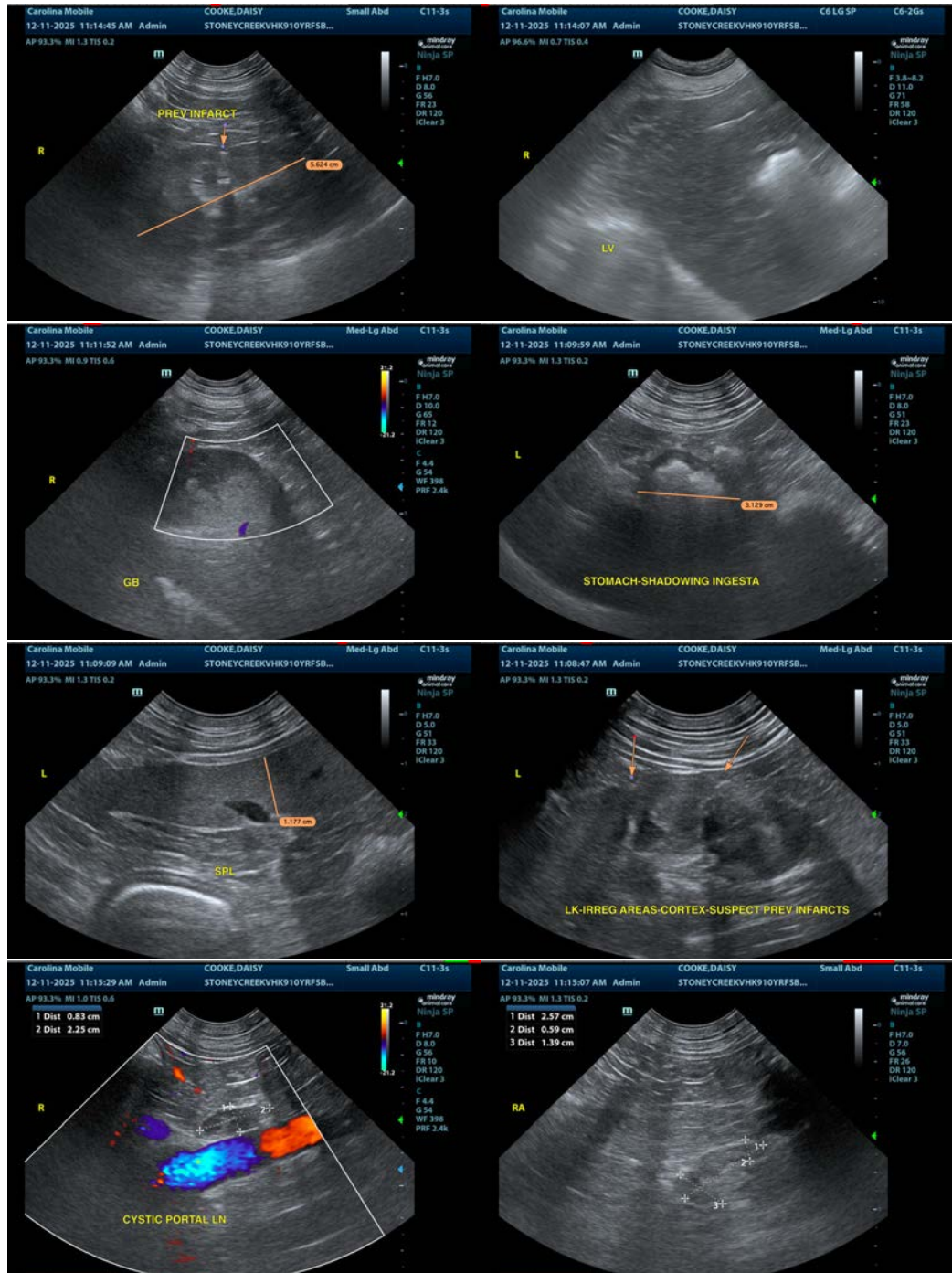
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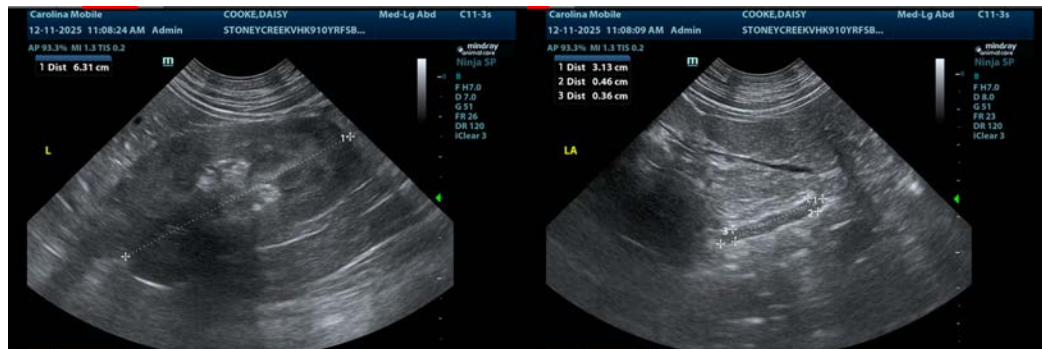
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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