



PATIENT

Riley Howe

SPECIES

Canine

BREED

Hound x

SEX

Spayed Female

AGE

8 Years

WEIGHT

57 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Willowbrook Animal
Clinic

REFERRING VET

Dr. Bott-Wentworth

INVOICE

72509

DATE

12/11/25

PRESENTING CLINICAL SIGNS

Elevated ALP
Abnormal PE/Chem/CBC/UA Results: CBC WNL ALP-1697 USG-1.013

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The apical wall of the bladder appears slightly thickened at 0.67 cm. No mucosal irregularities noted. The 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 (5.64 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 (6.38 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 0.54 cm at the cranial pole and 0.55 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 0.88 cm at the cranial pole and 0.38 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 normal in size and shape. The blood flow through the hilus and splenic parenchyma appears normal. There are occasional hyperechoic lesions/foci visualized within the parenchyma, most consistent with benign myelolipomas.

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 poorly defined hypoechoic nodule in the right side of the liver measuring 1.19 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 mild/moderate fluid/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 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. Jejunum wall measures 0.30 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, 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

- Occasional small, hyperechoic lesions in the spleen – Findings are most consistent with benign myelolipomas.
- Large, heterogeneous liver with an ill-defined hypoechoic right-sided nodule – Findings are most consistent with a vacuolar hepatopathy, although other hepatopathies are possible. The small hypoechoic lesion is most consistent with a benign regenerative nodule. An early neoplastic lesion cannot be ruled out.
- Mildly thickened apical wall of the urinary bladder – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver to explain the elevation in liver enzymes reported. The gallbladder appears normal with no evidence of significant inflammation. The liver is subjectively diffusely enlarged and somewhat heterogeneous. These findings could be consistent with a vacuolar hepatopathy.

The adrenals appear relatively normal in size. The cranial pole of the right adrenal gland is prominent, but likely within normal limits. Lack of adrenal enlargement makes pituitary dependent hyperadrenocorticism less likely but does not definitively rule it out. If classic symptoms of Cushing's are present, you could consider adrenal function testing. Additionally, this could be consistent with a primary vacuolar hepatopathy. If a more significant hepatopathy is suspected, then a fine needle aspirate of the liver and a liver function test would be recommended.



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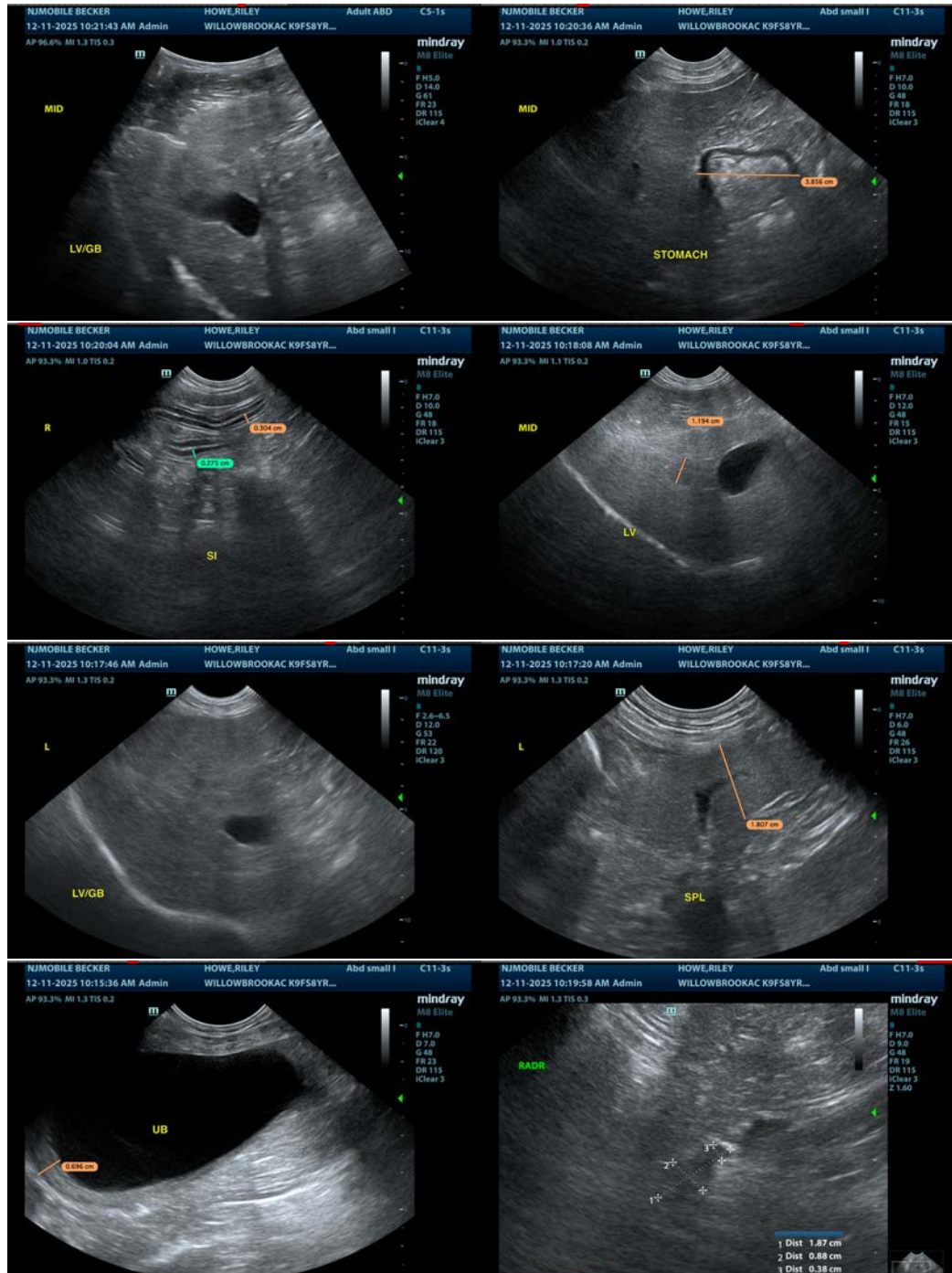
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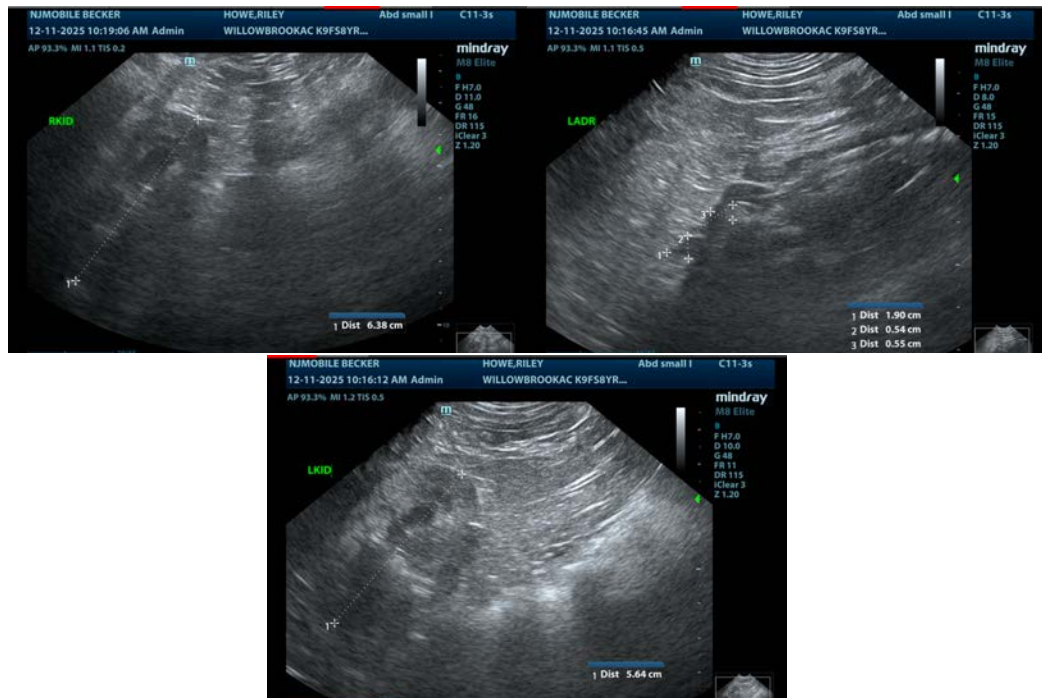
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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