

PATIENT

Harper Hooper

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Neutered Male

AGE

2014

WEIGHT

7.44 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Roundhill Animal
Hospital

REFERRING VET

Dr. Carl Kelly

INVOICE

72277

DATE

12/2/25

PRESENTING CLINICAL SIGNS

2-3/6 systolic murmur. Liver inflammation. Sent picture of recent values. Current medications:

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 prostate is normal in size (1.19 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.63 cm) with a small pinpoint mineralization measuring 0.20 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 (4.84 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 0.58 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 right adrenal gland is normal in size measuring 0.63 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.

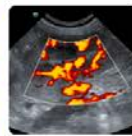
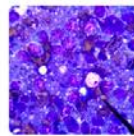
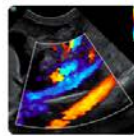
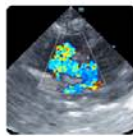
Spleen

The spleen is 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. There is a focal hyperechoic lesion visualized within the parenchyma, most consistent with a benign myelolipoma measuring 0.49 cm.

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 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.



PATIENT

Harper Hooper

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Neutered Male

AGE

2014

WEIGHT

7.44 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Roundhill Animal
Hospital

REFERRING VET

Dr. Carl Kelly

INVOICE

72277

DATE

12/2/25

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.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to mild fluid/gas/ingesta. Findings are most consistent with a non-fasted patient. Alternately, findings could be consistent with mild enteritis, or less likely partially obstructive foreign material. 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 0.45 cm. Jejunum wall measures 0.38 cm. Visualized peristalsis appears appropriate.

Sections of colon are visualized with formed fecal material and gas shadowing distally. The descending colon appears mildly thickened with intact wall layering, measuring at 0.37 cm.

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. There is no evidence of a significant lymphadenopathy. A prominent jejunal lymph node is visualized measuring 0.64 cm. The pancreaticoduodenal lymph node appears cystic measuring 1.09 cm in diameter. The omentum is of normal echogenicity.

PRIMARY FINDINGS

- 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.
- Large, distended gallbladder with a large amount of hyperechoic 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.
- Mild diffuse fluid/gas/ingesta distention of the small intestine – Findings could be consistent with a post-prandial patient or mild enteritis.
- Thickened descending colonic wall with intact wall layering – Findings are most consistent with mild colitis.

SECONDARY FINDINGS

- Hyperechoic lesion in the spleen – Findings are most consistent with a benign myelolipoma. Recommend continued monitoring.



PATIENT

Harper Hooper

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Neutered Male

AGE

2014

WEIGHT

7.44 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Roundhill Animal
Hospital

REFERRING VET

Dr. Carl Kelly

INVOICE

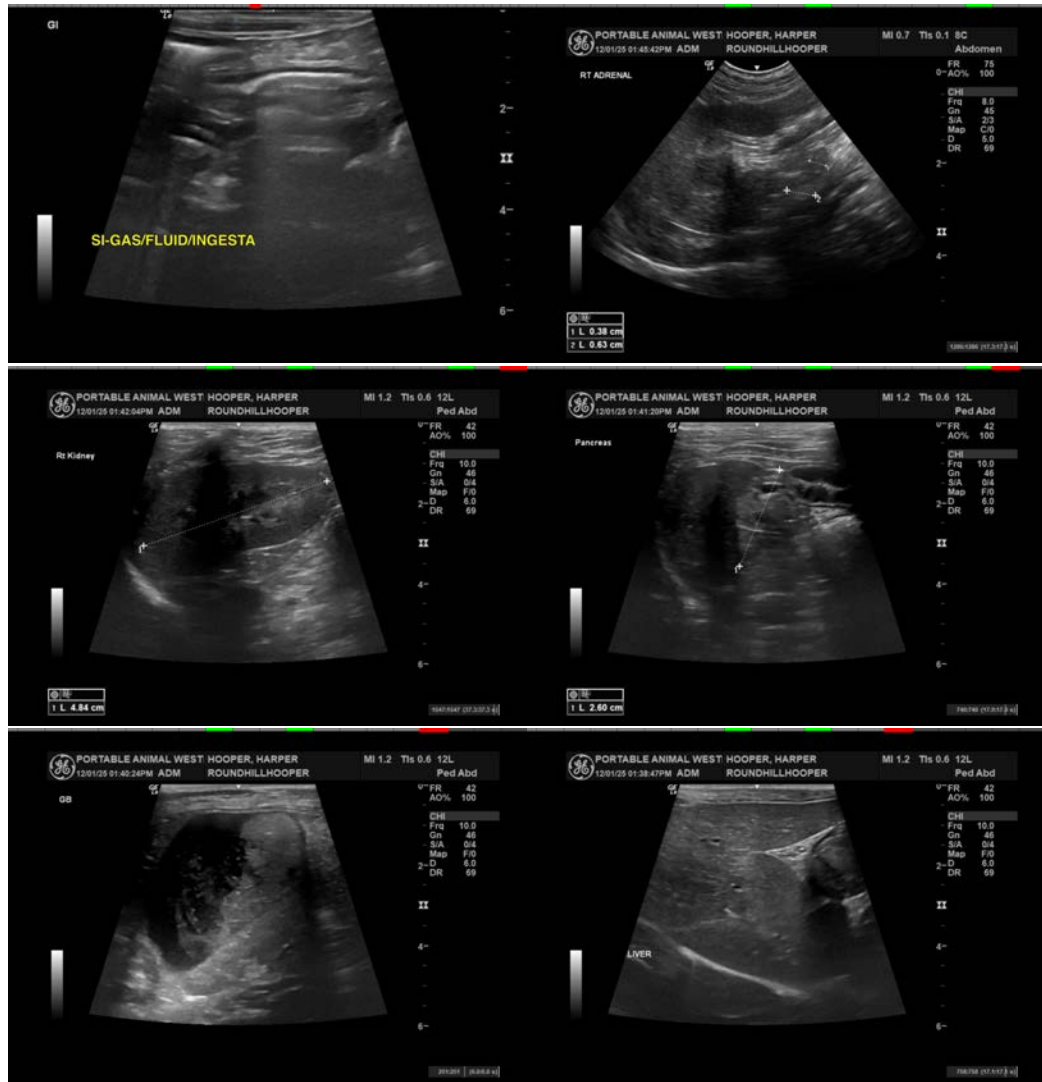
72277

DATE

12/2/25

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

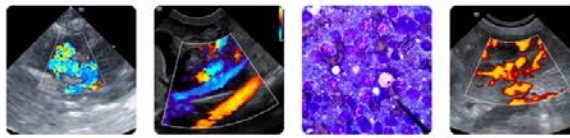
No focal lesions are visualized associated with the liver to explain the elevation in liver enzyme reported. There is a large amount of debris visualized in the gallbladder. Recommend initiating chronic Ursodiol therapy and continued monitoring of the gallbladder for progression to a mucocele or similar. For further evaluation of a primary hepatopathy, consider a liver function test +/- a fine needle aspirate of the liver (provided coagulation parameters are normal). If liver function is significantly abnormal and/or liver values continue to rise and this is concerning, then biopsies of the liver with samples for histopathology, culture and copper levels could be considered.



Imaging performed by



pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telectology
Educational Teleconsultation Services™

SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Harper Hooper

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Neutered Male

AGE

2014

WEIGHT

7.44 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Roundhill Animal
Hospital

REFERRING VET

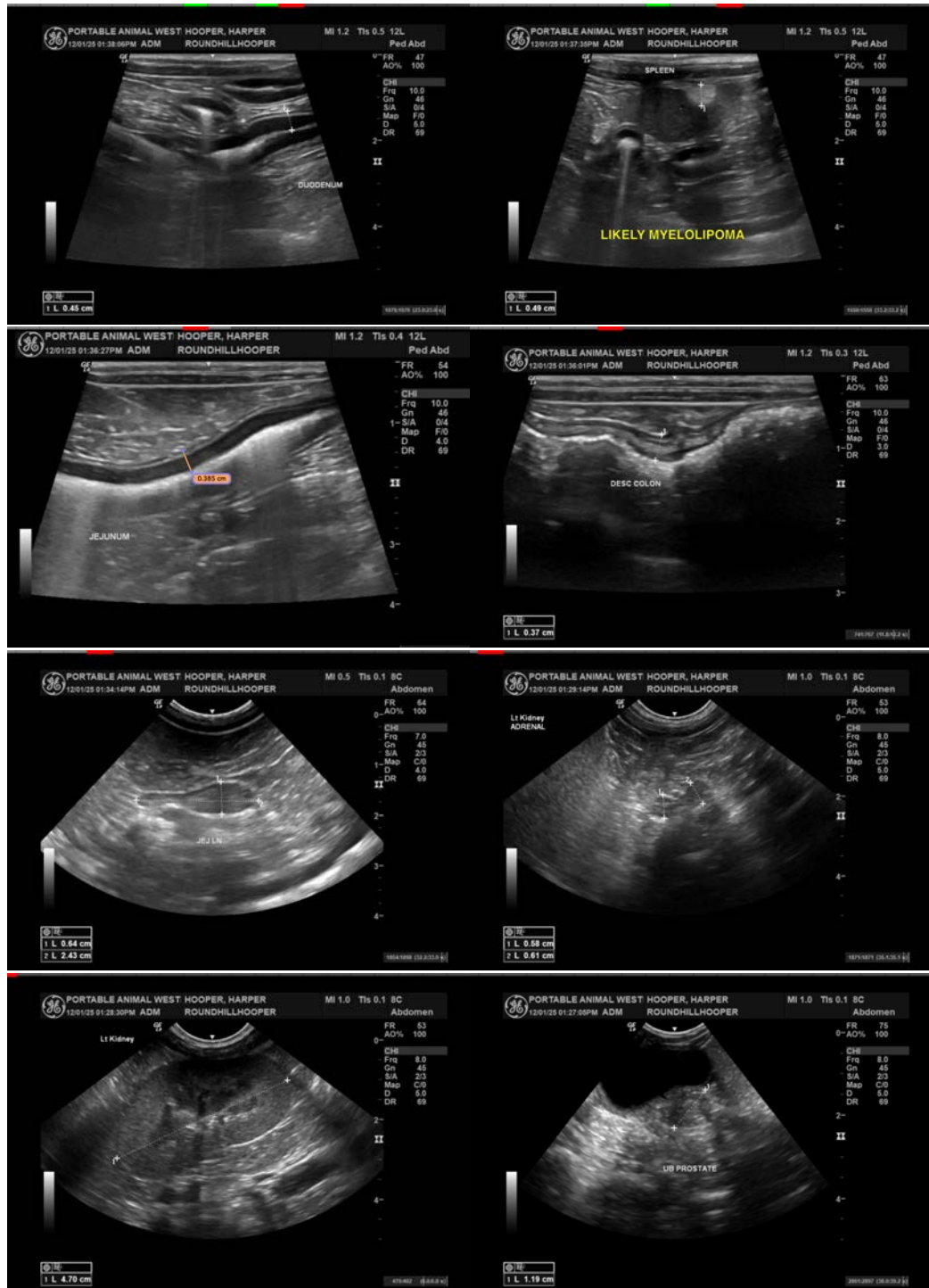
Dr. Carl Kelly

INVOICE

72277

DATE

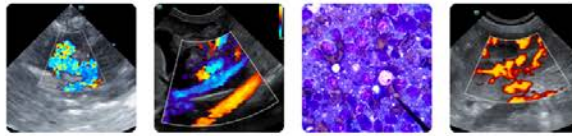
12/2/25



Imaging
performed by



Perkins Animal Hospital, Sonography, Inc.
pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telectology
Educational Teleconsultation Services™

SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Harper Hooper

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Neutered Male

AGE

2014

WEIGHT

7.44 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Roundhill Animal
Hospital

REFERRING VET

Dr. Carl Kelly

INVOICE

72277

DATE

12/2/25

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