



## PATIENT

Fritz Street

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Neutered Male

## AGE

4 Years

## WEIGHT

32.9 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Carlie Kolttek, RVT

## HOSPITAL NAME

Oakbank Animal  
Hospital

## REFERRING VET

Dr. Carly Mayo

## INVOICE

72744

## DATE

12/23/25

## PRESENTING CLINICAL SIGNS

Presented Dec. 16th for ADR - on/off appetite for a few weeks and diarrhea for the past few days. History of hypothyroidism. Has been on Thyro Tabs since 2022. Historical elevation in ALP (noted at anesthetic procedure in April 2025). Suspected Cushings Disease? vs. primary liver disease Medications: Thyro tabs 0.8mg PO q 12 hr - ongoing since Oct. 2022 Amoxicillin 500 mg PO Q 12 hr x 7 d - started December 16/25 Cerenia 60 mg - PO q 24-48 hrs PRN - started December 16/25 Tobramycin OS TID x 7 d - started Dec. 16/25 Metacam 0.1mg/kg PO SID, PRN For arthritic pain - started December 16/25

Abnormal PE/Chem/CBC/UA Results: PE findings: distended, non-painful cranial abdomen. Unilateral conjunctivitis OS. Loose/mucoid stool on rectal exam. Non-febrile. DR Panel: CBC/Chem17/Iytes/QPL: Lack of stress leukogram, eosinopenia, ALP = 4183 (severe elevation), mod elevation in ALT, elevated GGT and cholesterol (mild), marginal elevation in BUN (normal SDMA and creatinine), T4 high = 53, consistent with over-supplementation of thyrotabs UA: USG 1.017, proteinuria

## 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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (6.86 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 (7.94 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 0.49 cm at the cranial pole and 0.63 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 (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.



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## Liver

The liver is large in size and irregular. 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 hyperechoic mass effect visualized in the mid right region of the liver, which appears to be arising from the liver, measuring at 8.5 cm x 7.84 cm.

Visualization of the gallbladder is somewhat limited. It appears moderately distended with a normal gallbladder wall with a smooth mucosal surface. Luminal contents appear mild and likely incidental at this time. The cystic and common bile ducts are not visible.

## Gastrointestinal

The visualized area of the stomach contains minimal luminal contents. Wall thickness appears normal with some variability due to the presence of rugal folds. There is no impression of reduced peristaltic activity, masses, or focal lesions 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 0.36 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 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

- Heterogeneous rounded liver with a poorly defined, large, hyperechoic mass effect that appears to be involving the mid right caudal aspect of the liver – Findings are most concerning for a primary hepatic mass lesion (adenoma, carcinoma, other).

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears somewhat heterogeneous and there is poorly defined, abnormal, hyperechoic tissue in this region, most suggestive of a large hepatic mass lesion. The hyperechoic nature is generally suggestive of a primary hepatic mass lesion such as an adenoma, carcinoma, other. The mass lesion present interferes with full evaluation of some of the other cranial abdominal structures. Recommend a contrast CT scan to better evaluate the nature and extent of this lesion and to assess for surgical resection. A fine needle aspirate could also be considered. If this appears to be a solitary primary hepatic mass lesion, prognosis can be good with successful surgical resection if it is a non-aggressive lesion.



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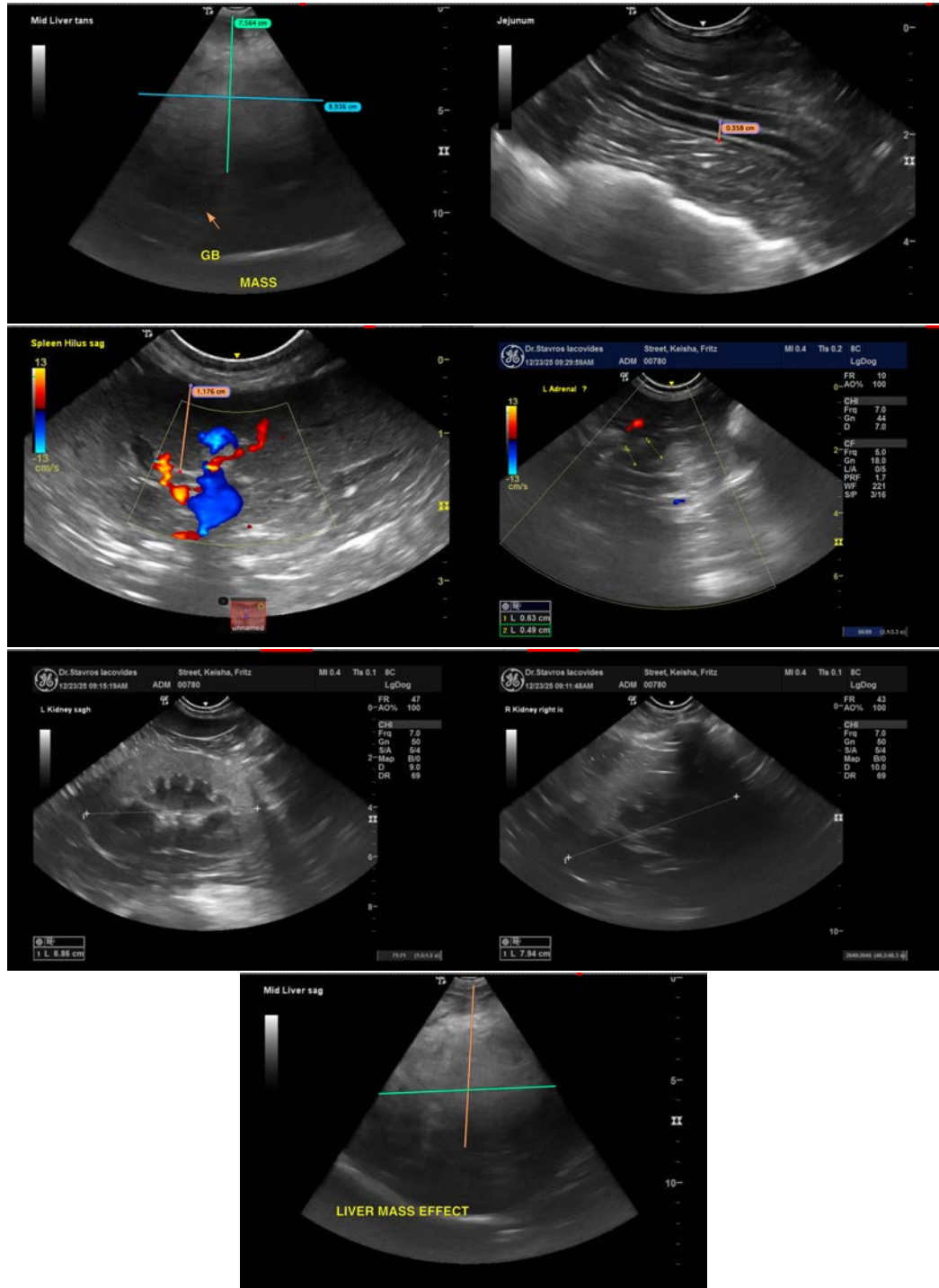
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Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).





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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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