



PATIENT

Princeton Delillo

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

10 Years

WEIGHT

120 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Legacy Animal Hospital

REFERRING VET

Dr. Potenzzone

INVOICE

72860

DATE

12/30/25

PRESENTING CLINICAL SIGNS

Suspected abd. mass. Hepatopathy. Denamarin, carprofen, gaba
Abnormal PE/Chem/CBC/UA Results: mono-0.956 alt-216 glob-4.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The apical wall of the urinary bladder appears thickened and slightly irregular, measuring at 1.0 cm. The region of the trigone appears within normal limits with no mass lesions or calculi visualized. Visualization of the urinary bladder is impaired by lack of urine distention.

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 (7.6 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 (8.33 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 0.81 cm at the cranial pole and 0.89 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 0.96 cm at the cranial pole and 0.72 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 (2.23 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 large with irregular nodular margins. The parenchyma is heterogeneous. The visible portions of the vasculature and biliary tract appear normal. There are too numerous to count, expansile, discrete, hypo- to mixed echogenicity nodules/mass lesions visualized throughout the liver.

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 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.

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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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

There is a small volume of free abdominal fluid. No significant lymphadenopathy. The omentum is mildly diffusely hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular liver with too numerous to count large, expansile, discrete hypo- to mixed echogenicity nodules/mass lesions. Metastatic neoplasia is the primary concern. Other differentials are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is diffusely nodular with large, expansile, discrete hypo- to mixed echogenicity masses/nodules with deviate the hepatic margins. The appearance is most consistent with diffuse metastatic disease, although other differentials are possible. Recommend a fine needle aspirate for cytologic evaluation. If a diagnosis can be obtained, recommend a consultation with a veterinary oncologist regarding the best treatment options and prognosis. Based on the appearance of today's exam, surgical options would be limited.

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



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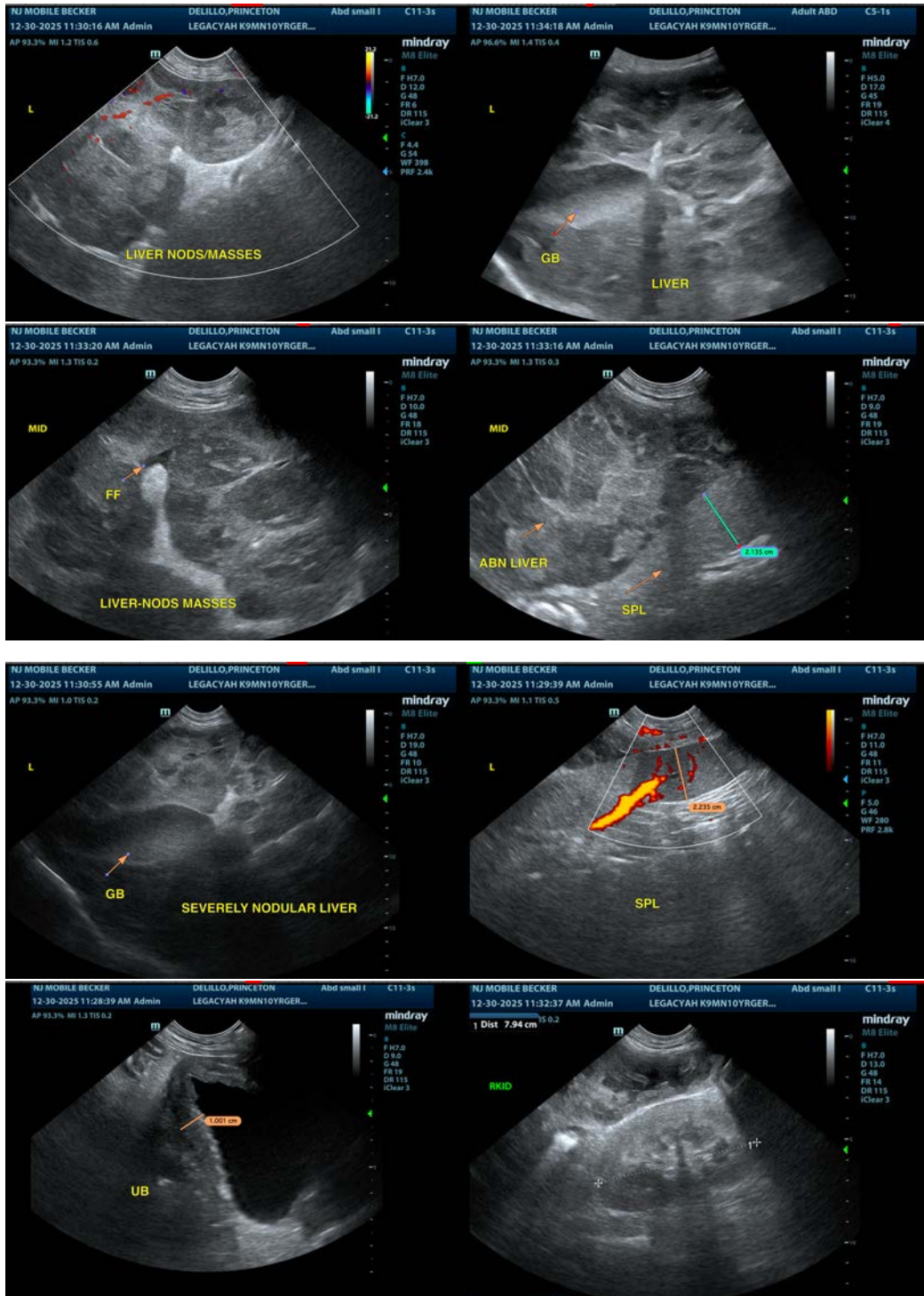
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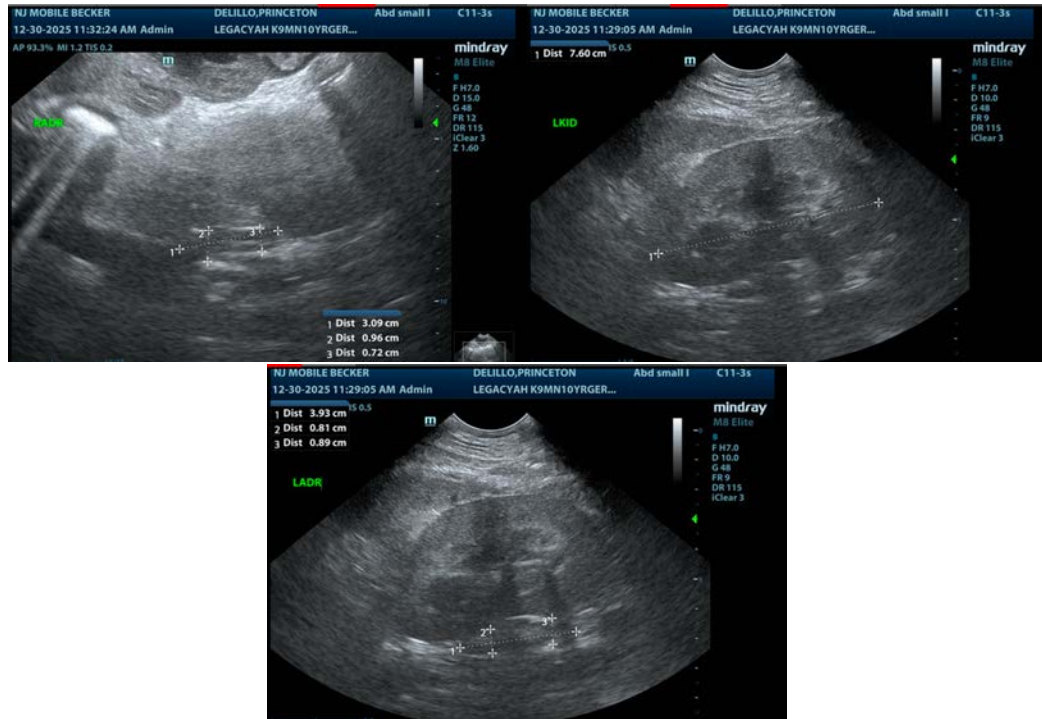
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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