



**PATIENT**

Plato Huffman

**SPECIES**

Canine

**BREED**

Australian Shepherd x

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

46.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Pet Care Clinic of the  
 High Country

**REFERRING VET**

Dr. Sturgill

**INVOICE**

73043

**DATE**

2/18/26

**PRESENTING CLINICAL SIGNS**

P presented after boarding for a few days. While boarding he had a decreased appetite, and blood in his stool. Started on probiotic. P is on Proin, Dasuquin, Ursodiol. P hospitalized and being treated with IVF, Cerenia, Ondansetron, Famotidine, Pantoprazole, Panoquell

Abnormal PE/Chem/CBC/UA Results: HCT 35.2% Previously 47.6, BUN 29, Crea 1.4, TP 9.1, Glob 5.9, Alb 3.2, Markedly elevated Lipase 4351, CPL 979

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is large and appears somewhat overdistended 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 (0.95 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 (6.61 cm) with occasional small cortical cysts. Overall echogenicity is slightly hyperechoic with poor 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 (7.41 cm) with occasional small cortical cysts. Overall echogenicity is slightly hyperechoic with poor 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 large, measuring 2.18 cm at the cranial pole and 1.46 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.

The right adrenal gland is normal in size measuring 0.42 cm at the cranial pole and 0.66 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 (1.28 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 in size and irregular with rounded margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are numerous poorly defined hypoechoic nodules visualized in the



**PATIENT**

Plato Huffman

**SPECIES**

Canine

**BREED**

Australian Shepherd x

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

46.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Pet Care Clinic of the  
 High Country

**REFERRING VET**

Dr. Sturgill

**INVOICE**

73043

**DATE**

2/18/26

parenchyma, examples measure 1.01 cm and 1.1 cm. Some of these deform the hepatic margins. Many of the liver lobes appear somewhat rounded, creating the impression of a poorly defined mass effect, but a definitive mass effect is not visualized. A small cystic structure is visualized on the left measuring 0.75 cm.

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. There are at least two hyperechoic shadowing foci visualized within the gallbladder, most consistent with mineralized debris/choleliths (0.54 cm and 0.86 cm). The cystic and common bile ducts are normal/not visible.

***Gastrointestinal***

The stomach contains mild gas and fluid. 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. There is some mild shadowing material in the stomach most consistent with a small amount of ingesta etc.. no evidence of an obstruction is observed but foreign material cannot be definitively ruled out.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.60 cm. Jejunum wall measures 0.41 cm. There is mild mucosal speckling visualized associated with the duodenum. 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 right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic 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.

**PRIMARY FINDINGS**

- Large left adrenal gland – Findings could be consistent with benign or neoplastic change (hyperplasia, adenoma, carcinoma, other).
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Large, irregular, rounded, heterogeneous liver with ill-defined hypoechoic nodules that deviate the hepatic margins, and a small cystic structure – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic



**PATIENT**

Plato Huffman

**SPECIES**

Canine

**BREED**

Australian Shepherd x

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

46.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Pet Care Clinic of the  
 High Country

**REFERRING VET**

Dr. Sturgill

**INVOICE**

73043

**DATE**

2/18/26

hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The nodules observed trend toward a more benign process but underlying neoplasia cannot be ruled out.

- Moderate gallbladder debris with small choleliths – 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.
- Mildly thickened small intestine with rare mucosal speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

**SECONDARY FINDINGS**

- Age related changes visualized associated with both kidneys.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The majority of the changes observed on today’s scan are likely consistent with chronic age-related changes. A definitive association with the recent reduction in appetite is not clearly observed. There is a small amount of shadowing material in the stomach but no evidence of an obstruction at this time. Consider treatment for acute gastroenteritis/pancreatitis.

The left adrenal is large, possibly consistent with a mass effect (large but fairly normal in appearance). If the patient has symptoms consistent with Cushing’s, you could consider adrenal function testing (when this acute illness has fully resolved). Options for further evaluation could include continued monitoring with ultrasound or a contrast CT scan.

The liver is large, rounded and heterogeneous with ill-defined hypoechoic nodules. The appearance is most consistent with vacuolar hepatopathy, although I’m surprised no liver enzyme elevations are reported. A fine needle aspirate of the liver could be considered, looking for the possibility of infiltrative neoplasia or similar. A vacuolar hepatopathy with regenerative nodules would be most likely.

There is a moderate amount of debris and at least two suspected choleliths visualized in the gallbladder. In the absence of liver enzyme elevations, the significance of this is uncertain. Ursodiol therapy and continued monitoring could be considered.

The small intestine appears mildly thickened in some regions with mild mucosal speckling, possibly consistent with chronic enteropathy. If there is history of chronic gastrointestinal symptoms, further workup may be warranted.





**PATIENT**

Plato Huffman

**SPECIES**

Canine

**BREED**

Australian Shepherd x

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

46.4 lbs

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Pet Care Clinic of the  
 High Country

**REFERRING VET**

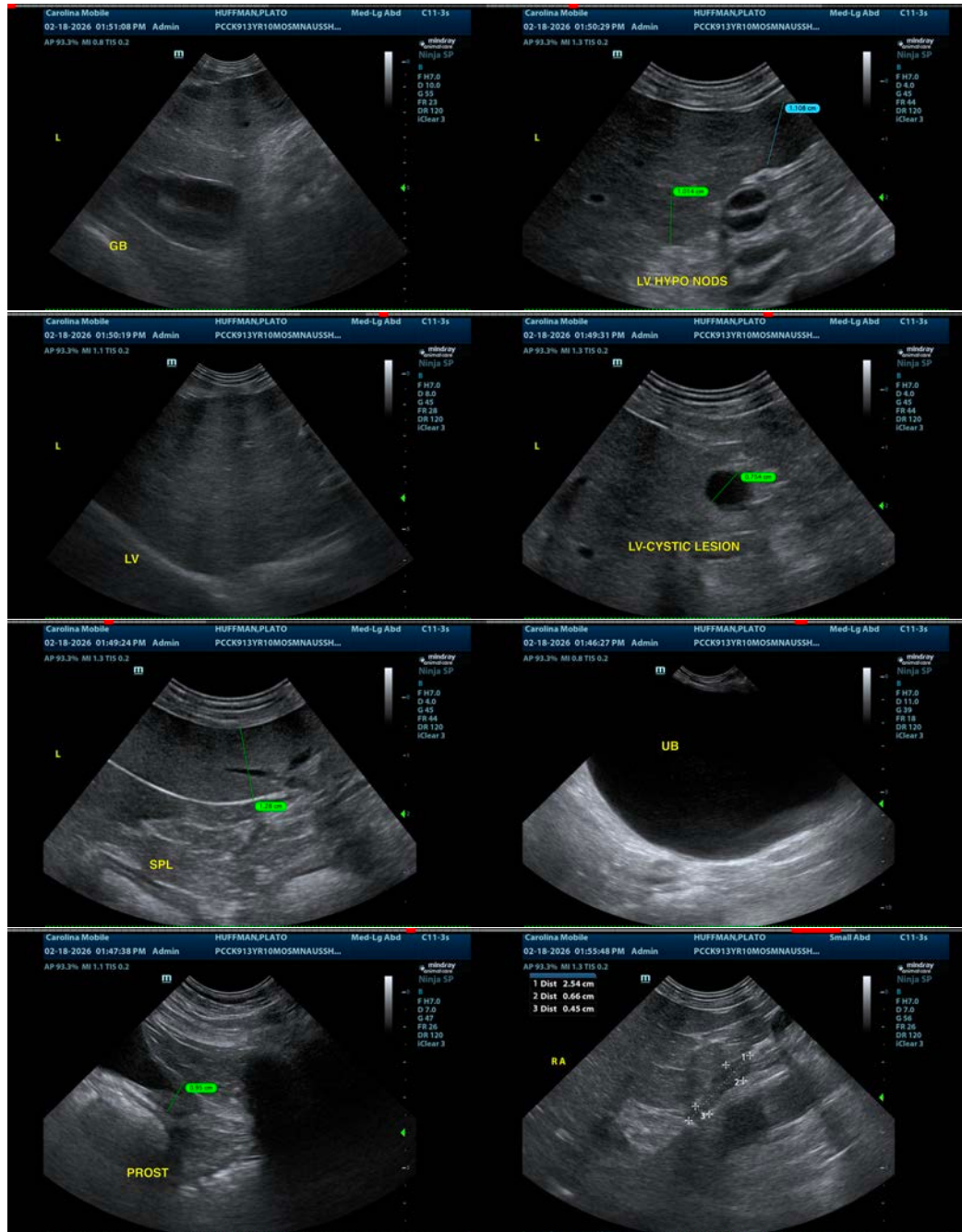
Dr. Sturgill

**INVOICE**

73043

**DATE**

2/18/26





**PATIENT**

Plato Huffman

**SPECIES**

Canine

**BREED**

Australian Shepherd x

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

46.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Pet Care Clinic of the  
 High Country

**REFERRING VET**

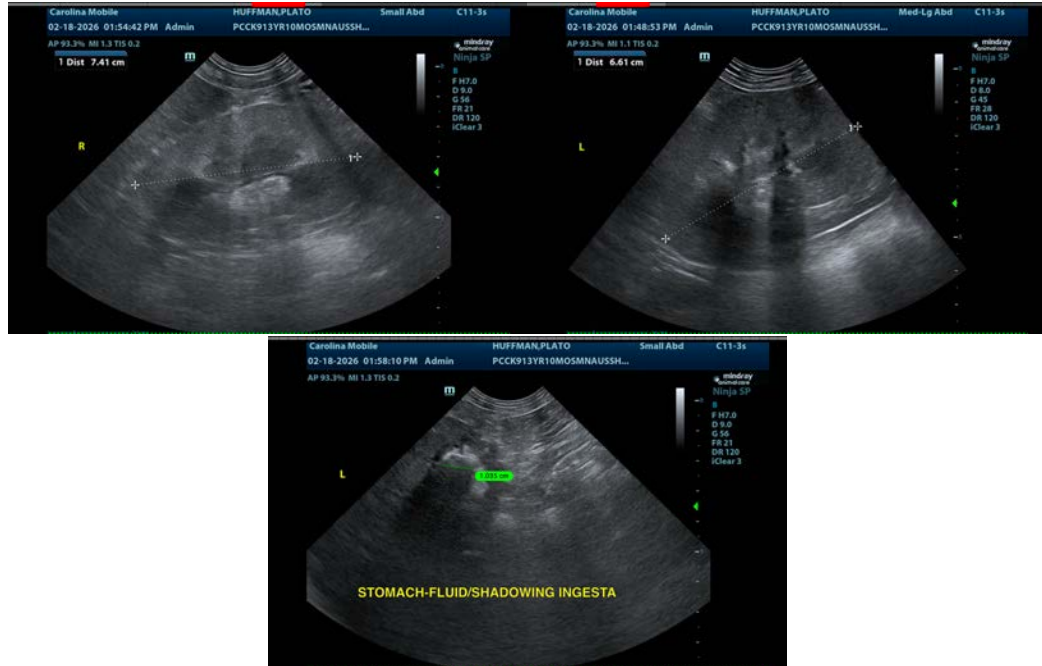
Dr. Sturgill

**INVOICE**

73043

**DATE**

2/18/26



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