



## PATIENT

Abby Wolff

## SPECIES

Canine

## BREED

Labradoodle

## SEX

Spayed Female

## AGE

9 Years 11 Months

## WEIGHT

36.2

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Mark Schlimgen, DVM

## HOSPITAL NAME

Sherwood Family Pet  
Clinic

## REFERRING VET

Mark Schlimgen, DVM

## INVOICE

73120

## DATE

2/19/26

## PRESENTING CLINICAL SIGNS

Workup for liver value elevation and proteinuria. Client reports increased thirst and polyuria for 2-3 years. Very anxious baseline. Clinically doing well overall. Bile acids pending. LDDST pending. Urine culture pending. BP high/normal (stressed). On Clavamox for MDR superficial pyoderma. On Apoquel, no other meds/sups.

Abnormal PE/Chem/CBC/UA Results: BCS 8/9 markedly anxious SDMA 19 (0-14) - Creatinine normal at 1.2. - BUN slightly elevated at 32. - Ca, phos, Na, K all normal. - Cl- is slightly low at 106 (108-119). - The anion gap 27 ( 11-26). - Proteins normal. - ALT and AST normal. - Alkaline phos 200 ( 5-160). - Amylase 1,546 (337-1,469). - Lipase 446 (0-250). - CK 443 (10-200). USG 1.021. - Negative for glucose, ketones, and bilirubin. - Thyroid normal (UPC) of 5.7 (normal <0.5),

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly thickened with a smooth mucosal surface, measuring at 0.46 cm. 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 (6.47 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 (6.04 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 region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

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 (2.59 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 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. No focal nodules or cystic lesions are observed.



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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 is some focal organized tissue visualized within the gallbladder possibly consistent with mucus or similar. The cystic and common bile ducts are normal/not visible.

### **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 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 0.47 cm. Jejunum wall measures 0.47 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 pancreas is visible/mildly mottled in the right limb. 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, 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.
- Mildly thickened small intestine with mild 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**

- Mildly prominent/thickened urinary bladder wall – 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.
- Visible/mildly mottled pancreas – Findings are most consistent with mild pancreatic remodeling.



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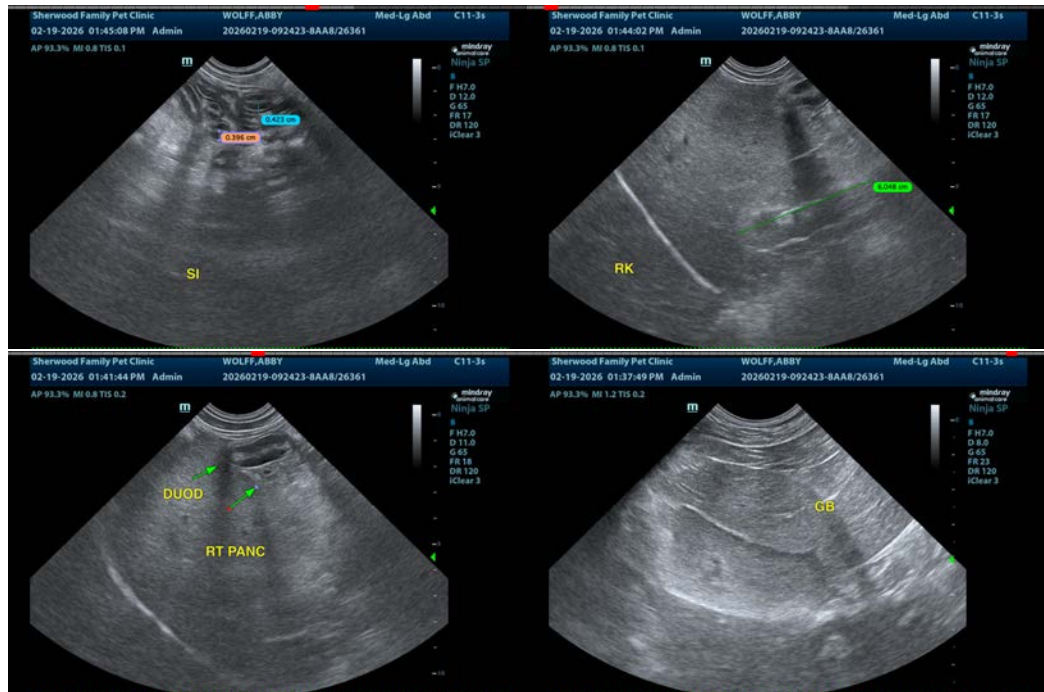
- Moderate gallbladder debris with some suspected suspended mucus – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant focal lesions are visualized associated with the liver. Subjectively it appears somewhat large, possibly consistent with an early vacuolar hepatopathy or similar. Additionally, the gallbladder has a moderate amount of debris, but no evidence of significant inflammation or wall thickening.

The small intestine appears slightly prominent with some occasional mild mucosal speckling. The significance of this in the absence of reported gastrointestinal symptoms is uncertain. If the patient develops chronic GI issues, further evaluation may be warranted.

If further evaluation of the liver is desired, you could consider a liver function test +/- a fine needle aspirate of the liver (provided coagulation parameters are normal).





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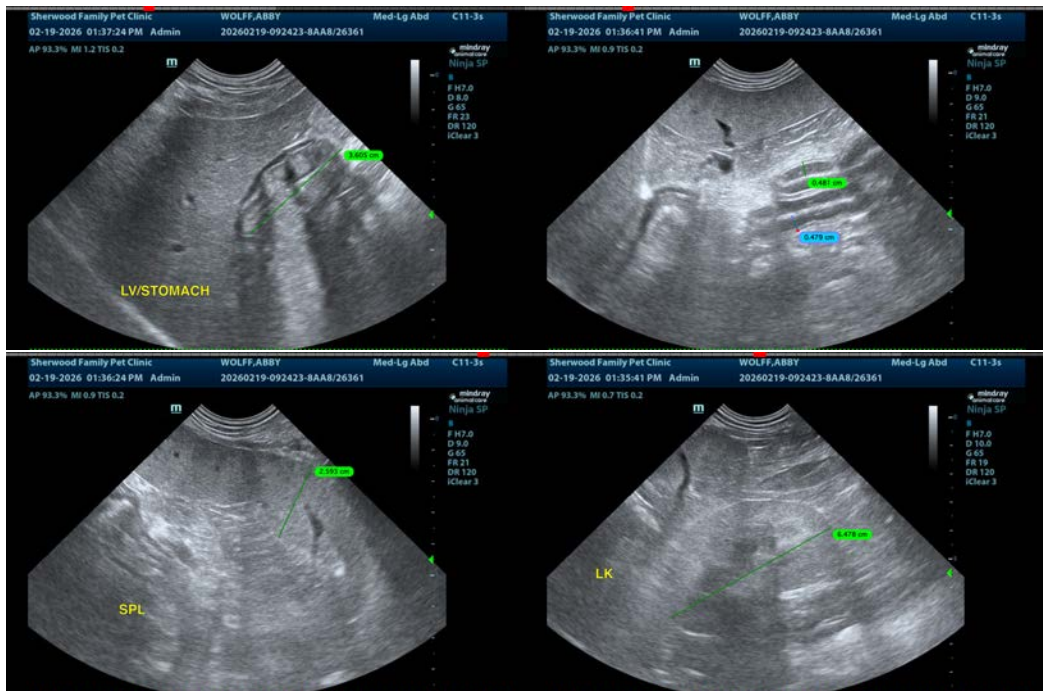
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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