



PATIENT

Bella Wall

SPECIES

Canine

BREED

Cock-A-Poo

SEX

Spayed Female

AGE

9 Years

WEIGHT

14.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorsville Veterinary
Clinic

REFERRING VET

Dr. Ashleigh Bisset

INVOICE

73111

DATE

2/19/26

PRESENTING CLINICAL SIGNS

Bella is a 9.5-year-old female spayed cockapoo who presented for an annual wellness examination and pre-op bloodwork for a dental scheduled the following week. The owner reports that Bella is eating and drinking well the only concern noted is that she has been observed bumping into objects and being more cautious on stairs in low-light conditions.

Abnormal PE/Chem/CBC/UA Results: Bloodwork showed the following: ALT 1,013 H, ALP 624 H, GGT 25 H, TBili 0.2 N, 2+ bilirubin in urine

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 left kidney has a normal shape and size (3.45 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 (3.62 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 0.40 cm at the cranial pole and 0.52 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 0.45 cm at the cranial pole and 0.45 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 (1.04 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 normal in size but irregular in shape. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a mixed echogenicity, hypoechoic, somewhat cavitated mass effect visualized in the cranial abdomen caudal to the stomach. A suspected attachment to the right mid region of the liver is visualized. This lesion measures 2.74 cm x 3.82 cm (an association with the pancreas or bowel cannot be definitively ruled out).



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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. The cystic and common bile ducts are normal/not visible.

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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.

BREED

Cock-A-Poo

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 0.21 cm. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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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. There is no significant lymphadenopathy. The omentum is hyperechoic around the cranial abdominal mass lesion.

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ULTRASONOGRAPHIC FINDINGS

- Mixed echogenicity hypoechoic cystic/cavitated cranial abdominal mass lesion – This is strongly suspected to be of hepatic origin. An association with the bowel or pancreas cannot be ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is an irregular mixed echogenicity cavitated/cystic mass effect visualized in the cranial abdomen caudal to the stomach. This is surrounded by reactive mesentery. There is the impression of an attachment to the liver mid caudal dorsal region, although an association with the bowel or pancreas cannot be definitively ruled out.

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Ideally recommend a contrast CT scan to further evaluate this lesion for possible surgical removal and to look for any evidence of metastatic disease, etc. If this is not an option, recommend referral to a surgeon comfortable with addressing this situation.

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Additionally, you could consider a fine needle aspirate to further evaluate (provided coagulation parameters are normal).

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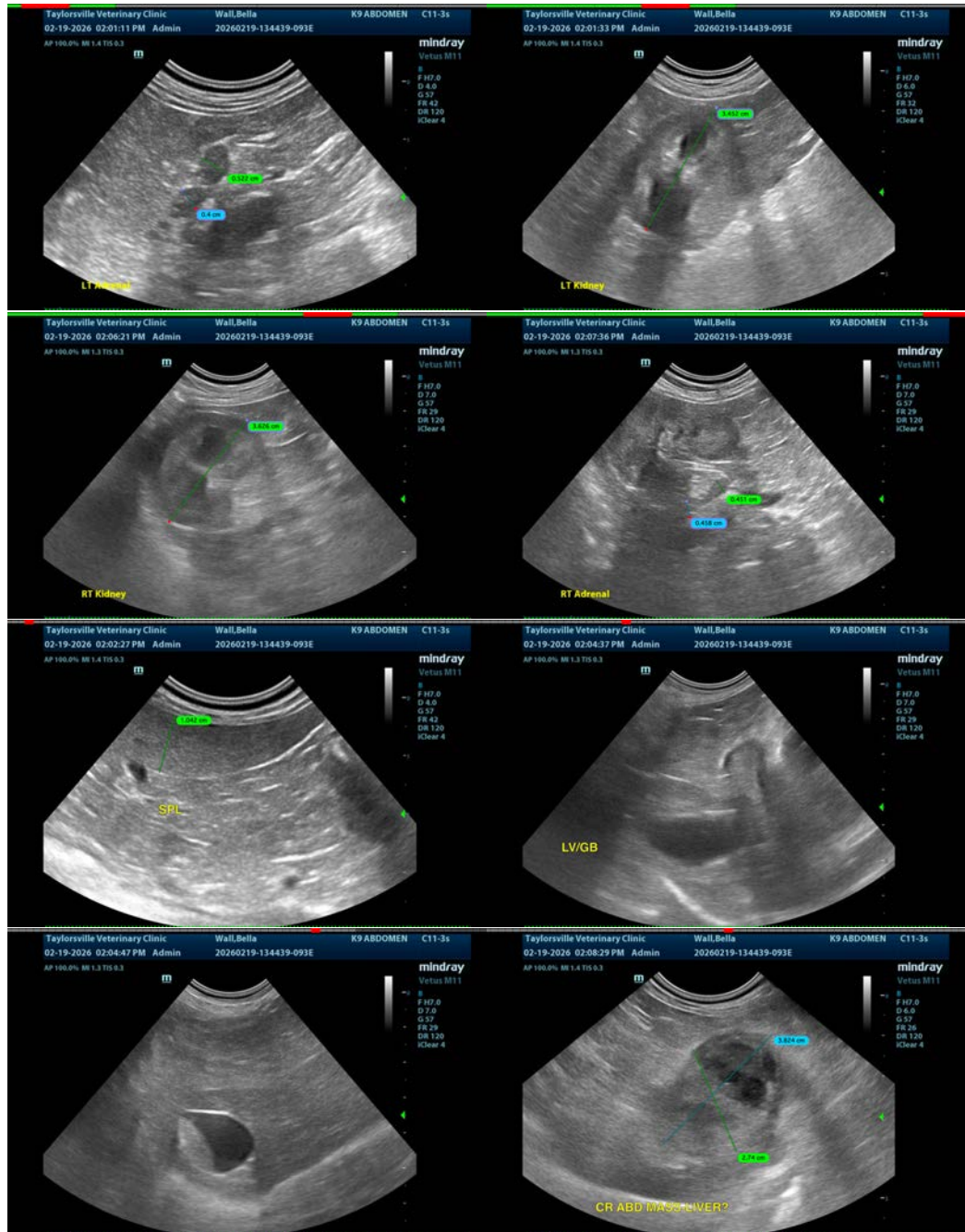
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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