



PATIENT

Wyatt Weyersburg

SPECIES

Canine

BREED

Border Collie x

SEX

Neutered Male

AGE

7 Years 7 Months

WEIGHT

59 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA AVH Animal
 Hospital

REFERRING VET

Dr. Dymond-Szabo

INVOICE

73091

DATE

2/19/26

PRESENTING CLINICAL SIGNS

Elevated ALKP, evaluate adrenals etc. PE wnl. P slightly PU/PD at home but not PP per O.

Current Meds: Trio monthly, Metabolic mobility dry. Dexdomitor/Torb sedation for scan

Abnormal PE/Chem/CBC/UA Results: ALKP=2499; Trigs=386; LDDS pending; UA: 0-1 wbc, PH 6.0; 2-3 squamous. USG: 1.015 (first am)

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 prostate is normal in size (0.77 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 (6.13 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 (6.2 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 but slightly irregular in appearance, measuring 0.67 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 abnormal in appearance in that there is a small hyperechoic nodule in the cranial pole measuring 0.65 cm x 1.08 cm. No evidence of vascular invasion is visualized.

The right adrenal gland is normal in size but slightly irregular in appearance, measuring 0.93 cm at the cranial pole and 0.52 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 abnormal in appearance in that there is a somewhat poorly defined hyperechoic nodule at the cranial pole measuring 0.64 cm x 0.86 cm. No evidence of vascular invasion is visualized.

Spleen

The spleen is subjectively normal in size (1.84 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 subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly 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.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate shadowing ingesta. 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. Shadowing ingesta interferes with full evaluation of the stomach.

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 0.45 cm. Jejunum wall measures 0.33 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 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

- Small, hyperechoic nodules in the cranial poles of both the left and right adrenal glands – The general appearance of these lesions trend toward a benign process (adenoma, focal hyperplasia, etc.). Early neoplastic lesions cannot be ruled out.
- Shadowing ingesta visualized within the gastric lumen – Correlate with feeding history. If the patient was fasted. This could represent delayed gastric emptying or ingested foreign material.
- Mildly 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.



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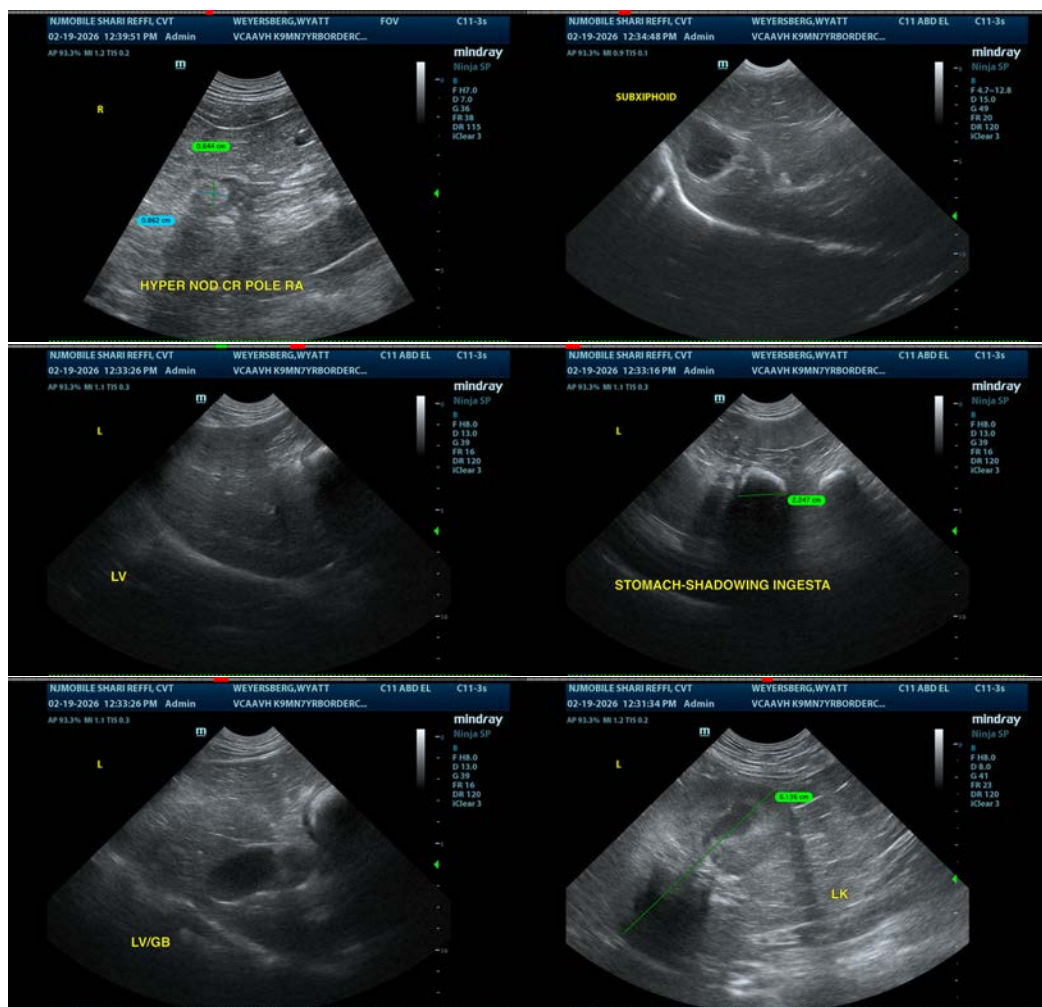
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The adrenals are not significantly enlarged, but both adrenals have hyperechoic foci/nodules visualized at the cranial pole. The appearance of these lesions trend towards a benign process (adenoma, focal hyperplasia, etc.), but early neoplastic lesions cannot be ruled out. Your plan for adrenal function testing seems appropriate. Additionally recommend close continued monitoring of the adrenals (recheck in 2-3 months), looking for progression/growth of these lesions.

No focal lesions are visualized associated with the liver. Subjectively, it is very mildly heterogeneous, possibly consistent with a vacuolar hepatopathy. If further evaluation is desired, you could consider a liver function test and a fine needle aspirate.





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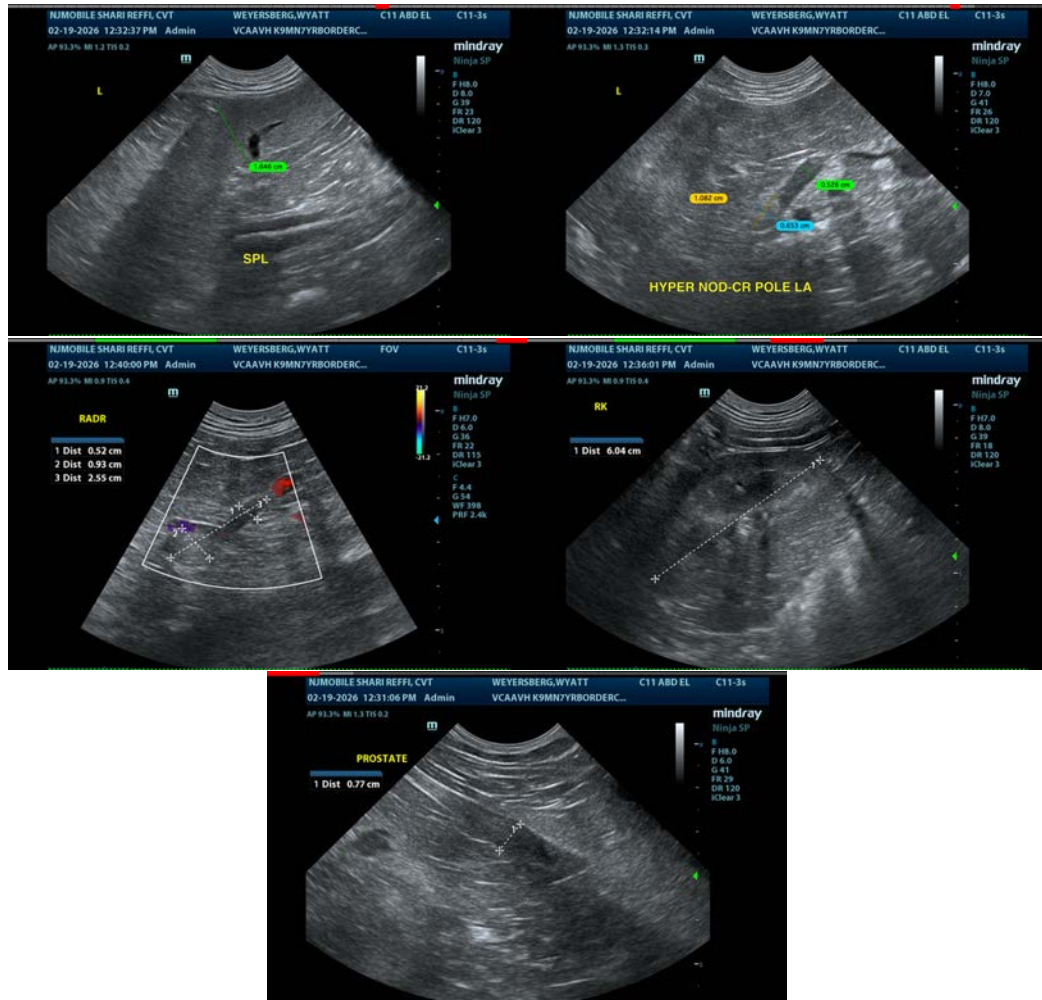
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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