

PATIENT

Penny Powers

SPECIES

Canine

BREED

Mini Schnauzer

SEX

FS

AGE

8 years

WEIGHT

15 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

MountainView AH

REFERRING VET

Dr. Razia Sultana

INVOICE

11386

DATE

2/26/2026

PRESENTING CLINICAL SIGNS

- Full workup done in 2017 as a puppy for elevated liver values at specialty center and no evidence of liver shunt found- Biopsy of liver negative- CT scan Normal.
- Elevated liver values chronically, recurrent UTI.
- Elevated liver values, reduced appetite, vomiting and lethargy prior to today.
- Today BAR.
- mirtazapine& omeprazole.

Abnormal PE/Chem/CBC/UA Results: ALT: 494.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears of normal thickness with a smooth mucosal surface. In the region of the trigone appears normal. The urethra appears somewhat thickened with some mineralizations measuring at 0.38 cm in diameter with concern for possible mineralized urethral mass lesion or significant thickening with mineralized debris.

The left kidney has a normal shape and size (4.24 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 (4.15 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 0.55 cm at the cranial pole and 0.6 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 0.48 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 (1.51 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract



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appear normal. There is a hyperechoic, irregular lesion/nodule visualized in the mid ventral region of the liver measuring 0.78 cm x 2.08 cm.

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 mild/moderate 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. No masses or focal lesions were observed.

Most of the visualized areas of duodenum (0.4 cm), jejunum (0.24 cm) 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. Visualized peristalsis appears appropriate. Some areas of the small intestine appear more significantly thickened with rare mucosal speckling.

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 prominent and mottled in the right limb. There is no evidence of nodules or cystic lesions. There is mild regional mesenteric inflammation in the right cranial abdomen.

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

- Thickened urethra with mineralizations. Findings could be concerning for transitional cell carcinoma, urethritis with mineralized sediment, etc.
- Pancreatic changes consistent with chronic pancreatitis in the right limb.
- Hyperechoic lesion in the liver. This generally has the appearance most consistent with a benign lesion, an early neoplastic lesion cannot be ruled out.
- Mild, fluid distension of the stomach. Correlate with the feeding history. This could be consistent with mild gastric ileus.
- Mild segmental thickening of the small intestine with rare mucosal speckling. The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is shadowing mineralization visualized associated with the urethra which appears thickened.



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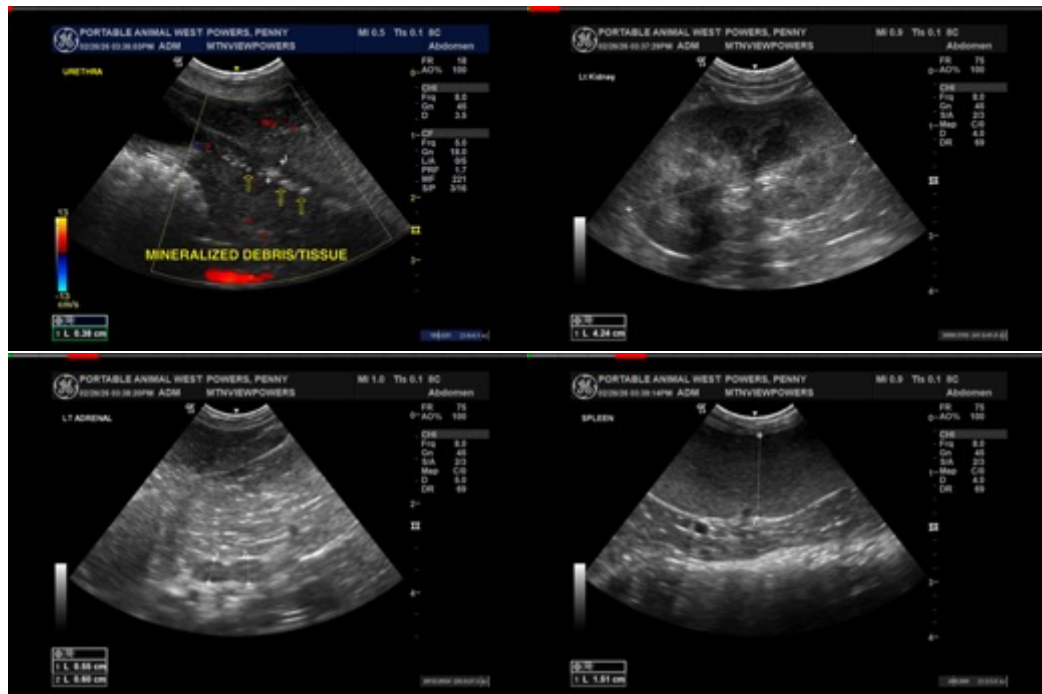
2/26/2026

Concerning for a mass effect in the region. Correlate with a digital rectal exam to palpate for a firm thickened urethra. Recommend a free catch urine sample for urinalysis +/- cytology (if cellular), a catheterized urine sample from the level of the urethra (traumatic catheterization could be considered for cytologic sampling), if a free catch urinalysis does not have adequate cellularity. Findings are somewhat concerning for a transitional cell carcinoma, although other differentials are possible.

There's a small focal lesion visualized associated with the liver. The significance of this is uncertain but generally the lesion has a somewhat benign appearance. I suspect this location would be difficult for sampling but if a safe window for sampling is available, consider a fine needle aspirate and continued monitoring with ultrasound. Additionally, a current liver function test could be considered looking for any evidence of liver dysfunction.

The right limb of the pancreas appears prominent and mottled with some mild reactive mesentery in the region. Findings could be consistent with mild chronic pancreatitis. Correlate with a PLI level.

Additionally, some sections of small intestine appear mildly thickened with rare mucosal speckling. If a concurrent enteropathy is suspected, you could consider GI panel to Texas A&M for a qualitative fPLI/TLI, cobalamin, and folate for further evaluation.





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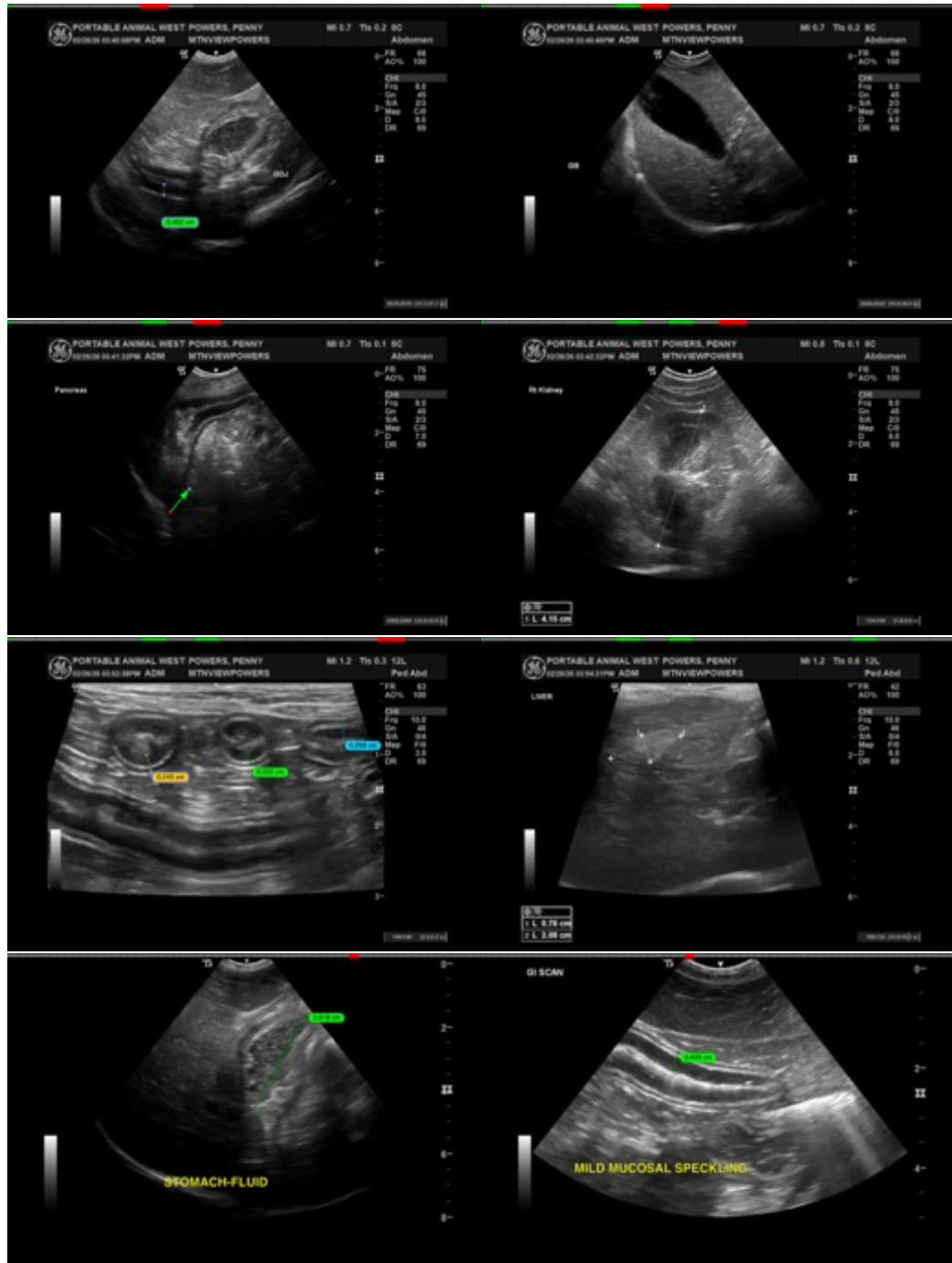
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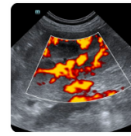
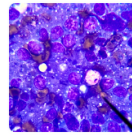
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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performed by



Paw Print Veterinary Services, Inc.
pawsonography@gmail.com
530-786-8340



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SonoPath.com  info@sonopath.com  1.800.838.4268

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