



PATIENT

Nott Nichols

SPECIES

Canine

BREED

Cairn Terrier

SEX

Spayed Female

AGE

15 Years

WEIGHT

5.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Sikarwar

INVOICE

73549

DATE

3/10/26

PRESENTING CLINICAL SIGNS

Ongoing cardiac disease (stable on current medications). Was dx'd with early heart disease B1 chronic valve disease 5/25. Presented with worsening resp symptoms in Dec '25. Started on cardiac meds then

Returned for recheck 1/17/26 for BP,UA,CBC.CHEM

Current meds: Furosemide 20mg, half tab every 12 hours, Vetmedin 1.25mg, one cap every 12 hours, Aventi omega 3

Double study to check on cardiac dz progression and check liver and kidney's in light of lab work results.

Abnormal PE/Chem/CBC/UA Results: CBC: Low MCV, Low retic HB Chemistry: ALT 262 u/l (10-125) UA: USG 1.012, trace proteinuria, rest nsf Blood pressure: normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The majority of the bladder appears normal with a smooth mucosal surface. There are some focal areas with mild irregularity measuring at approximately 0.21 cm in thickness. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The left kidney has a normal shape and size (3.27 cm) with mild pyelectasia at 0.23 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.6 cm) with mild pyelectasia at 0.18 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.34 cm at the cranial pole and 0.41 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 0.44 cm at the cranial pole and 0.51 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 (0.90 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 heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are too numerous to count ill-defined hypoechoic nodules in the parenchyma. Examples measure 0.80, 0.90, and 0.85 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. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. The gastric wall appears slightly prominent, measuring at 0.51 cm. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity.

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. Jejunum wall measures 0.31 cm. Visualized peristalsis appears appropriate. Some areas of jejunum appear to have mild mucosal speckling.

Sections of colon are visualized with non-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

- Areas of slightly irregular/mildly thickened bladder wall – Findings could be consistent with anatomic variation or mild cystitis. Correlate with urinalysis and culture results.
- Mild bilateral renal pyelectasia – Pyelectasia of the kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Heterogeneous liver with numerous hypoechoic nodules – 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. The nodules observed trend toward a more benign process but underlying neoplasia cannot be ruled out.



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- Moderate gallbladder debris – 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.
- Sections of prominent 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is heterogeneous with ill-defined hypoechoic nodules. Subjectively, these have the appearance most consistent with regenerative nodules, although neoplastic lesions could not be ruled out. Options include continued monitoring or a fine needle aspirate.

There is mild pyelectasia visualized associated with the kidneys. This could be secondary to diuretic therapy, less likely pyelonephritis or a partially obstructive lesion. Consider urinalysis and culture. Additionally, there is some mild irregularity to the urinary bladder wall. Consider reevaluation of the bladder wall in 8-12 weeks to reassess for the development of any significant lesions.

There is mild mucosal speckling visualized associated with the small intestine. The significance of this in the absence of underlying gastrointestinal symptoms is uncertain. If chronic GI signs develop, further evaluation may be warranted.

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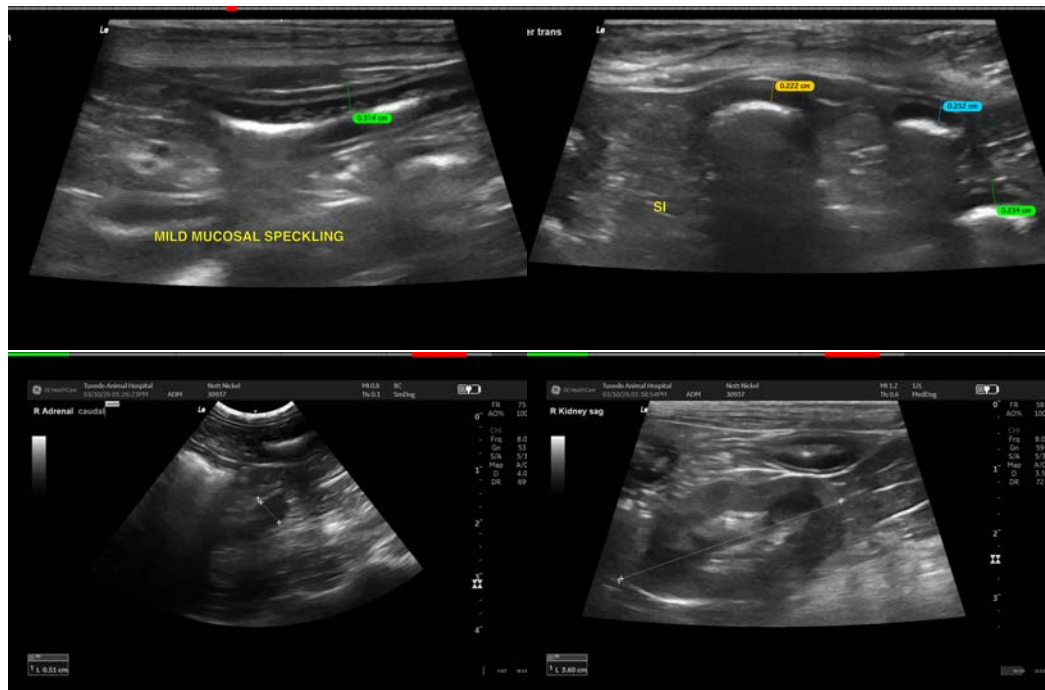
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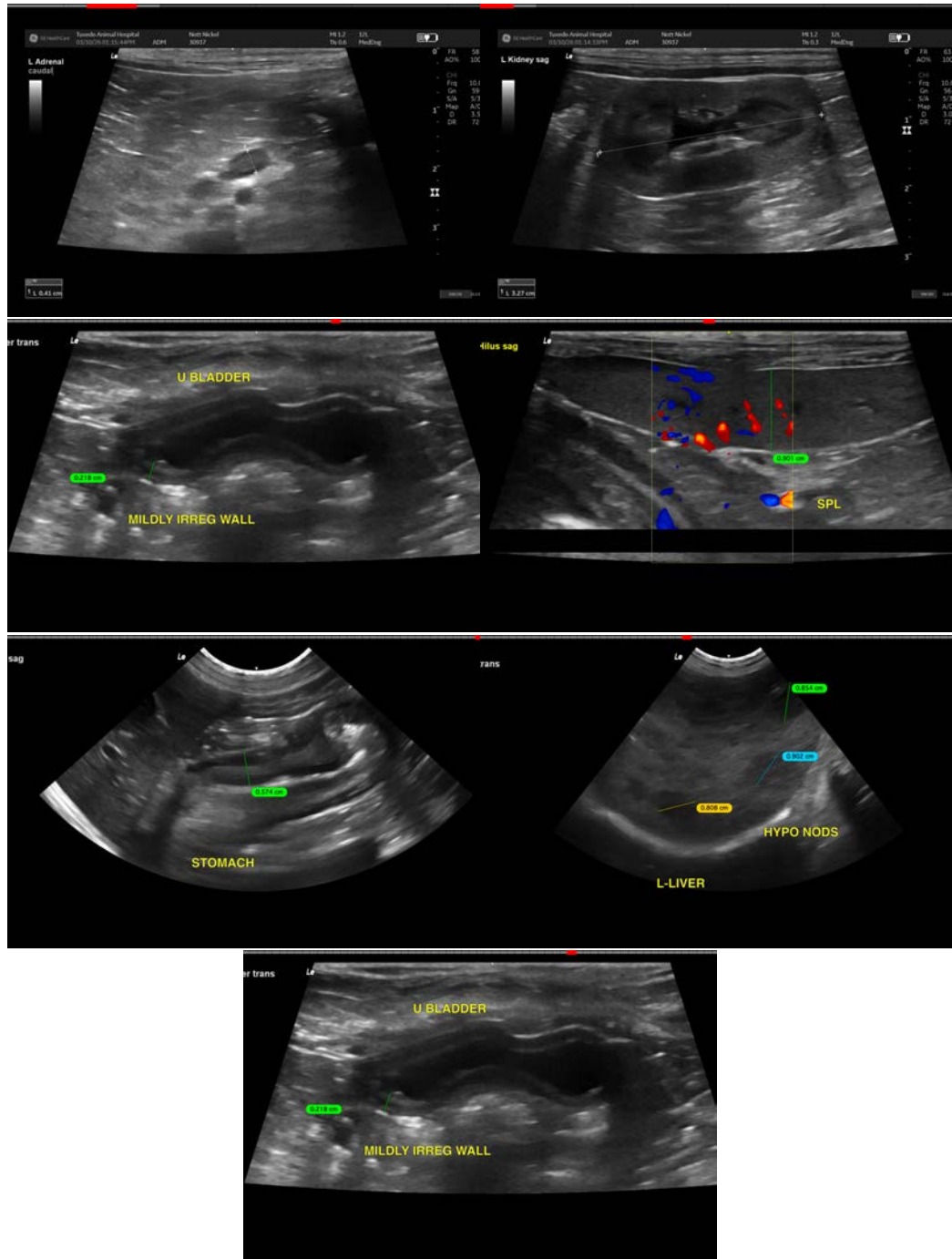
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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