



## PATIENT

Bryndle Bowra

## SPECIES

Canine

## BREED

Rat Terrier Mix

## SEX

Spayed Female

## AGE

7 years

## WEIGHT

30.5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Megan Cassels-  
Conway

## HOSPITAL NAME

Central Broward AH

## REFERRING VET

Dr. Maryna Mullerman

## INVOICE

11466

## DATE

3/11/2026

## PRESENTING CLINICAL SIGNS

- 7 yo Rat Terrier mix presented 1 mo ago for wellness and bloodwork. BCS 9/9, otherwise well
- Started on weight loss program, eating Farmer's Dog fresh food and steamed vegetables
- Started on Clavamox prior to full AUS with elevations in ALT

Abnormal PE/Chem/CBC/UA Results: CBC: Plt 472 (H) w/ increased Plt estimate CHEM: ALT 379 (H), ALP 607 (H), Cholesterol 341 (H), Triglycerides (H), Amylase 268 (L) U/A: SpG 1.017, pH 8.5, Prot 2+ Owner was advised to drop off first morning urine for recheck UA

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly diffusely thickened with a smooth mucosal surface. 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 (4.88 cm). Overall echogenicity is slightly hyperechoic with poor 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 (5.06 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.48 cm at the cranial pole and 0.55 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 0.46 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 normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

### Spleen

The spleen is subjectively normal in size (1.67 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 borderline 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



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of the vasculature and biliary tract appear normal. There are numerous poorly defined hypoechoic nodules in the parenchyma, Examples measure generally between 0.25 cm and 1.0 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 mild fluid/gas. 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 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. The duodenum measured as normal (0.43 cm in wall thickness) and the jejunum measured as normal (0.31 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.

### PRIMARY FINDINGS

- Subjectively mildly decreased corticomedullary distinction in both kidneys. Findings could be consistent with anatomic variation or mild early chronic renal disease.
- Heterogenous liver with ill-defined 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.
- 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.

### SECONDARY FINDINGS

- Prominent/mildly thickened urinary bladder wall. The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder



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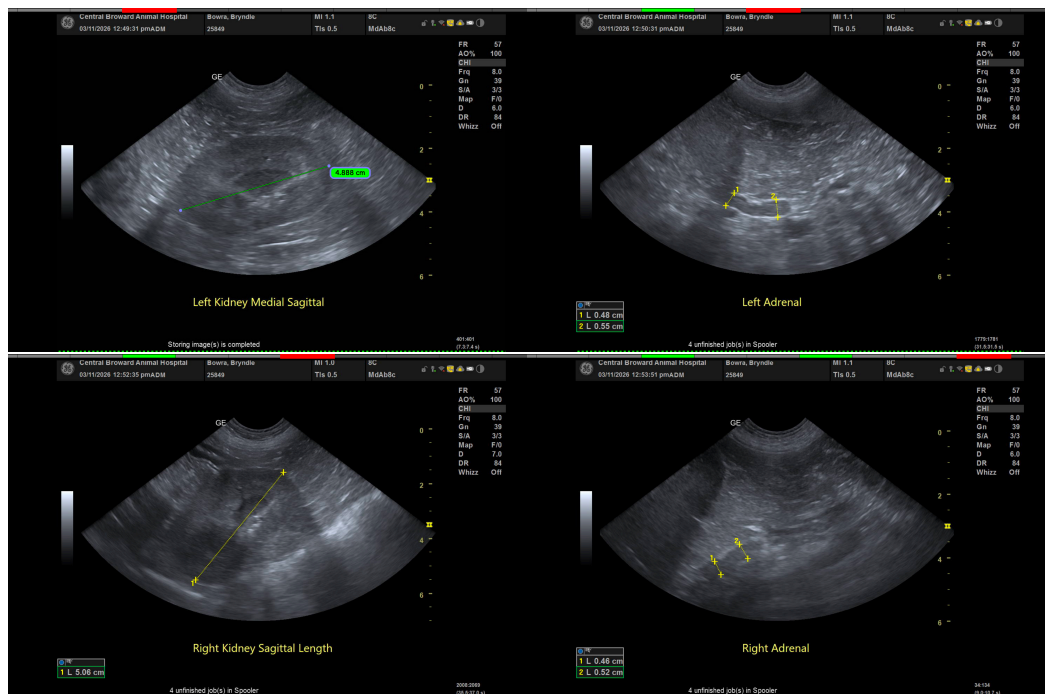
neoplasia cannot be ruled out but is considered unlikely in this patient.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No large focal lesions are visualized associated with the liver. Generally, the parenchyma is slightly heterogenous and there are some hypoechoic nodules with generally have the appearance most consistent with benign lesions such as regenerative nodules. Although an early neoplastic process cannot be ruled out. Unfortunately, these are non-specific changes. Further evaluation could include the following:

- Recommend pre- and post-prandial bile acids to assess liver function.
- If clinically appropriate, consider screening for leptospirosis.
- You could consider a fine needle aspirate of the liver (provided coagulation parameters are normal.)

If liver function is abnormal and/or liver values are continuing to rise, ideally biopsies of the liver with samples for histopathology, culture, and copper levels are warranted. Prior to this you could consider empirical treatment for acute liver injury with a course of antibiotics, ursodiol, and denamarin.





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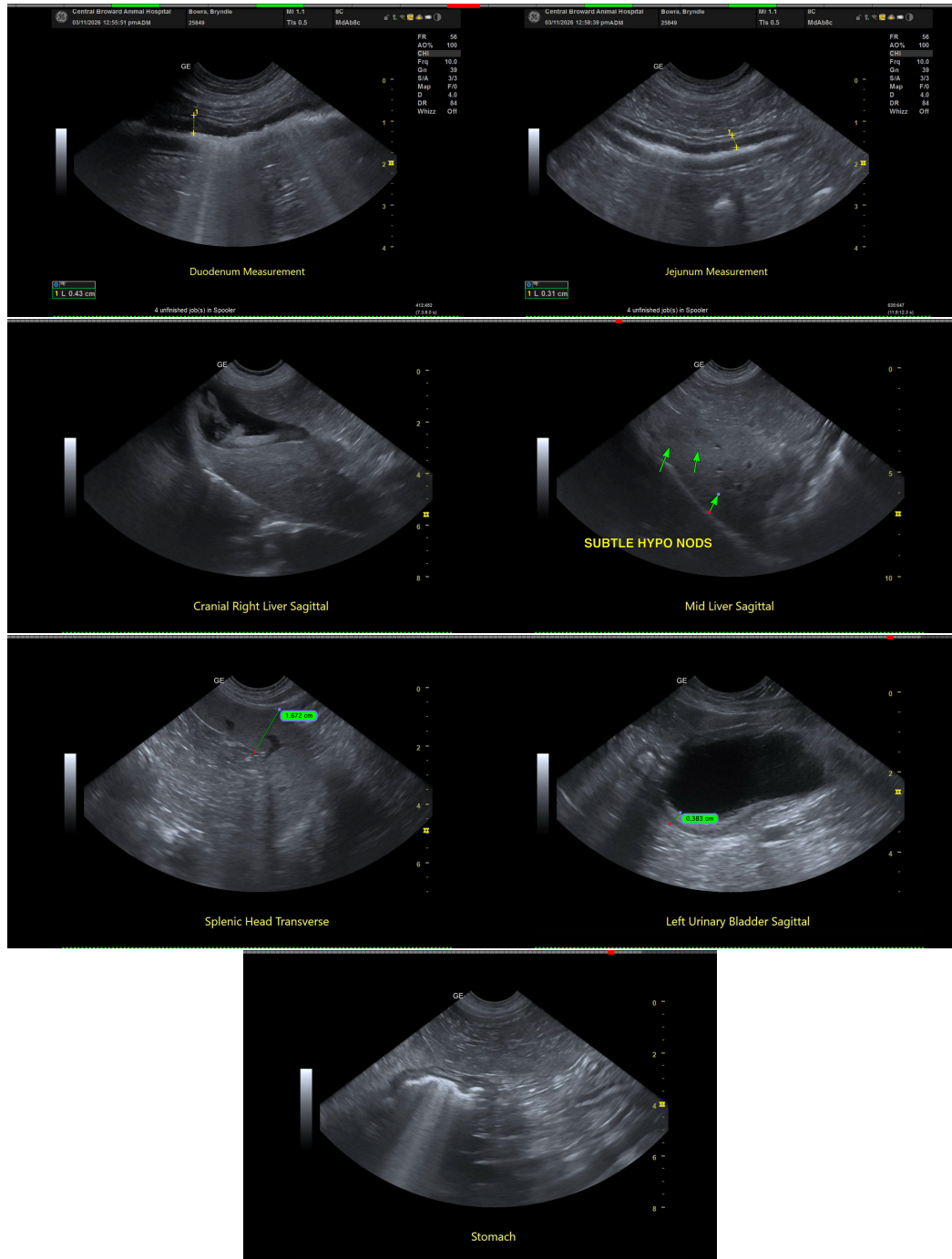
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com

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