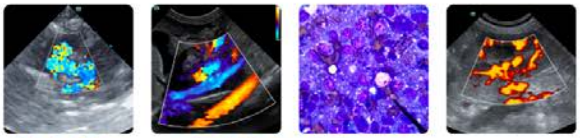


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Ruby Last

SPECIES

Canine

BREED

Silky Terrier

SEX

Spayed Female

AGE

15.5 Years

WEIGHT

5.15 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Dundas Animal Hospital

REFERRING VET

Dr. Middleton

INVOICE

73562

DATE

3/11/26

PRESENTING CLINICAL SIGNS

COHAT dental was booked for March 9, 26 but upon presentation noted swollen looking abdomen. X-rays concerning for enlarged liver/spleen. Has been on Gabapentin and Metacam

Abnormal PE/Chem/CBC/UA Results: Please see attached lab result and rads

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 (4.45 cm) with pinpoint non-obstructive mineralizations and occasional small cortical cysts. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.48 cm) with pinpoint non-obstructive mineralizations and occasional small cortical cysts. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is “plump” measuring 0.55 cm at the cranial pole and 0.56 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 borderline “plump” measuring 0.89 cm at the cranial pole and 0.61 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.

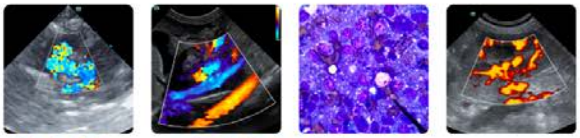
Spleen

The spleen is subjectively normal in size (1.3 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 large in size and rounded. The parenchyma is 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.



SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Ruby Last

SPECIES

Canine

BREED

Silky Terrier

SEX

Spayed Female

AGE

15.5 Years

WEIGHT

5.15 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Dundas Animal Hospital

REFERRING VET

Dr. Middleton

INVOICE

73562

DATE

3/11/26

Gastrointestinal

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.

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 0.39 cm. Jejunum wall measures 0.23 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

- Borderline “plump” adrenal glands – Findings could be consistent with anatomic variation or early hyperplasia.
- Age related changes visualized associated with both kidneys as well as small non-obstructive mineralizations.
- Large, heterogeneous, rounded 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen appears relatively normal on today’s exam with no focal lesions. The liver appears large, heterogeneous and rounded. No focal lesion is visualized, and the biliary tract appears normal. Findings are suggestive of a vacuolar hepatopathy, although other hepatopathies are possible. Both adrenals appear borderline “plump” but not overtly enlarged. This could be consistent with anatomic variation or possibly mild early hyperplasia if this patient has borderline Cushing’s. If symptoms of Cushing’s are present, consider adrenal function testing to further evaluate.

If further evaluation for a primary hepatopathy is desired, you could consider a liver function test (pre- and post-prandial bile acids) +/- a fine needle aspirate of the liver (provided coagulation parameters are normal).

PATIENT

Ruby Last

SPECIES

Canine

BREED

Silky Terrier

SEX

Spayed Female

AGE

15.5 Years

WEIGHT

5.15 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Dundas Animal Hospital

REFERRING VET

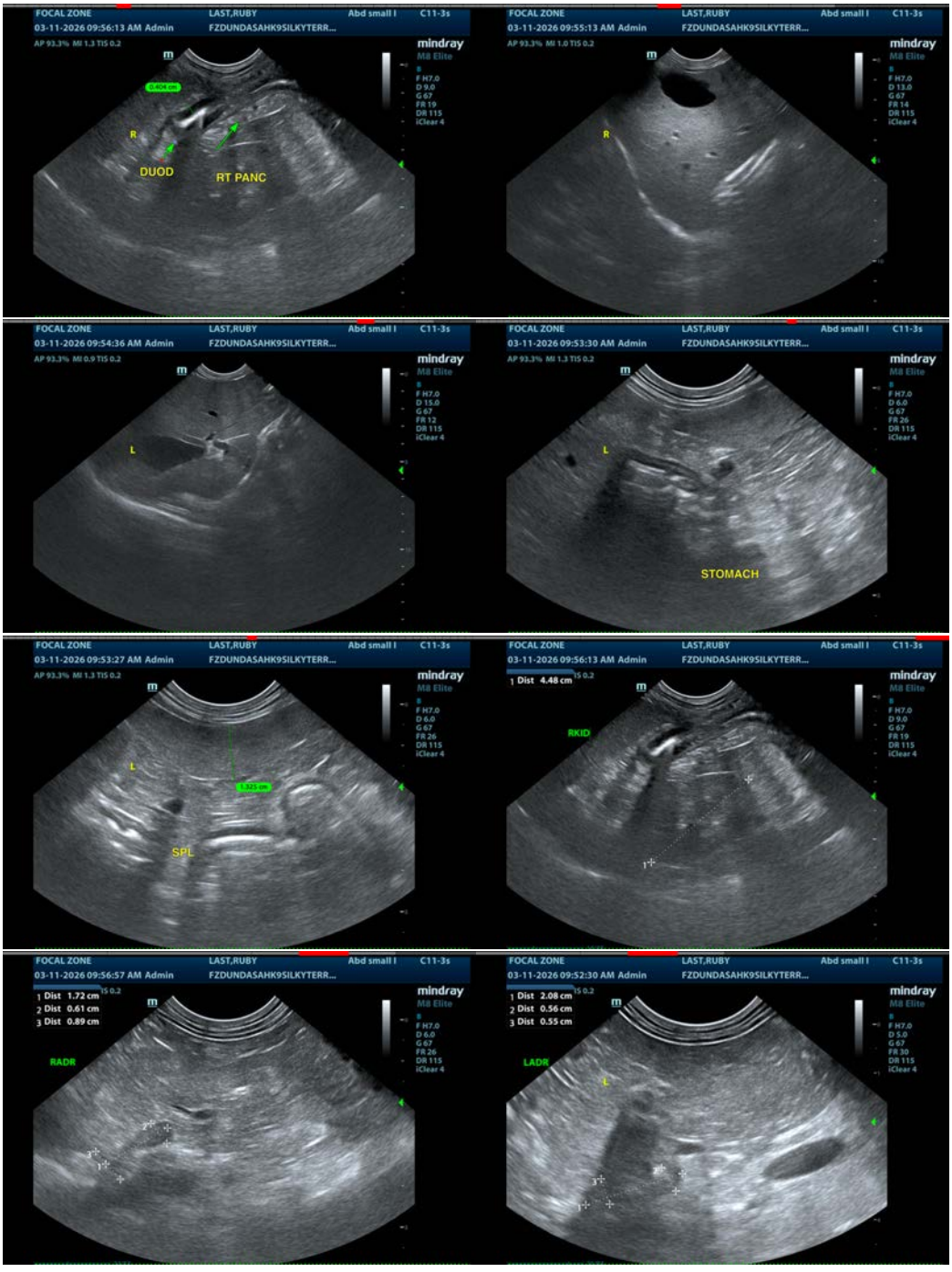
Dr. Middleton

INVOICE

73562

DATE

3/11/26



PATIENT

Ruby Last

SPECIES

Canine

BREED

Silky Terrier

SEX

Spayed Female

AGE

15.5 Years

WEIGHT

5.15 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Dundas Animal Hospital

REFERRING VET

Dr. Middleton

INVOICE

73562

DATE

3/11/26

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