

**PATIENT**

Wailani Hazelwood

SPECIES

Canine

BREED

Lab Retriever

SEX

Spayed Female

AGE

5/4/14

WEIGHT

26kg

INTERPRETED BYKathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)**IMAGING
PERFORMED BY**Loetitia Saint-Jacques,
LVT**HOSPITAL NAME**Advanced PetCare of
Nevada**REFERRING VET**

Dr. Alexis Hazelwood

INVOICE

73425

DATE

3/5/26

PRESENTING CLINICAL SIGNS

Wailani has history of chronic enteropathy and suspected GERD - on Omeprazole. Recently added Metoclopramide prior to planned dental procedure.

October 2023 - Cholecystitis and septic abdomen. Has since had chronic, mild ALP elevations. However, when repeating labwork last week before planned dental, P has new ALT/GGT elevations and mild progression of ALP elevation, which she has not had since having cholecystitis/septic abdomen. Loetitia has also been monitoring liver lesion near GB (had CT previously and CT was normal).

Radiographs of chest/abdomen at the time overall stable - chronic pulmonary bullae. They did remark that her liver was small.

No new clinical signs; has intermittent chronic gagging. Did vomit bile same day as labs were drawn, no vomiting since.

Dental has been rescheduled to this Thursday - P needs extractions.

Abnormal PE/Chem/CBC/UA Results: ALT 151 (18-121), ALP 514 (5-160), GGT 22 (5-160), Cholesterol 419 (131-345), Otherwise WNL. May recheck again today. BP taken for screening 2/20/26: 100, 102, 100

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 (5.8 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 (6.37 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 0.37 cm at the cranial pole and 0.72 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 0.50 cm at the cranial pole and 0.53 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.

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Spleen

The spleen is subjectively normal in size (1.77 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 subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a poorly defined hypoechoic mass effect visualized in the right side of the liver measuring 4.32 cm x 4.82 cm (previous measurement 3/2025 was 2.81 cm x 3.86 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 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 0.54 cm. Jejunum wall measures 0.37 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. The descending colon wall is slightly prominent, measuring at 0.34 cm with intact wall layering.

Pancreas

The pancreas is visible in the right limb. 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. There is no significant lymphadenopathy. Occasional jejunal lymph nodes are visible. Examples measure 0.36 cm and 0.28 cm.

ULTRASONOGRAPHIC FINDINGS

- Mild pancreatic remodeling in the right limb.
- Hypoechoic "mass effect" visualized on the right side of the liver – This appears slightly larger than the previous exam, possibly consistent with an adenoma, carcinoma, large regenerative nodule, etc.
- Mildly thickened colon wall – Findings could be consistent with mild colitis. An underlying neoplastic process seems less likely.



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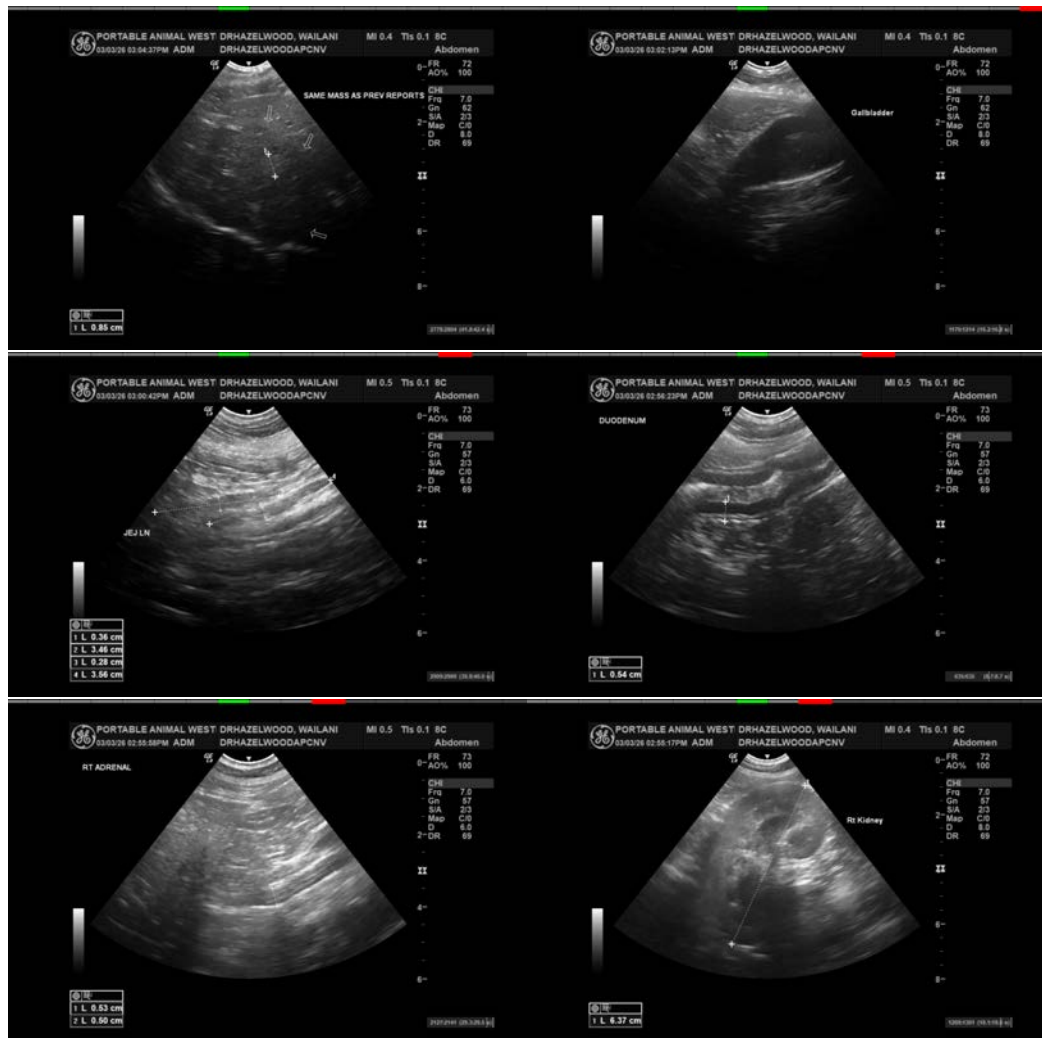
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears very similar to the previous scan 3/2025. The previously described hypoechoic mass effect in the liver is visualized on today's exam and appears slightly larger. The significance of this lesion when it was not clearly seen on CT scan is uncertain. If there is concern for liver function, pre- and post-prandial bile acids could be considered as well as a fine needle aspirate of the liver (provided coagulation parameters are normal).

The significance of the prominent colon wall is uncertain. If diarrhea develops, treatment for colitis may be warranted. If symptoms are persistent, consider reevaluation.



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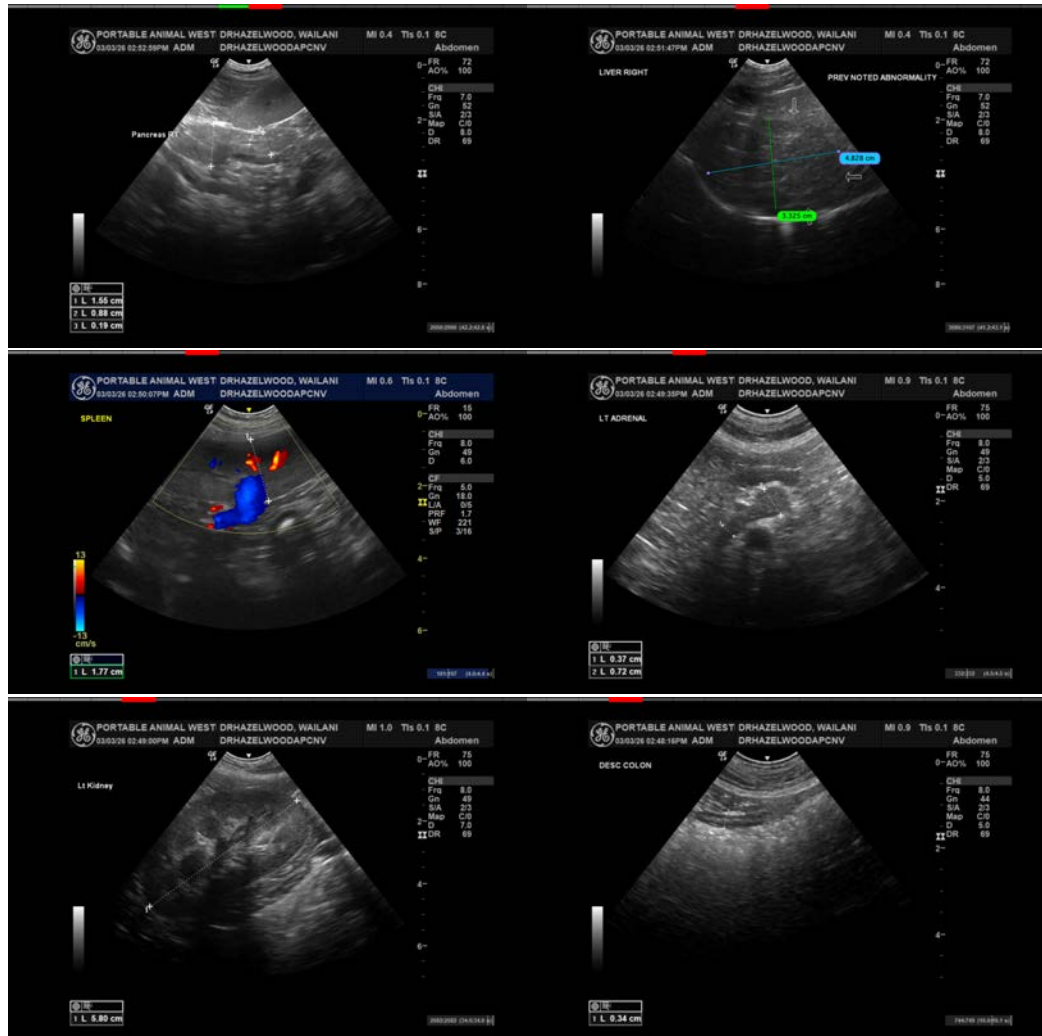
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com