



## PATIENT

Ze Clay

## SPECIES

Canine

## BREED

Irish Terrier

## SEX

Neutered Male

## AGE

9 Years

## WEIGHT

25.8 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sarah Barthelemy

## HOSPITAL NAME

Britannia Kingsland  
Veterinary Clinic

## REFERRING VET

Dr. Hamill

## INVOICE

74135

## DATE

4/1/26

## PRESENTING CLINICAL SIGNS

Chronic mild ALP elevations historically, ALP now 1085. Has been on denamarin. Intermittent vomiting for past 2 months but this has now resolved since stopping Denamarin recently. Otherwise doing clinically very well. Cortisol/Stim testing is normal.

## 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 prostate is normal in size (0.76 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.79 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 (6.75 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 0.39 cm at the cranial pole and 0.36 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 0.71 cm at the cranial pole and 0.56 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 normal in size and shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a very small hyperechoic foci visualized in the parenchyma, measuring 0.26 cm. Additionally, there is a slightly irregular hypoechoic, mixed echogenicity nodule visualized measuring 0.99 cm x 1.38 cm.

### Liver

The liver is large. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a small anechoic cyst visualized in the left lobe measuring 0.43 cm, most consistent with a benign hepatic cyst.

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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.

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***Gastrointestinal***

The stomach contains mild fluid. There is a small amount of shadowing echogenic material in the fluid, most consistent with a small amount of non-obstructive ingesta. The stomach wall measures at a normal thickness of 0.37 cm 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.

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The visualized areas of duodenum, jejunum 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. Duodenum wall measures 0.44 cm. Jejunum wall measures 0.43 cm. There is mild mucosal speckling visualized associated with the duodenum. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

**SEX**

Neutered Male

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.

**AGE**

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***Pancreas***

The area of 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.

**WEIGHT**

25.8 kg

***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.

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**ULTRASONOGRAPHIC FINDINGS****IMAGING  
PERFORMED BY**

Dr. Sarah Barthelemy

- Mixed echogenicity, irregular, hypoechoic nodule in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large, hyperechoic liver – Findings are most consistent with a vacuolar hepatopathy, although other hepatopathies are possible.
- Mildly thickened/prominent duodenum 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.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****INVOICE**

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There is a mixed echogenicity nodule in the spleen. This could represent a benign or neoplastic lesion. If a safe window for sampling is available, recommend a fine needle aspirate and close monitoring with ultrasound (recheck in approximately 3 months).

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The liver is large and hyperechoic. The appearance could be consistent with a vacuolar hepatopathy. If further evaluation is desired or a more significant hepatopathy is suspected, recommend pre- and post-prandial bile acids to assess liver function and a fine needle aspirate.

**SPECIES**

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There is mild mucosal speckling visualized associated with the small intestine. The significance of this is uncertain. This could be consistent with mild lymphangiectasia. If there is a history of diarrhea, weight loss, etc., further evaluation may be warranted. Otherwise, continued monitoring could be considered.

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Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).

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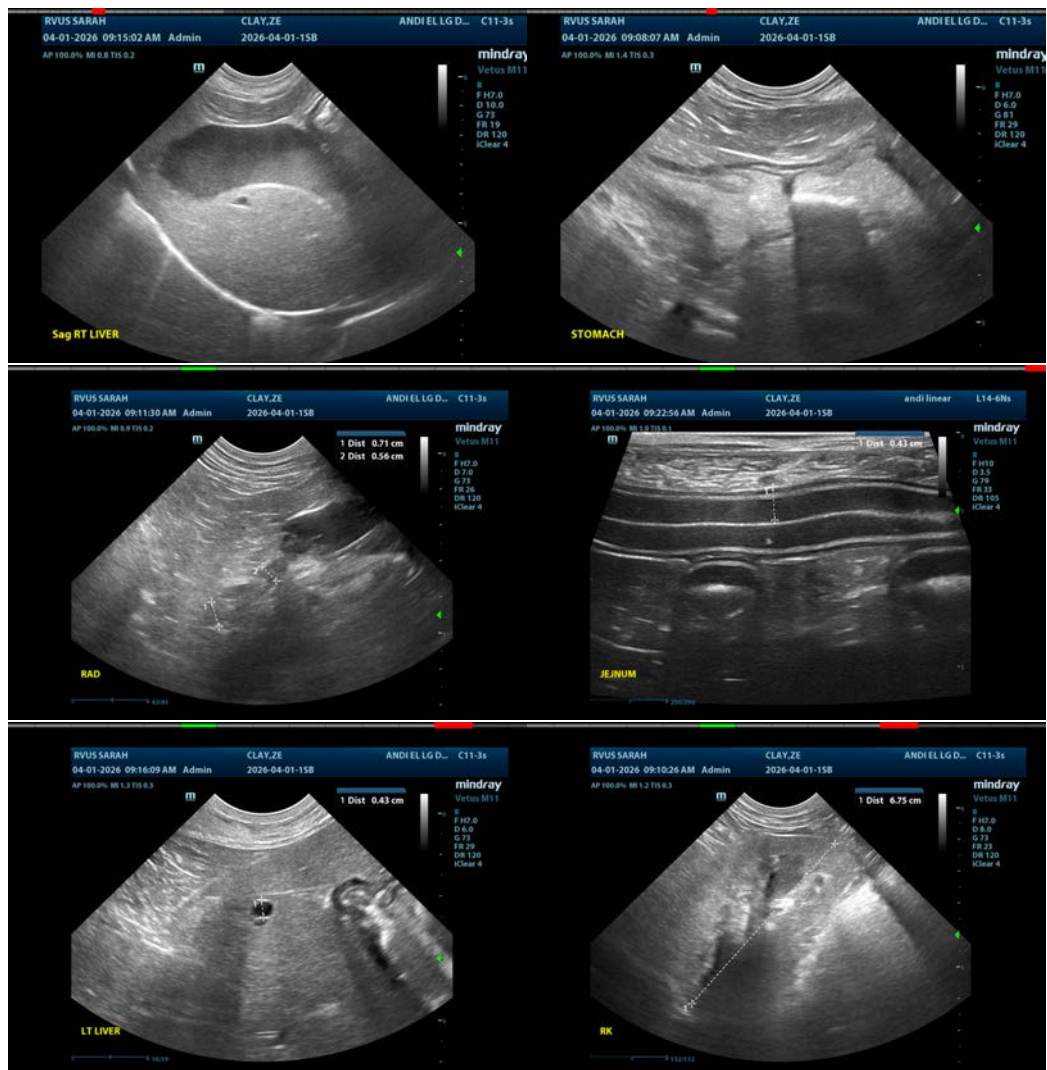
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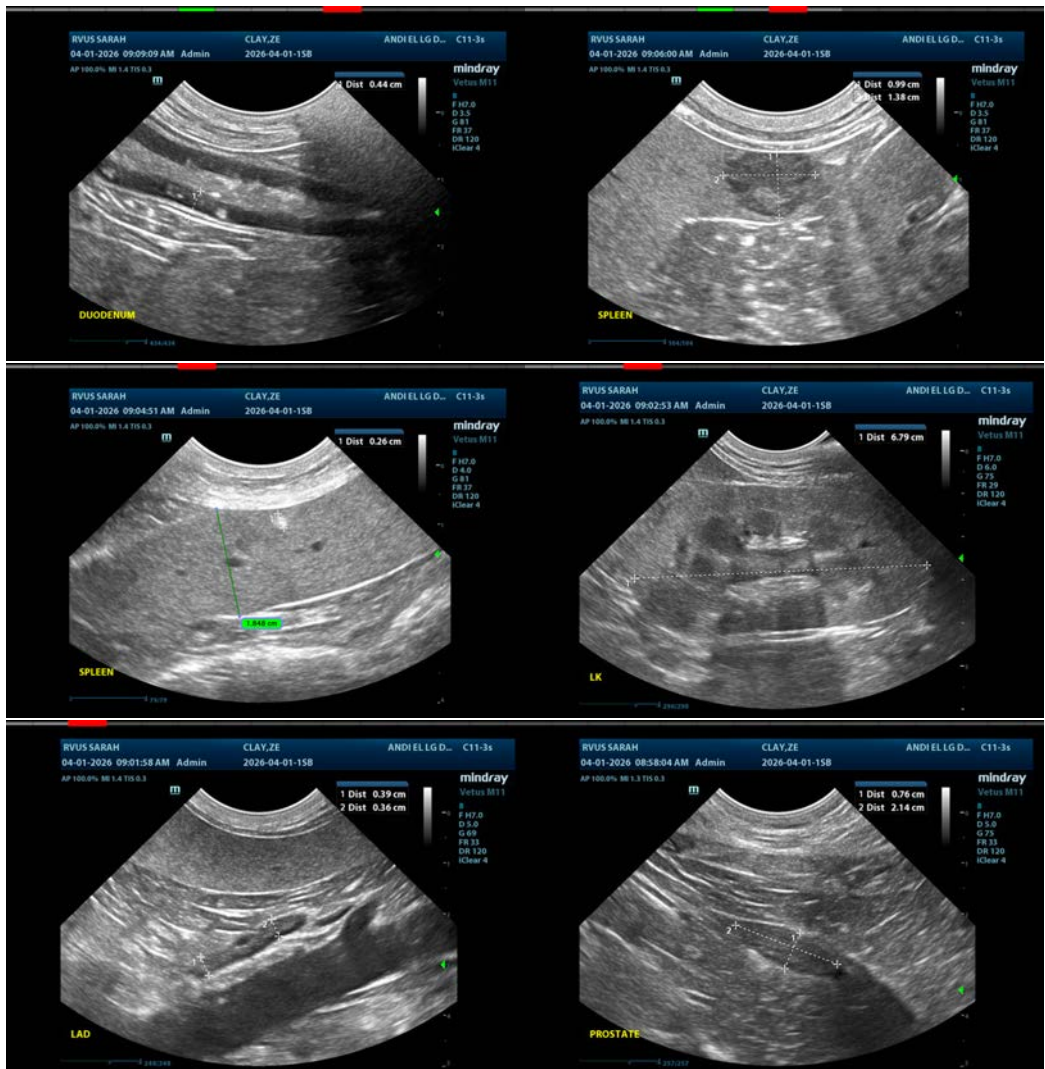
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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