



## PATIENT

Tippy Bidinger

## SPECIES

Canine

## BREED

Shetland Sheepdog

## SEX

Spayed Female

## AGE

10 Years 5 Months

## WEIGHT

48 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Brittney Beigel, DVM

## HOSPITAL NAME

Bayside Animal  
Medical Center

## REFERRING VET

Katie Buchanan, VMD

## INVOICE

74459

## DATE

4/15/26

## PRESENTING CLINICAL SIGNS

Presented for dental cleaning today, pre-surgical BW demonstrated ALT and ALP continued to elevate despite two weeks of clavamox (Rx'd for UTI) and NSAIDs. P was fasted for US scan. No sedation needed.

## 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 (5.1 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (5.14 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 0.49 cm at the cranial pole and 0.50 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 0.51 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 normal in size and shape, measuring 1.76 cm. The blood flow through the hilus and splenic parenchyma appears normal. There are occasional ill-defined hyperechoic irregular areas/lesions. Examples measure 4.4 cm x 1.12 cm, 0.97 cm, and 1.3 cm.

### Liver

The liver is 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 of the vasculature and biliary tract appear normal. There is a large, hyperechoic nodule visualized in the mid caudal region of the liver, measuring 2.4 cm x 2.33 cm. Smaller hyperechoic nodules are present, examples measure 0.52 cm and 0.60 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.



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## *Gastrointestinal*

The stomach contains mild fluid/shadowing ingesta. 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 0.50 cm. Jejunum wall measures 0.34 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 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.

## *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

- Mild age related changes visualized associated with both kidneys.
- Ill-defined hyperechoic lesions visualized in the spleen – These generally have an appearance most consistent with benign lesions such as ill-defined myelolipomas or similar. Neoplastic lesions cannot be definitively ruled out.
- Large, heterogeneous liver with hyperechoic 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. The hyperechoic nodules are discrete and have a somewhat benign appearance (adenomas, focal hyperplasia, myelolipomas, etc.). Neoplastic lesions 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.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatic parenchyma generally has a somewhat heterogeneous appearance, possibly consistent with a vacuolar hepatopathy or other primary hepatopathy. Additionally, there are some focal hyperechoic lesions that have a somewhat benign appearance but could also be contributing to the liver enzyme elevations reported. If a safe window is available for sampling of a hyperechoic lesion, consider a fine



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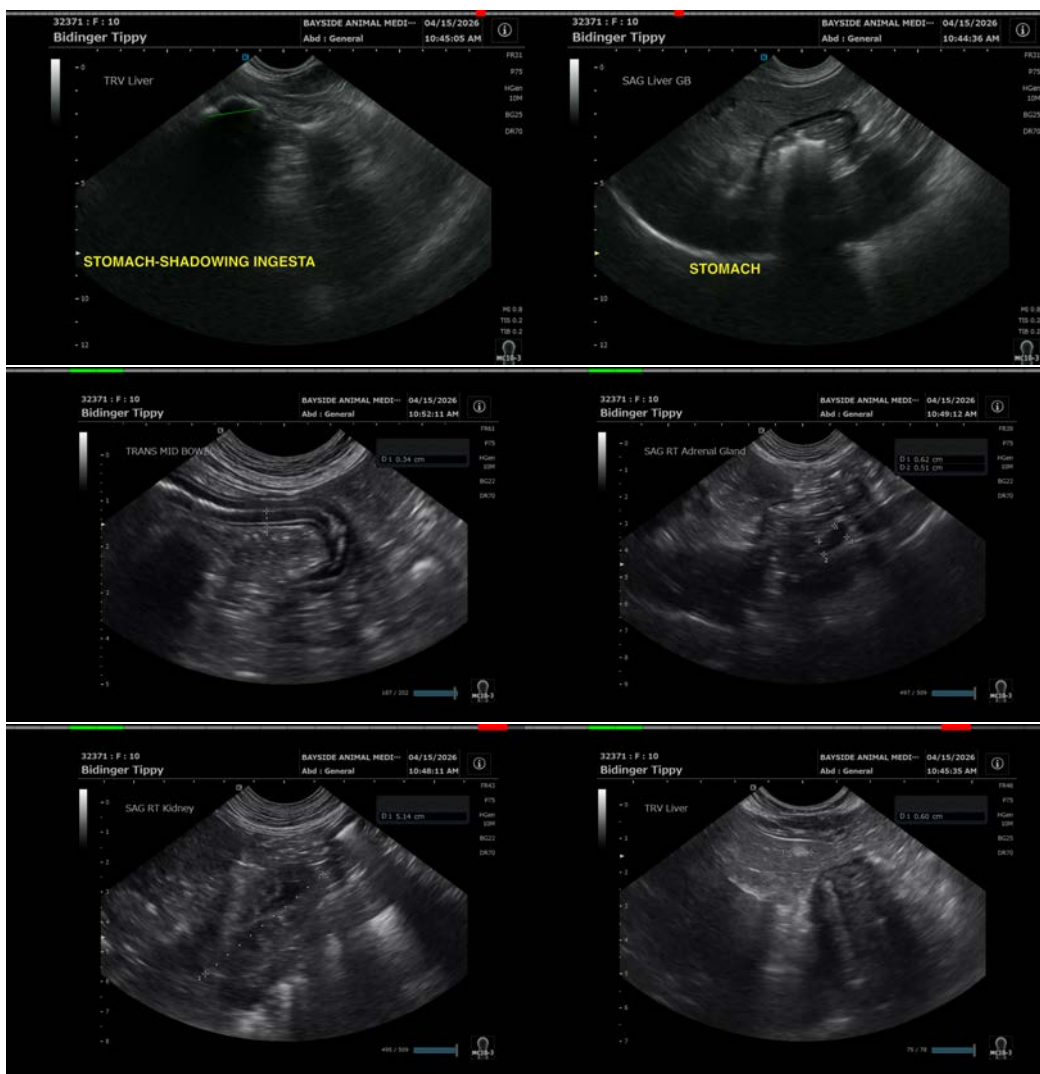
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needle aspirate, but additionally consider a fine needle aspirate of the general hepatic parenchyma for further evaluation. If there are concerns regarding anesthesia and liver function, consider pre- and post-prandial bile acids to assess liver function.

The spleen has ill-defined hyperechoic lesions that are suspected to be benign lesions, but this cannot be definitively confirmed. Options moving forward would include continued monitoring with ultrasound or a fine needle aspirate. Continued monitoring of the liver lesions is strongly recommended.

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





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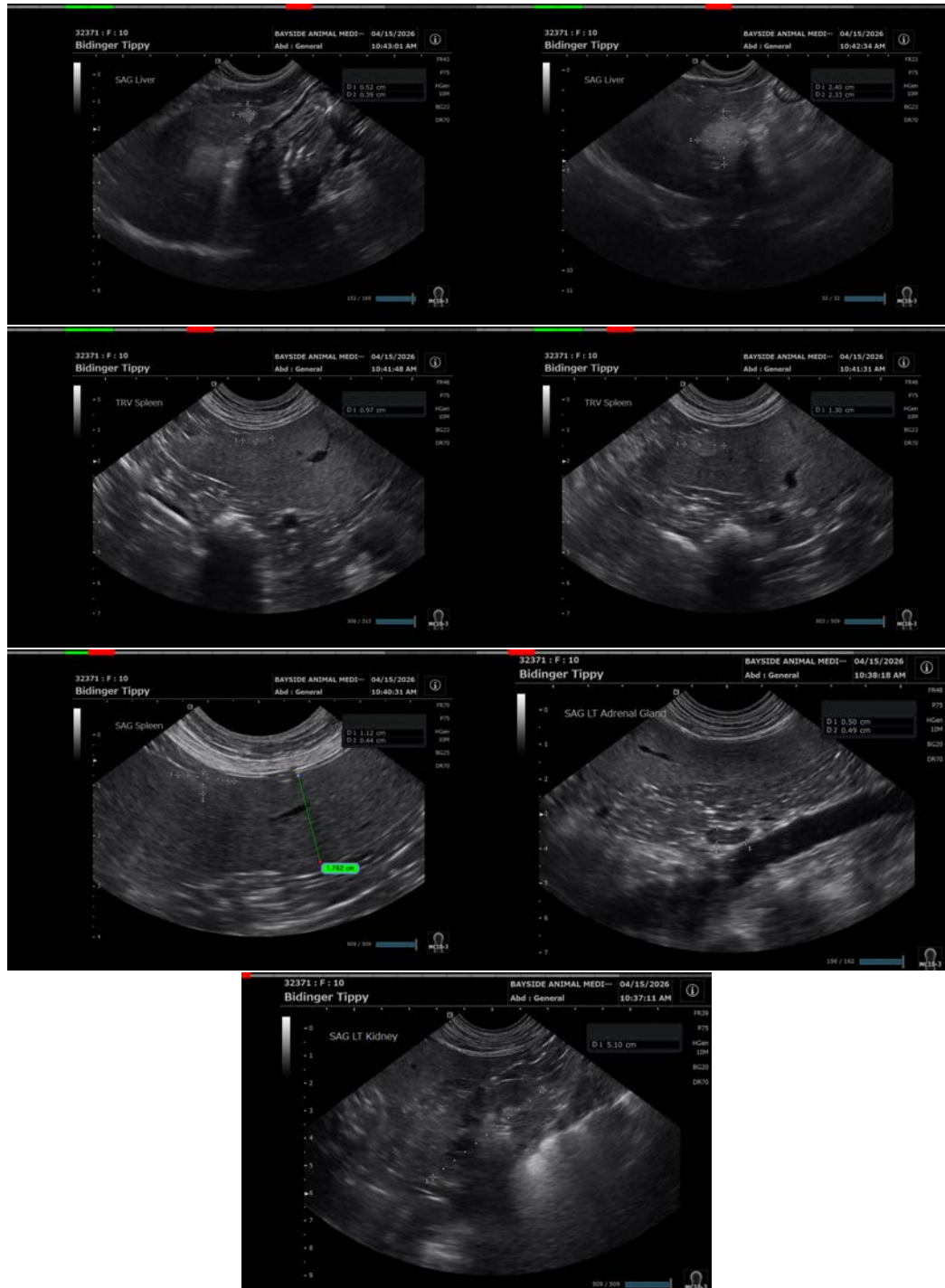
Katie Buchanan, VMD

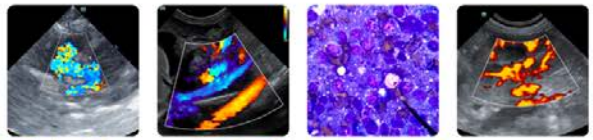
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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