



PATIENT

Max Mejia

SPECIES

Canine

BREED

American Eskimo Dog

SEX

Neutered Male

AGE

13 Years 2 Months

WEIGHT

32.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Animal Paradise
Hospital

REFERRING VET

Dr. Elshafie

INVOICE

74799

DATE

4/29/26

PRESENTING CLINICAL SIGNS

R/O leptospirosis, Hepatitis, Neoplasia, renal vs others. Elevated liver values and azotemia.

Abnormal PE/Chem/CBC/UA Results: CBC - Lym 0.83, MPV 14.1, PLTC 0.52, Diag-ALB 4.8, ALP 1210, ALT 1592, BUN 51, Cre 1.7, CPL 50

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (5.1 cm). There is a small cortical cyst visualized. 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 (5.42 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.66 cm at the cranial pole and 0.64 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 1.2 cm at the cranial pole and 0.55 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 (1.48 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 and rounded. 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 poorly defined mixed echogenicity mass effect visualized in the mid cranioventral aspect of the liver. This lesion has a cavitated/cystic region that measures 4.87 cm x 6.31 cm.



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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/moderate fluid/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.

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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 0.38 cm. Jejunum wall measures 0.28 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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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.

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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

- Age related changes visualized associated with both kidneys.
- Large, heterogeneous, rounded liver with a poorly defined, mixed echogenicity, cystic/cavitated mass effect – 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 poorly defined focal “mass effect” could be consistent with a carcinoma, adenoma, sarcoma, or granulomatous lesion. A poorly defined abscess, etc. cannot be ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys have changes consistent with age related renal disease. Unfortunately, the appearance of the kidneys is not always an appropriate indicator of the cause of the azotemia reported. Correlate with urinalysis and culture, assessing urine concentrating ability, etc. Additionally, a blood pressure +/- urine protein to creatinine ratio may be helpful. Your thoughts of screening for Leptospirosis are good, and this should be considered.

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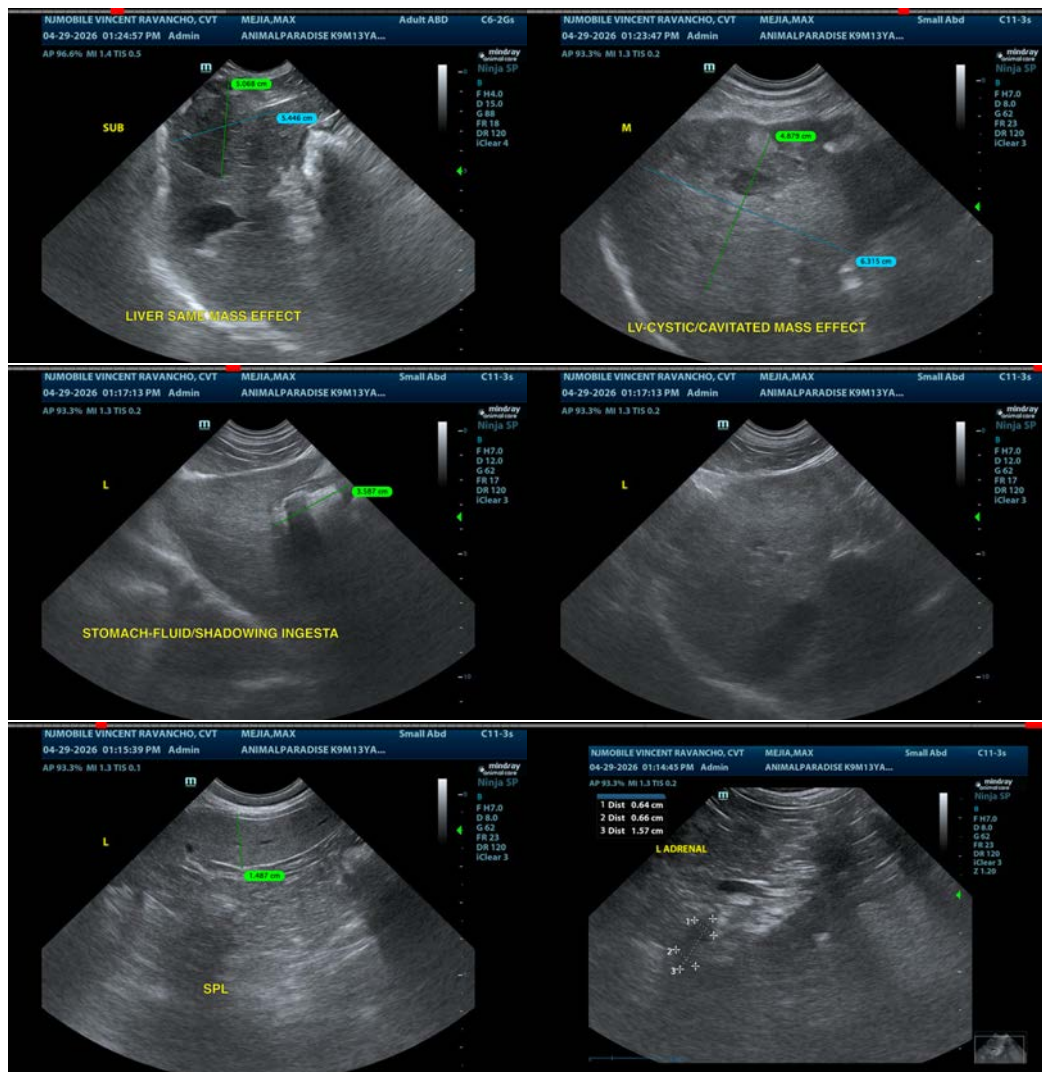
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The liver subjectively appears somewhat large and heterogeneous. This is a non-specific finding. Additionally, there is a poorly defined focal area of the mid ventral liver that appears hyperechoic with mixed echogenicity, slightly irregular tissue and has a smaller focal cystic/cavitated region. The nature of this lesion is uncertain. A neoplastic lesion would be a significant concern. Recommend a fine needle aspirate both of "normal" appearing liver and the mass lesion (provided coagulation parameters are normal). Ideally a contrast CT scan would be performed to better determine the extent and location of this lesion if surgical resection is to be considered.

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





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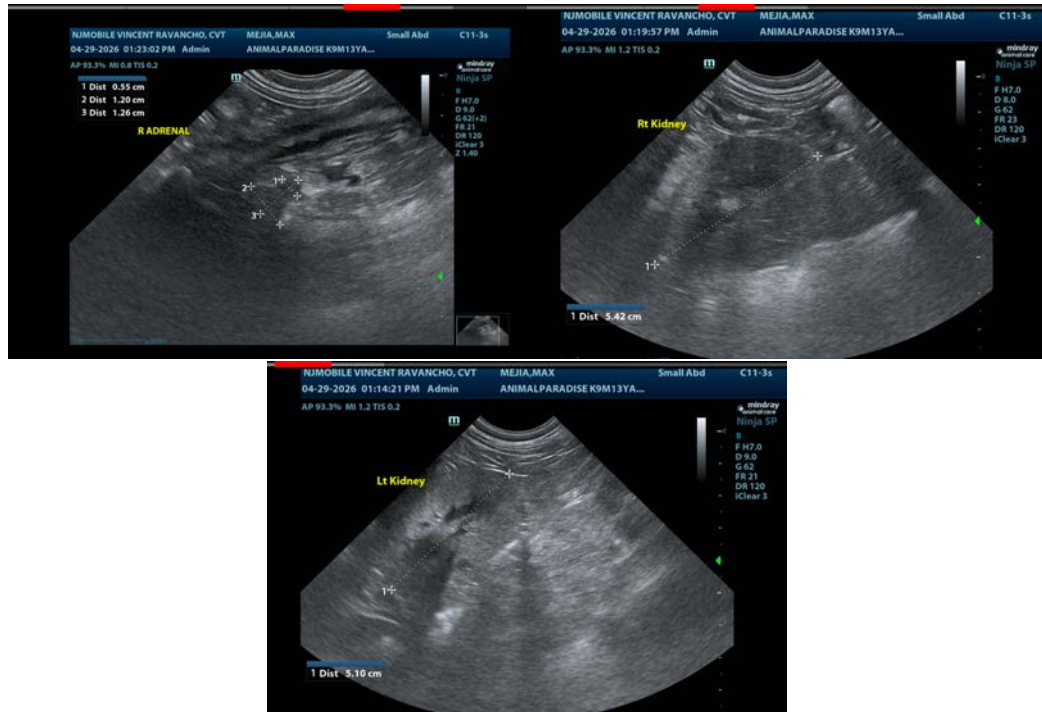
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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