



**PATIENT**

Carly Stengel

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Spayed Female

**AGE**

12 Years 5 Months

**WEIGHT**

9.4 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

Dr. Harrs

**INVOICE**

14970

**DATE**

04/09/26

**PRESENTING CLINICAL SIGNS**

Progressively elev. hepatic values, hoping to proceed with anesthesia for mass removal

Abnormal PE/Chem/CBC/UA Results: alt-552 alp-570 ggt-12

**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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (3.77 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 pinpoint nonobstructive mineralizations present. Renal vasculature is normal.

The right kidney has a normal shape and size (4.34 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 pinpoint nonobstructive mineralizations present. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.62 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 normal in size measuring 0.69 cm at the cranial pole and 0.62 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, 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. The spleen measured 0.82 cm width.

**Liver**

The liver is subjectively 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. In the cranial ventral portion of the liver, there is a poorly defined slightly hyperechoic mottled region creating the impression of a poorly defined mass effect measuring 3.86 cm by 4.8 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.

**Gastrointestinal**



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The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 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. No masses or focal lesions were observed.

**SPECIES**

Canine

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. The duodenum measured as normal (0.43 cm in wall thickness) and the jejunum measured as normal (0.35 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 pancreas is mottled and hypoechoic as compared to the surrounding isoechoic 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.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Large heterogenous liver with a poorly defined slightly hyperechoic mottled area/mass effect- findings are most consistent with a vacuolar hepatopathy. The 'mass effect' could represent an adenoma, carcinoma, or focal hyperplasia, etc.
- Moderate gallbladder debris- The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocoele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

**IMAGING PERFORMED BY**

Kerri Becker

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver appears large heterogeneous and rounded. In the cranial ventral aspect of the liver, there is some fairly very poorly defined mixed echogenicity, slightly hyperechoic tissue, almost creating a poorly defined mass effect. This could represent a true mass such as an adenoma, carcinoma, or possibly even focal hyperplasia, etc. If a safe window for sampling is available, consider a fine needle aspirate. Otherwise, consider a contrast CT scan to further evaluate and to better determine if surgical removal is an option/warranted.

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Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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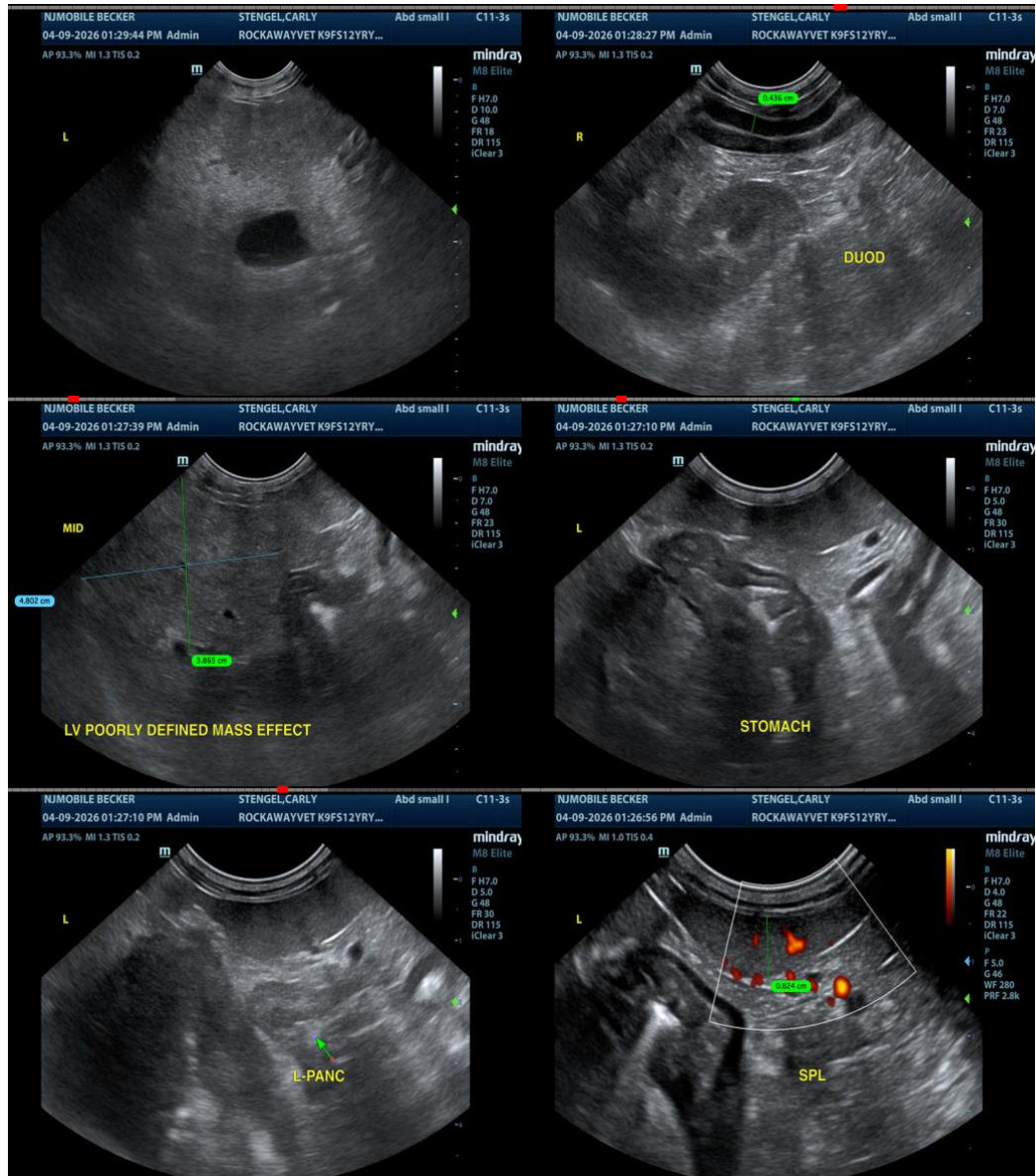
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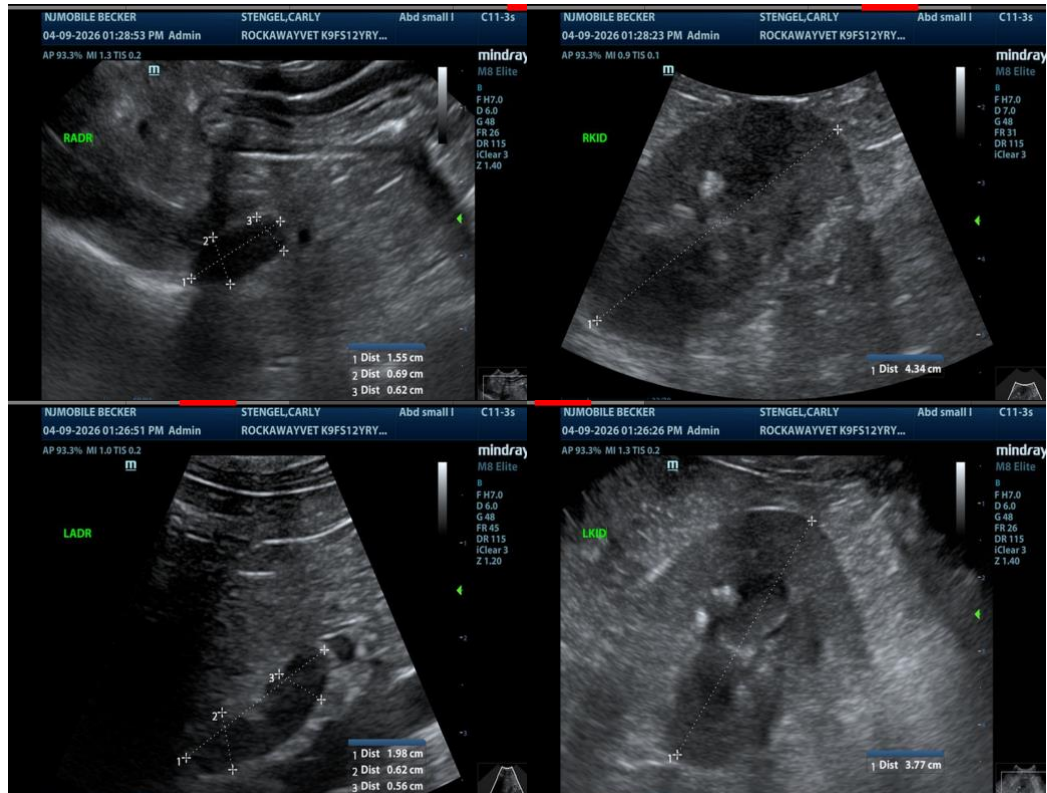
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com