



## PATIENT

Toby Kirk

## SPECIES

Canine

## BREED

German Shepherd X

## SEX

MN

## AGE

4 years

## WEIGHT

19.1 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gira

## HOSPITAL NAME

Weginton PH

## REFERRING VET

Dr. Weston

## INVOICE

11669

## DATE

4/9/2026

## PRESENTING CLINICAL SIGNS

Occasional vomiting and inappetance. During annual exam. Lost 2kg since June 2025.

Abnormal PE/Chem/CBC/UA Results: Significant elevation of liver enzymes attached UA: normal urobilinogen , but elevated bilirubin.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly thickened measuring 0.32 cm. The region of the 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 (6.5 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 (7.19 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 0.5 cm at the cranial pole and 0.48 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 0.66 cm at the cranial pole and 0.64 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 large/plump in size (1.89 cm). The spleen echotexture is heterogenous and mildly mottled, 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 large in size and rounded. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed



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The gall bladder lumen is significantly distended with anechoic fluid. 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 minimal luminal contents. It measures at a normal thickness of 0.58 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.

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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. The duodenum measured as normal (0.42 cm in wall thickness) and the jejunum measured as normal (0.31 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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 prominent and mottled in the right limb. 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 revealed scant free fluid near the urinary bladder. There are occasional prominent cranial abdominal lymph nodes. A hepatic lymph node is visualized measuring 0.69 cm x 1.44 cm. A mesenteric lymph node measures 0.55 cm x 1.57 cm. The omentum is of normal uniform echogenicity.

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### PRIMARY FINDINGS

- Large, hyperechoic rounded liver. The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy.

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- Subjectively large, mildly mottled spleen. The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

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- Scant free abdominal fluid and occasional prominent cranial abdominal lymph nodes. Findings could be consistent with highly reactive or early neoplastic lymph nodes.

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### SECONDARY FINDINGS



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- Mildly thickened bladder wall. The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Pancreatic changes most consistent with pancreatic remodeling in the right limb.
- Large, distended gallbladder. No focal lesions are observed. This could be normal for a fasted patient. No evidence of an obstructive process is visualized.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

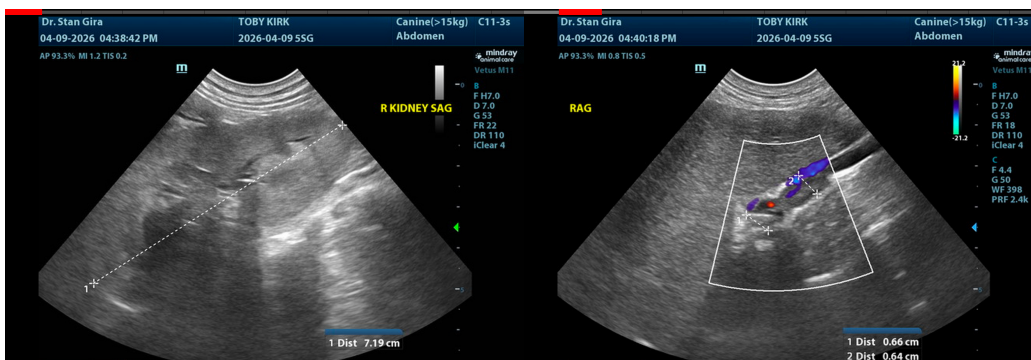
The liver is large, hyperechoic and rounded. These are non-specific changes which could be consistent with a vacuolar hepatopathy, infiltrative neoplasia (particularly round cell neoplasia), infection or inflammation. Based on the severity of the symptoms described, early round cell neoplasia would be a significant concern. Recommend a fine needle aspirate for cytologic evaluation (provided coagulation parameters are normal.)

The gallbladder is large and distended but no evidence of an obstruction or significant biliary disease is observed. Recommend continued monitoring.

The spleen subjectively is prominent and mildly mottled. These are relatively mild changes, but cytology of the spleen could be considered, particularly if looking for underlying round cell neoplasia or similar.

There are occasional prominent cranial abdominal lymph nodes. I suspect the location would not be easy to sample. If a safe window for sampling is available, you could consider a fine needle aspirate.

Recommend supportive care and management for acute hepatic injury with treatment with ursodiol, denamarin, antibiotics, fluids, etc. If liver values are not improving and cytology (and leptospirosis screening) is not helpful, ultimately biopsies of the liver may be warranted.





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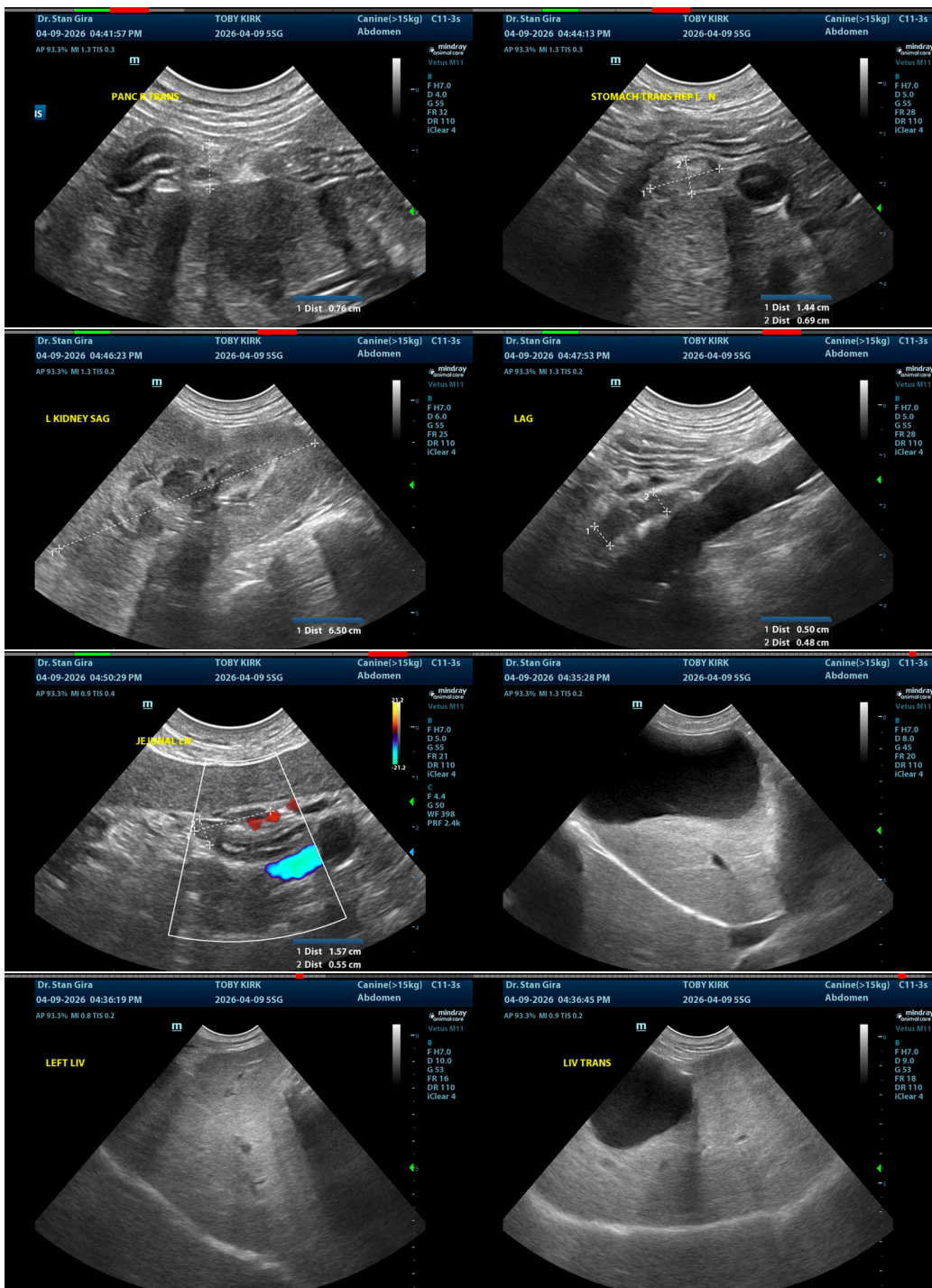
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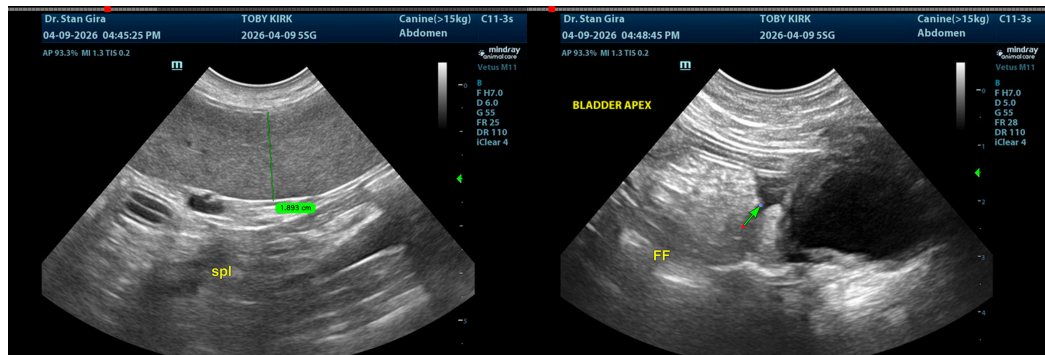
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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