



**PATIENT**

Lucy Provost

**PRESENTING CLINICAL SIGNS**

P presented for recheck exam. No issues reported.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Mixed

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.

**SEX**

Spayed Female

The left kidney has a normal shape and size (5.7 cm) with pyelectasia at 0.32 cm (previous dilation was 0.39 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**AGE**

13 Years

The right kidney has a normal shape and size (6.34 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 no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

27 lbs

**Adrenal Glands**

**INTERPRETED BY**

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

The left adrenal gland is large and slightly irregular, measuring 1.26 cm at the cranial pole and 1.05 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is slightly abnormal in that there is a poorly defined hypoechoic region in the cranial pole measuring 1.3 cm x 0.92 cm (previous measurement 1.03 cm x 0.78 cm).

**IMAGING PERFORMED BY**

Kathleen Byrnes

The right adrenal gland is normal in size measuring 1.18 cm at the cranial pole and 0.72 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.

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 Animal Hospital

**Spleen**

The spleen is subjectively normal in size (1.47 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.

**REFERRING VET**

Dr. Sechrist

**Liver**

The liver is 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. There are occasional ill-defined hyper- and hypoechoic nodules in the parenchyma as well as a cystic lesion in the caudal liver measuring 0.96 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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5/12/26



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***Gastrointestinal***

The stomach contains mild/moderate 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Jejunum wall measures 0.29 cm. Duodenum wall measures 0.40 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 pancreas is large, irregular and mottled. There are occasional ill-defined hyper- and hypochoic regions associated with the pancreas. The most defined lesion is hyperechoic in the left limb measuring 2.73 cm x 1.79 cm (previous measurement 1.85 cm x 2.28 cm).

***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**

- Prominent/borderline large adrenal glands with a hypochoic nodule in the cranial pole of the left adrenal – The lesion is subtle and measures slightly larger than on the previous exam.
- Age related changes visualized associated with both kidneys with mild left-sided stable pyelectasia.
- Diffusely irregular, mottled pancreas with a hyperechoic poorly defined lesion/nodule on the left side – The appearance is most consistent with chronic pancreatic remodeling. The focal lesion appears stable, favoring a more benign lesion.
- Large, heterogeneous, rounded, slightly nodular liver – 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.
- Prominent/mildly thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).



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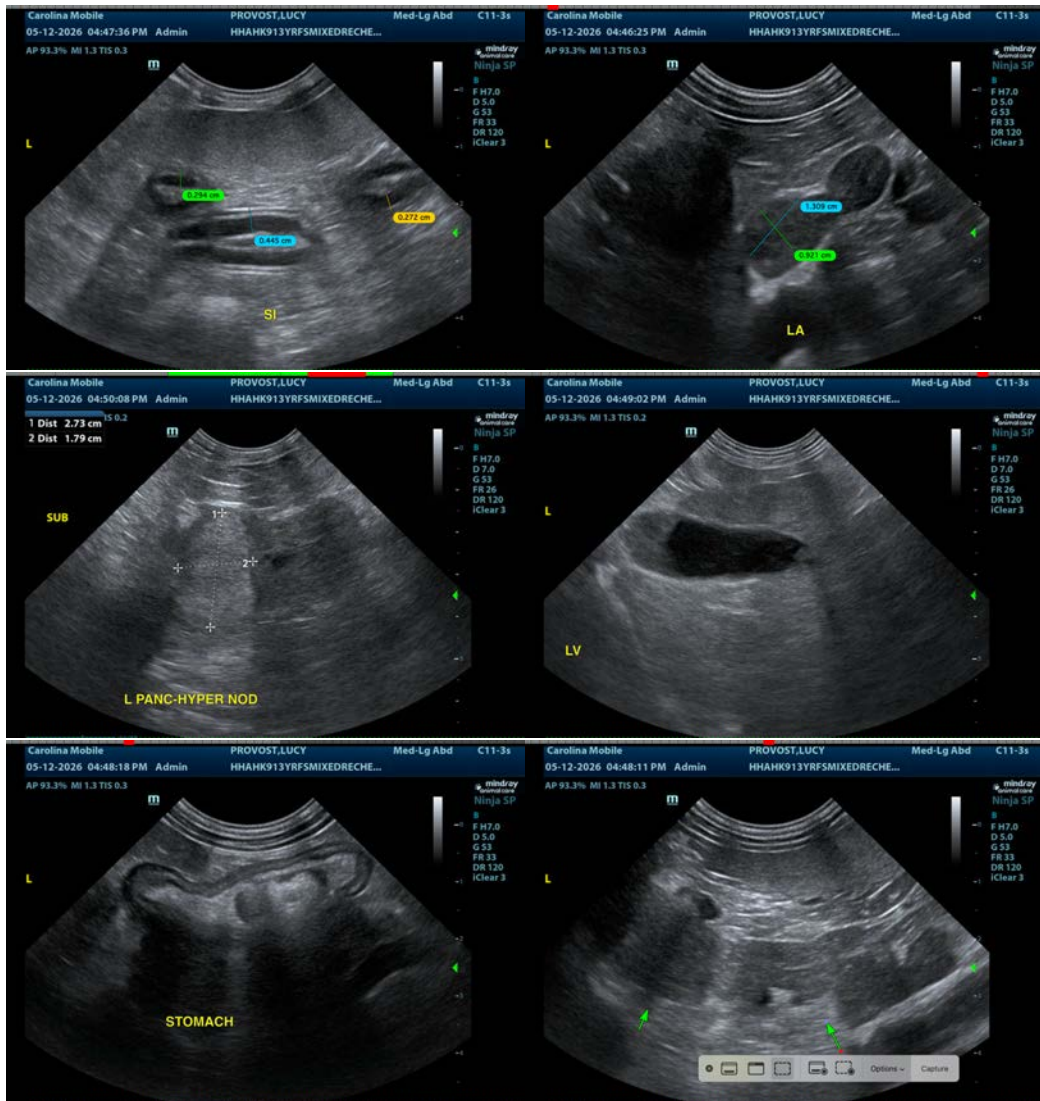
**DATE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes observed on today's scan are relatively stable from the previous exam. The pancreas remains very large and prominent with a focal hyperechoic, poorly defined region that has not changed significantly.

The liver is large and heterogeneous with occasional ill-defined hyper- and hypoechoic regions. The appearance favors a vacuolar hepatopathy. Correlate with current lab work. Additionally, the left adrenal is large with very poorly defined hypoechoic nodule in the cranial pole. It measures as slightly larger on today's exam. If signs of Cushing's are present, consider adrenal function testing. Additionally consider a blood pressure evaluation. If hypertension is present, recommend measuring catecholamine levels, looking for possible pheochromocytoma. If Cushing's is present and/or the lesion is continuing to enlarge, further evaluation with a contrast CT scan may be warranted.





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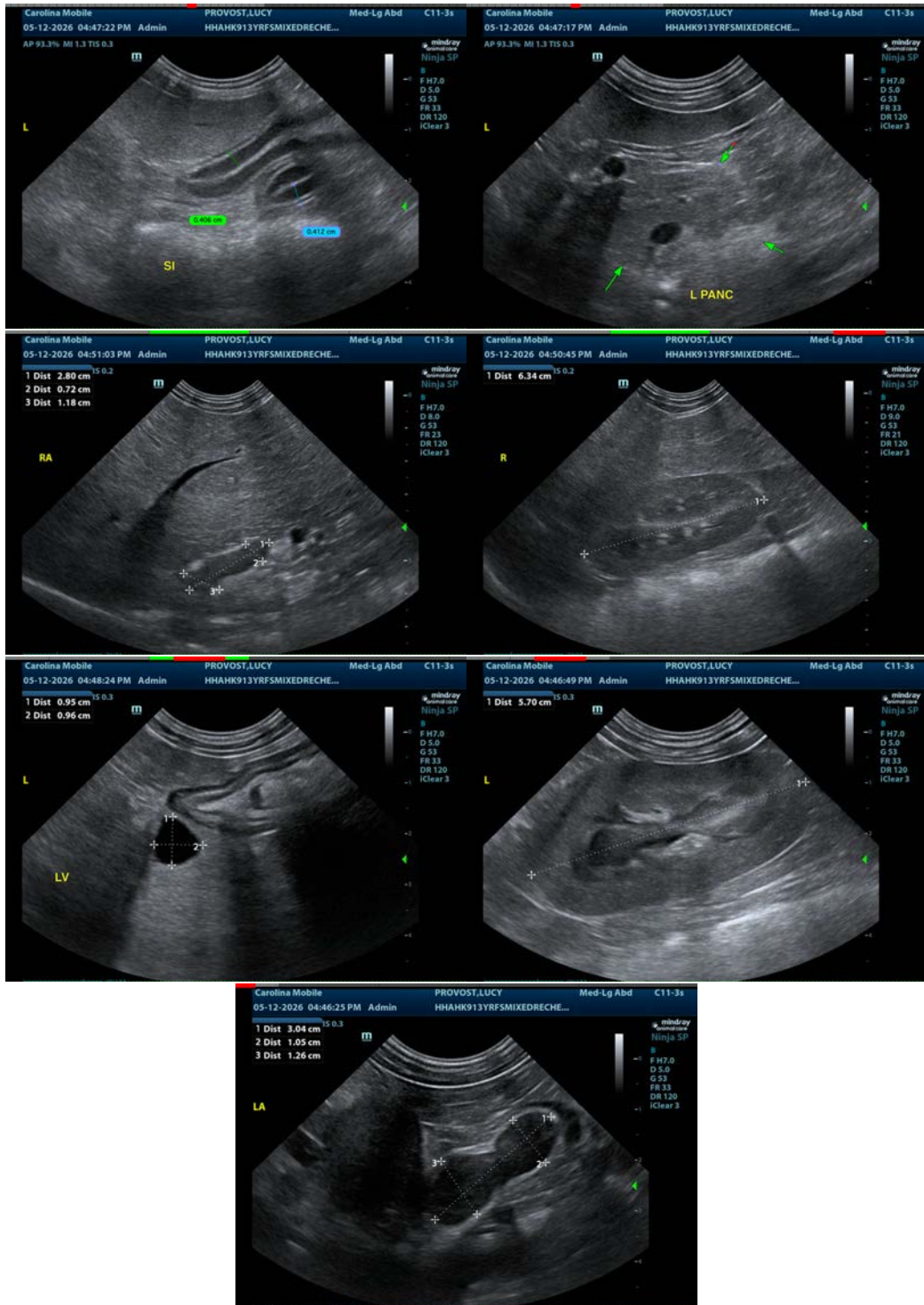
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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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[info@sonopath.com](mailto:info@sonopath.com)

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