



PATIENT

Lola Johnson

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

9 Years

WEIGHT

10.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Mountainview

REFERRING VET

Dr. Ashlie Brown

INVOICE

75179

DATE

5/14/26

PRESENTING CLINICAL SIGNS

Patient is here today to have a COHAT. COHAT was performed but patient has had a persistent elevated ALP that has been in the 700 range and now has decreased to 600. She is on milk thistle and otherwise asymptomatic for liver disease.

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 (3.74 cm) with occasional cortical pinpoint mineralizations and linear hyperechoic striations. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.17 cm) with occasional cortical pinpoint mineralizations and linear hyperechoic striations. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.61 cm at the cranial pole and 0.57 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 0.65 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 (2.18 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 subjectively normal in size, and 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. An irregular, somewhat poorly defined, hyperechoic lesion creating a mass effect on the left side of the liver is visualized measuring 1.61 cm x 1.73 cm. A smaller similar lesion is visualized measuring 0.70 cm. There is a small hyperechoic nodule on the right side of the liver measuring 0.35 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 moderate fluid. 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.

BREED

Maltese

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 0.37 cm. Jejunum wall measures 0.26 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.

WEIGHT

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Pancreas

The pancreas is large, irregular and mottled. 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. No significant lymphadenopathy noted. A prominent mesenteric lymph node is visualized measuring 0.45 cm. The omentum is normal in echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Mottled, irregular pancreas – findings are most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Heterogeneous changes in the liver most consistent with age related remodeling as well as irregular hyperechoic nodules/mass effects – The nature of these lesions is uncertain. These could represent benign or early neoplastic lesions (adenoma, carcinoma, other).
- Moderate fluid distention of the stomach – Correlate with the feeding/drinking history. If the patient was adequately fasted this could represent ileus.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The liver is mildly heterogeneous and there are two poorly defined, irregular, hyperechoic lesions in the left liver of uncertain nature. These do not seem to significantly deviate the hepatic margins. If a safe window for sampling is available, consider a fine needle aspirate (provided coagulation parameters are normal). Otherwise, continued monitoring with ultrasound or a contrast CT scan to further evaluate could be considered.

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The pancreas appears prominent, irregular and mottled. Correlate with a PLI level. If the patient is symptomatic and this is elevated, then mild chronic pancreatitis may be present and may warrant additional treatment.

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

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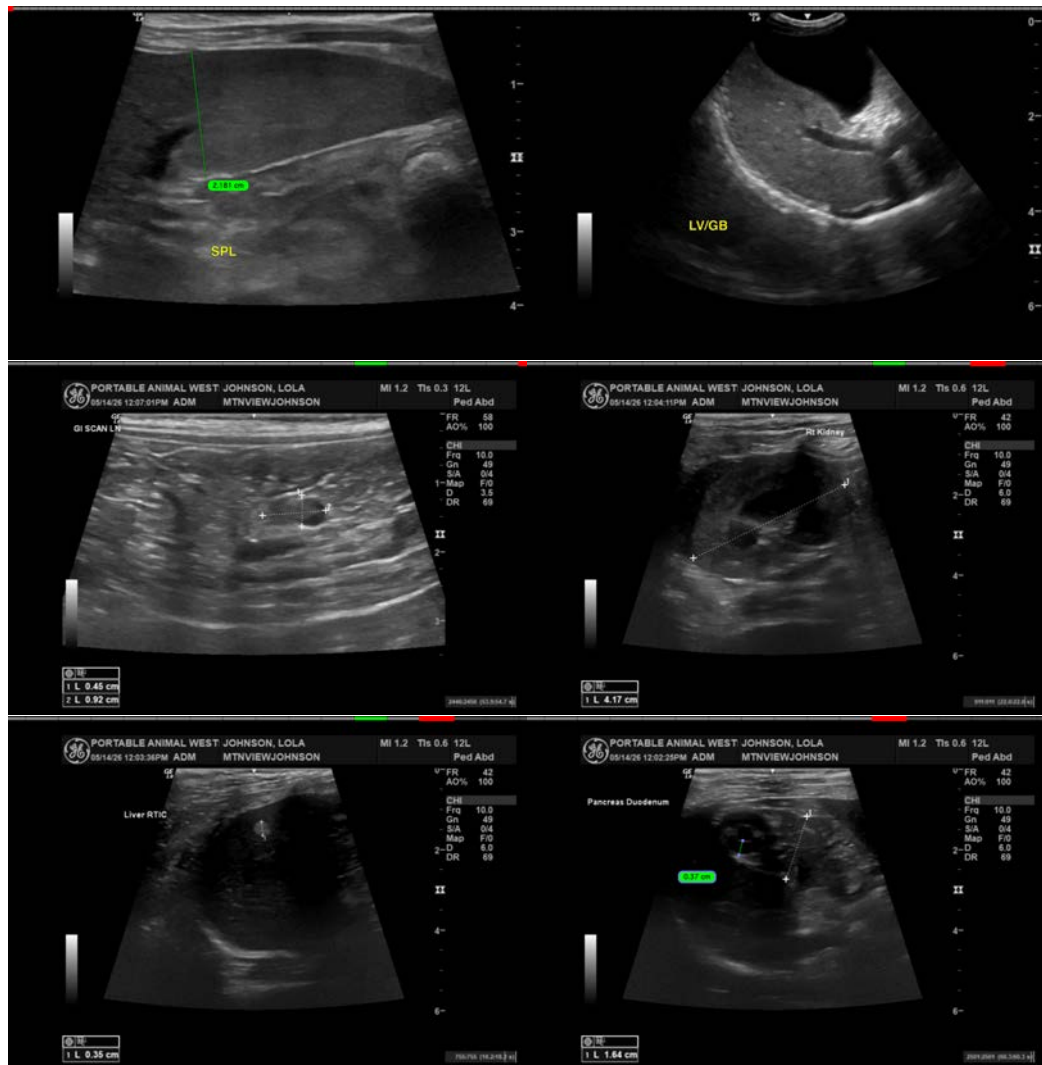
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pawsonography@gmail.com
530-786-8340



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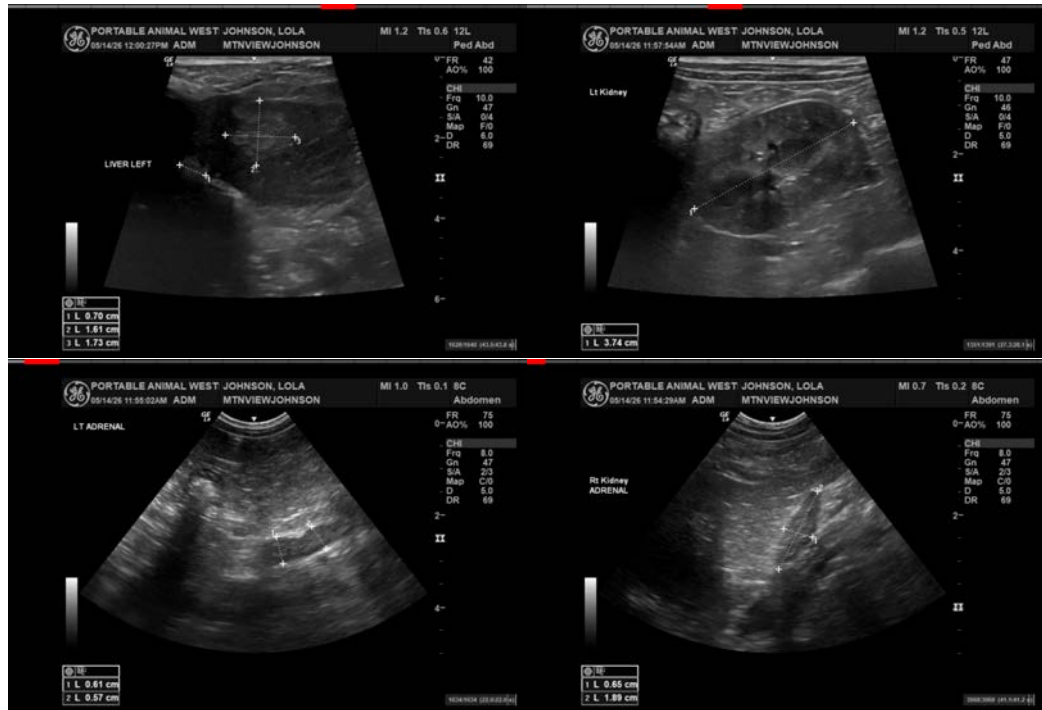
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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