



PATIENT

Betsy Clifton

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Spayed Female

AGE

13 Years 4 Months

WEIGHT

31.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Clinic Madison
 Mayodan

REFERRING VET

Dr. McKinlay

INVOICE

75428

DATE

5/26/26

PRESENTING CLINICAL SIGNS

P presented for US due to continued elevation in ALT and ALKP. P needs a dental cleaning and mass on lower lip removed. Rec US prior to anesthesia.

Abnormal PE/Chem/CBC/UA Results: ALT 292, ALKP 562, GGT 18

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mildly echogenic urine. The Bladder wall appears slightly irregular and thickened (0.53 cm in the apical region). The region of the trigone, ureteral papillae and proximal urethra (to a depth of 2cm) appear free of any mass lesions or calculi.

The left kidney has a normal shape and size (5.19 cm) with mild pyelectasia at 0.31 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.9 cm). No significant architectural abnormalities are visualized, but detail is difficult to clearly visualize. There is no evidence of calculi. The renal pelvis is not clearly visualized.

Adrenal Glands

The left adrenal gland is large and irregular in shape, measuring 0.39 cm at the cranial pole and 1.34 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that there is a hypoechoic mass effect in the caudal pole measuring 1.53 cm x 1.06 cm. No evidence of vascular invasion visualized.

The right adrenal gland is normal in size measuring 1.04 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 (2.01 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 in size, and hyperechoic 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. There are too numerous to count ill-defined hypoechoic nodules in the parenchyma. Examples measure 0.62 cm and 0.60 cm.

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/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 relatively uniform diameter with minimal to moderate fluid and gas 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 0.29 cm. Visualized peristalsis appears appropriate. Findings could be consistent with a non-fasted patient or mild ileus.

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 right limb of the pancreas is prominent and mottled 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.

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.

There is a somewhat poorly defined iso/mixed echogenicity mass effect visualized cranioventral to the urinary bladder, measuring 3.66 cm x 1.63 cm. This is suspected to be an inguinal lesion such as a lipoma, but an intraabdominal lesion cannot be ruled out. Consider a fine needle aspirate and correlate with physical exam findings.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened, irregular urinary bladder wall with echogenic urine – Recommend urinalysis and culture. Findings could be consistent with cystitis.
- Mass effect at the caudal pole of the left adrenal gland – Possible differentials include adenoma, pheochromocytoma, carcinoma, other.
- Pancreatic changes consistent with pancreatic remodeling in the right limb.
- Large, hyperechoic, heterogeneous liver with ill-defined hypoechoic nodules – 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.
- Iso/mixed echogenicity suspected subcutaneous mass effect (possibly abdominal?) – A lipoma or similar is suspected. Recommend a fine needle aspirate and correlate with physical exam.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

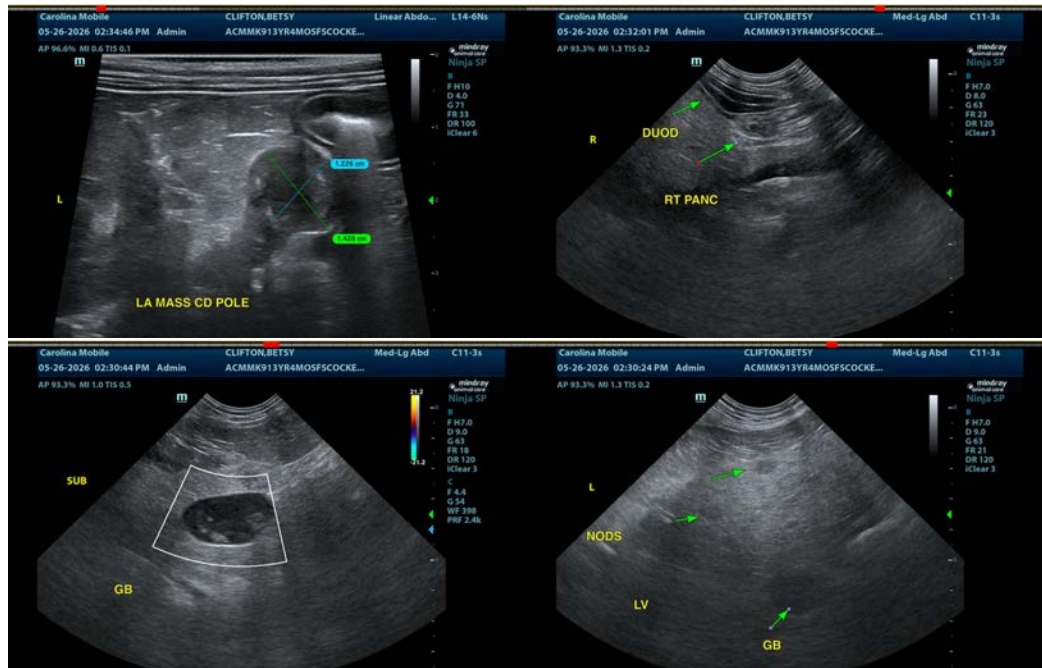
The liver is large, hyperechoic and heterogeneous with ill-defined hypoechoic nodules. Findings could be consistent with vacuolar hepatopathy or similar. The hypoechoic nodules have somewhat of a benign appearance, but given the adrenal nodule visualized, consider a fine needle aspirate, looking for any evidence of underlying neoplasia or similar.

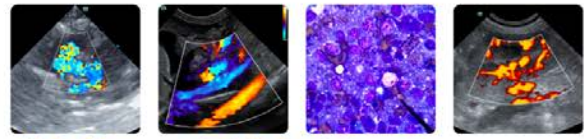
There is a mass effect visualized associated with the caudal pole of the left adrenal. This could represent a benign or neoplastic lesion and could be an active lesion or non-secretory. Recommend a blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels, looking for a possible pheochromocytoma. If signs consistent with Cushing's are present, consider adrenal function testing. If surgical removal would be considered, recommend a contrast CT scan to look for any evidence of vascular invasion, unseen metastatic lesions, etc.

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

Recommend a urinalysis +/- culture to further evaluate the bladder changes observed.

Recommend a fine needle aspirate of the superficial caudal abdominal lesion described.





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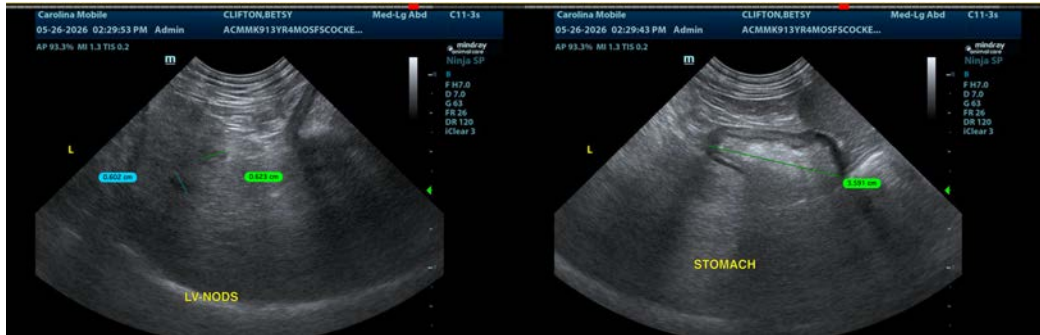
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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