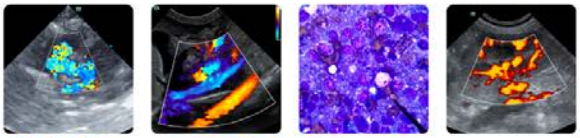


PATIENT

Ivy Vanarnam

SPECIES

Canine

BREED

Dalmatian

SEX

Spayed Female

AGE

11 Years 9 Months

WEIGHT

60 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Aloha Veterinary Hospital

REFERRING VET

Dr. Lusk

INVOICE

75466

DATE

5/27/26

PRESENTING CLINICAL SIGNS

P presented for US due to dribbling urine. On Proin but dribbling gotten worse, collected urine by cysto today. P also has history of elevated liver enzymes.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (5.98 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.

The right kidney has a normal shape and size (6.04 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.47 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 1.25 cm at the cranial pole and 0.56 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.

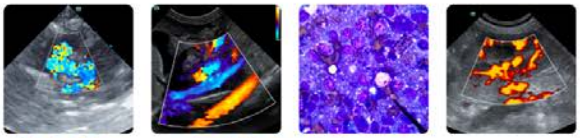
Spleen

The spleen is normal in size but irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a mixed echogenicity solid hypoechoic nodule visualized in the spleen. This deforms the splenic capsule, measuring 1.49 cm x 1.68 cm.

Liver

The liver is subjectively normal in size with irregular margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The parenchyma is coarse with an almost micronodular type appearance.

The gall bladder lumen is significantly distended. The gallbladder wall appears hyperechoic and thickened, measuring at 0.42 cm, with some debris adhered to it. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.



SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948

PATIENT

Ivy Vanarnam

SPECIES

Canine

BREED

Dalmatian

SEX

Spayed Female

AGE

11 Years 9 Months

WEIGHT

60 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Aloha Veterinary Hospital

REFERRING VET

Dr. Lusk

INVOICE

75466

DATE

5/27/26

Gastrointestinal

The stomach contains moderate fluid and 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 ingesta distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.37 cm. Visualized peristalsis appears appropriate. Gas and fluid distention of the small intestine is most consistent with a post-prandial patient.

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 irregular, hypoechoic and mottled in the left limb. 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.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Age related changes visualized associated with both kidneys.
- Mixed echogenicity hypoechoic, solid expansile nodule in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Irregular, mottled, hypoechoic left limb of the pancreas – Findings are most consistent with chronic pancreatic remodeling +/- chronic pancreatitis. Pancreatic neoplasia is less likely.
- Heterogeneous, irregular, almost 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.

PATIENT

Ivy Vanarnam

SPECIES

Canine

BREED

Dalmatian

SEX

Spayed Female

AGE

11 Years 9 Months

WEIGHT

60 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Aloha Veterinary Hospital

REFERRING VET

Dr. Lusk

INVOICE

75466

DATE

5/27/26

- Large gallbladder debris with a thickened gallbladder wall – Findings could be consistent with mild cholecystitis.
- Fluid, gas, and ingesta distended stomach and small intestine – Findings are most consistent with a non-fasted patient. If the patient was adequately fasted, this could represent gastrointestinal ileus.

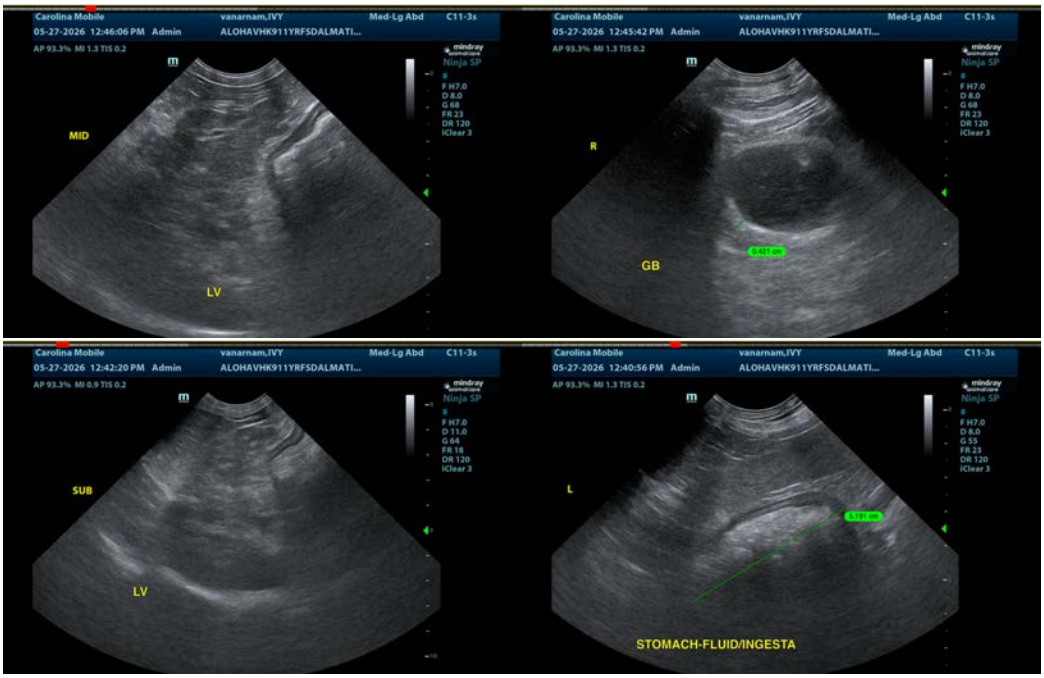
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the urinary bladder to explain the symptoms reported. The urine has some suspended echogenic debris. Your plan for urinalysis and culture is very appropriate.

The liver is heterogeneous and irregular/almost nodular in appearance, and the gallbladder has a large amount of debris and some apparent wall thickening. Correlate these findings with current lab results. Consider pre- and post-prandial bile acids to assess liver function and a fine needle aspirate of the liver. Additionally, consider empirical treatment for cholecystitis with chronic Ursodiol, Denamarin +/- a course of antibiotics and close continued monitoring.

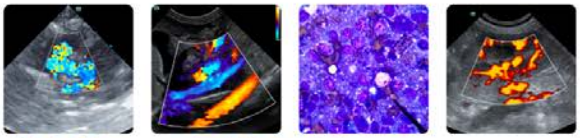
There is a hypoechoic/mixed echogenicity expansile nodule visualized associated with the spleen. This could represent a benign or neoplastic process. Options moving forward would include a fine needle aspirate or continued monitoring with ultrasound.

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



Carolina Veterinary Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND

SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Ivy Vanarnam

SPECIES

Canine

BREED

Dalmatian

SEX

Spayed Female

AGE

11 Years 9 Months

WEIGHT

60 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Aloha Veterinary Hospital

REFERRING VET

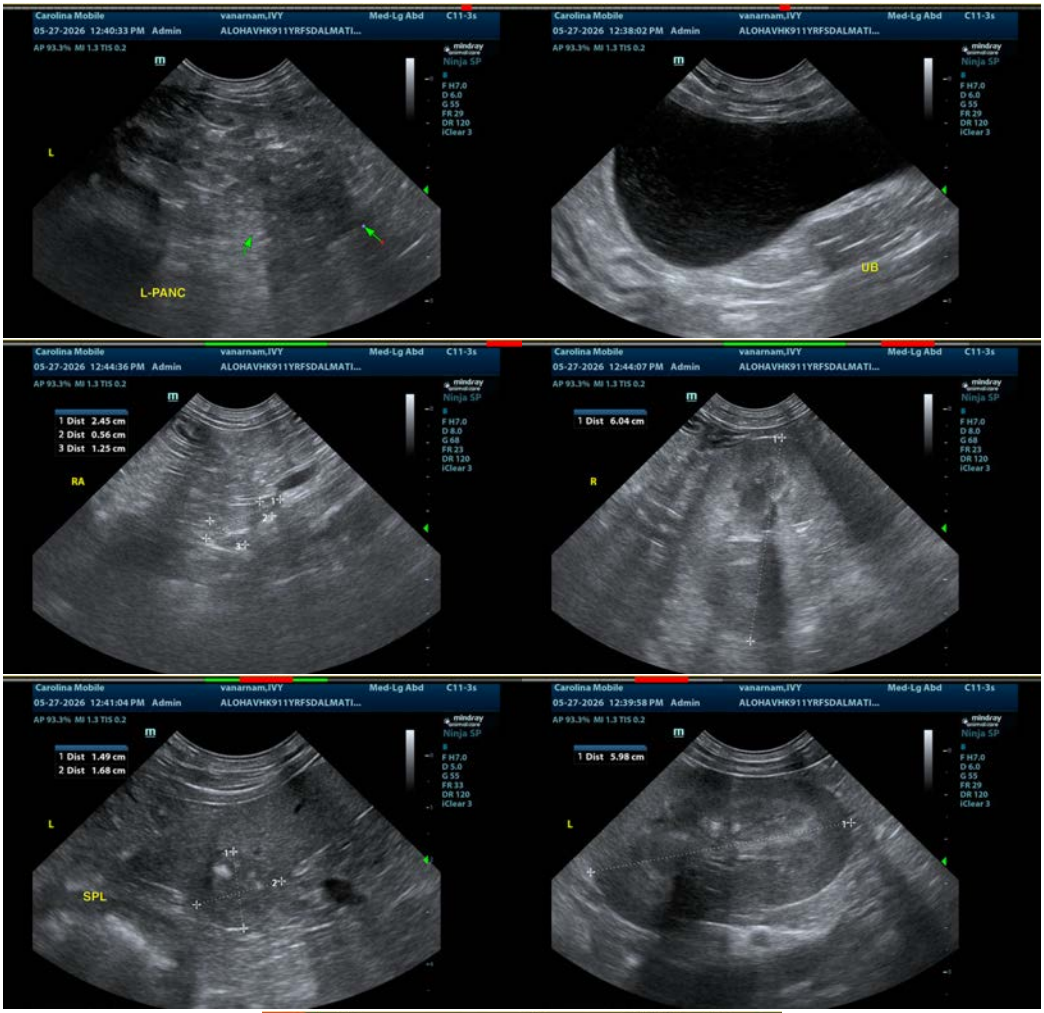
Dr. Lusk

INVOICE

75466

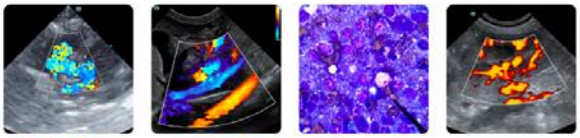
DATE

5/27/26



Carolina Veterinary Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND

SonoPath www.carolinavetmobile.com
info@carolinavetmobile.com 800.808.5948



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Ivy Vanarnam

SPECIES

Canine

BREED

Dalmatian

SEX

Spayed Female

AGE

11 Years 9 Months

WEIGHT

60 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Aloha Veterinary Hospital

REFERRING VET

Dr. Lusk

INVOICE

75466

DATE

5/27/26

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