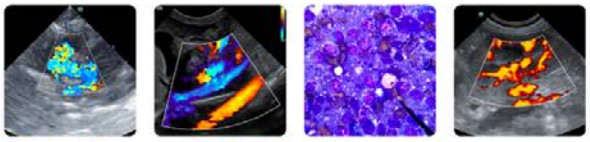




**PATIENT**

Joy Omarr

**SPECIES**

Canine

**BREED**

Standard Poodle

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

21.4 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

VCA Coach Hill Animal Hospital

**REFERRING VET**

Dr. Baker

**INVOICE**

74953

**DATE**

5/5/26

## PRESENTING CLINICAL SIGNS

Chronic liver enzyme elevations and proteinuria. AUS today to recheck.

Abnormal PE/Chem/CBC/UA Results: ALT 324 (previously 439), GGT 23 (previously 25), mild cholesterol elevation UPCR 1.3 USG 1.022

## 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 (5.43 cm) with mild pinpoint mineralizations. 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 (5.98 cm) with mild pinpoint mineralizations. 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 large, measuring 0.89 cm at the cranial pole and 0.81 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 large, measuring 1.06 cm at the cranial pole and 0.80 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 slightly abnormal in appearance in that the cranial pole appears more rounded and large, possibly consistent with a poorly defined nodule. No evidence of vascular invasion is visualized. Additionally there is a small hyperechoic focus in the cranial pole measuring 0.45 cm x 0.53 cm.

### *Spleen*

The spleen is subjectively normal in size (2.2 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 borderline large in size, and normal in 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. On the left side of the liver there is a poorly defined mixed echogenicity, slightly hyperechoic nodule/mass effect measuring 2.08 cm x 2.92 cm.

The gall bladder lumen is moderately distended. In some images the gallbladder wall appears slightly thickened, measuring at 0.21 cm. There is a moderate amount of non-organized echogenic debris. Some

**PATIENT**

Joy Omarr

**SPECIES**

Canine

**BREED**

Standard Poodle

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

21.4 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

VCA Coach Hill Animal Hospital

**REFERRING VET**

Dr. Baker

**INVOICE**

74953

**DATE**

5/5/26

of the debris appears adhered to the gallbladder wall. The cystic and common bile ducts are normal/not visible.

### *Gastrointestinal*

The stomach contains minimal luminal contents. 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 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 0.50 cm. Jejunum wall measures 0.31 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

### *Pancreas*

The area of the pancreas is normal and isoechoic to surrounding 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. There is no significant lymphadenopathy. An isoechoic mesenteric lymph node is visualized measuring 0.58 cm. The left iliac lymph node is prominent measuring 0.41 cm. The omentum is normal in echogenicity.

## ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.

- Heterogeneous liver with poorly defined mixed echogenicity mass effect/large nodule – 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 poorly defined focal lesion could represent a benign or neoplastic lesion.

- Moderate gallbladder debris with some debris adhered to the gallbladder wall – The significance of this is uncertain. Mild cholecystitis is possible.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears heterogeneous and there is an ill-defined mass effect visualized on the left side. If a safe window for sampling is available and coagulation parameters are normal, consider a fine needle aspirate of the “normal” appearing liver as well as the focal lesion. For further evaluation of a primary hepatopathy, consider pre- and post-prandial bile acids to assess liver function. If this is abnormal, then

**PATIENT**

Joy Omarr

**SPECIES**

Canine

**BREED**

Standard Poodle

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

21.4 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

VCA Coach Hill Animal Hospital

**REFERRING VET**

Dr. Baker

**INVOICE**

74953

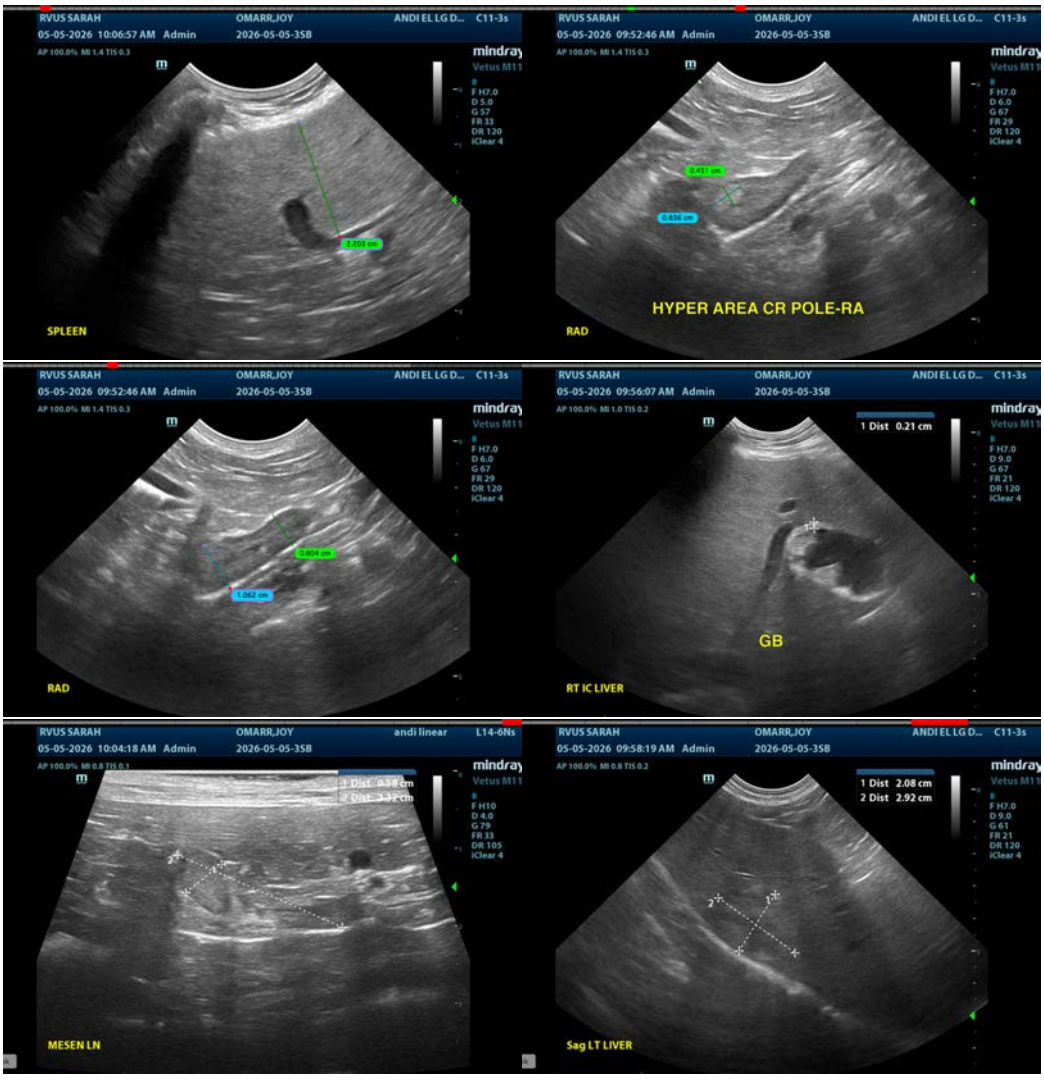
**DATE**

5/5/26

biopsies of the liver should be considered with samples for histopathology, culture and copper levels, as a chronic smoldering hepatopathy is possible.

Both adrenals are "plump". The significance of this in the absence of an ALP elevation or symptoms consistent with Cushing's is uncertain. Adrenal function testing could be considered if Cushing's is suspected. Additionally consider a blood pressure evaluation. If hypertension is present, you could consider measuring catecholamine levels in the unlikely event that the cranial pole of the right adrenal represents an early mass effect. Recommend continued monitoring of the adrenal glands.

If ultimately surgical evaluation of the focal liver lesion would be considered and liver function is normal as well as other diagnostic testing results, then contrast CT scan could be considered for possible surgical planning. Additionally recommend 3-view thoracic radiographs.



**PATIENT**

Joy Omarr

**SPECIES**

Canine

**BREED**

Standard Poodle

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

21.4 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

VCA Coach Hill Animal Hospital

**REFERRING VET**

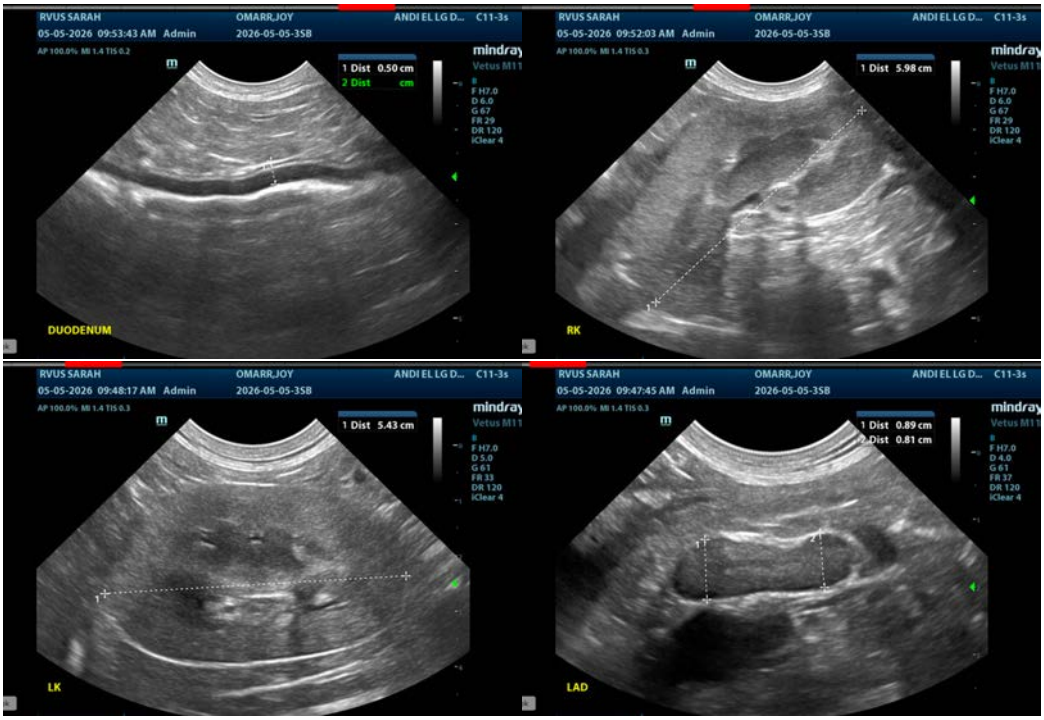
Dr. Baker

**INVOICE**

74953

**DATE**

5/5/26




**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