



PATIENT

Skylar Keenan

SPECIES

Skylar Keenan

BREED

Husky

SEX

Spayed Female

AGE

13 Years

WEIGHT

47.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark Animal
Hospital

REFERRING VET

Kristin Marciszewski,
DVM

INVOICE

74969

DATE

5/6/26

PRESENTING CLINICAL SIGNS

Severe, progressive (suspected) cognitive decline/dysfunction. Chronic, severe osteoarthritis (hips, stifles, carpi). On Adequan and Librela. Chronic GI enteropathy/IBD-managed on diet and budesonide PRN during flares

Abnormal PE/Chem/CBC/UA Results: Mild non-regenerative anemia RBC 5.23 HCT 36 Hemoglobin 12.6 ALP 731 Cholesterol 472

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 (5.14 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.47 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.31 cm at the cranial pole and 0.41 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 0.50 cm at the cranial pole and 0.41 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 (1.86 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 rounded. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is an isoechoic rounded structure visualized in the mid caudal region of the liver, most consistent with an isoechoic nodule or a lymph node in the region, measuring 1.8 cm x 1.41 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 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.

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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 0.35 cm. Jejunum wall measures 0.31 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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Pancreas

The pancreas is visible/mildly mottled in the left limb. 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. There is no evidence of a diffuse lymphadenopathy. The iliac lymph node is prominent measuring 0.68 cmx 1.78 cm. The omentum is of normal echogenicity.

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ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with pancreatic remodeling in the left limb.
- Large, heterogeneous, rounded 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. A vacuolar hepatopathy is most likely in light of Budesonide therapy.
- Isoechoic, rounded structure visualized caudal to the liver – Findings could be consistent with an isoechoic liver nodule or a lymph node in the region.
- Prominent iliac lymph node – Findings are most consistent with a reactive lymph node, although an early neoplastic lymph node cannot be ruled out.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The liver is large, heterogeneous and rounded. Given chronic Budesonide therapy, a vacuolar/steroid hepatopathy is most likely. There is a rounded structure visualized caudal to the liver, which could be consistent with an isoechoic nodule or a lymph node in the region. Sampling would be difficult in this area. Recommend continued monitoring.



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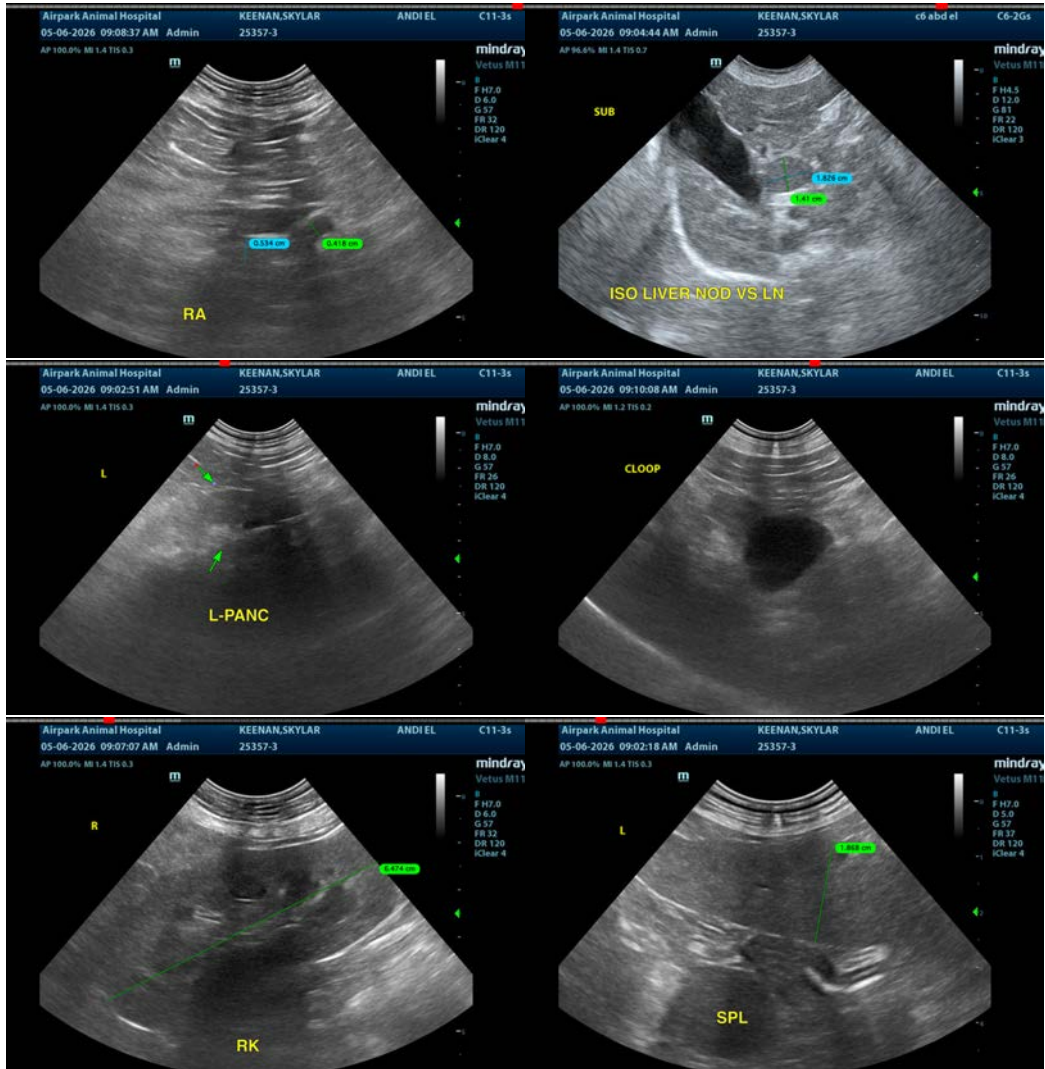
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An iliac lymph node is somewhat prominent. At this time it has primarily a reactive appearance. Recommend a digital rectal exam to palpate for any anal gland nodules/lesions, and continued monitoring of the lymph node for progressive enlargement.

No significant gastrointestinal lesions are visualized, although Budesonide therapy may mask underlying gastrointestinal disease.





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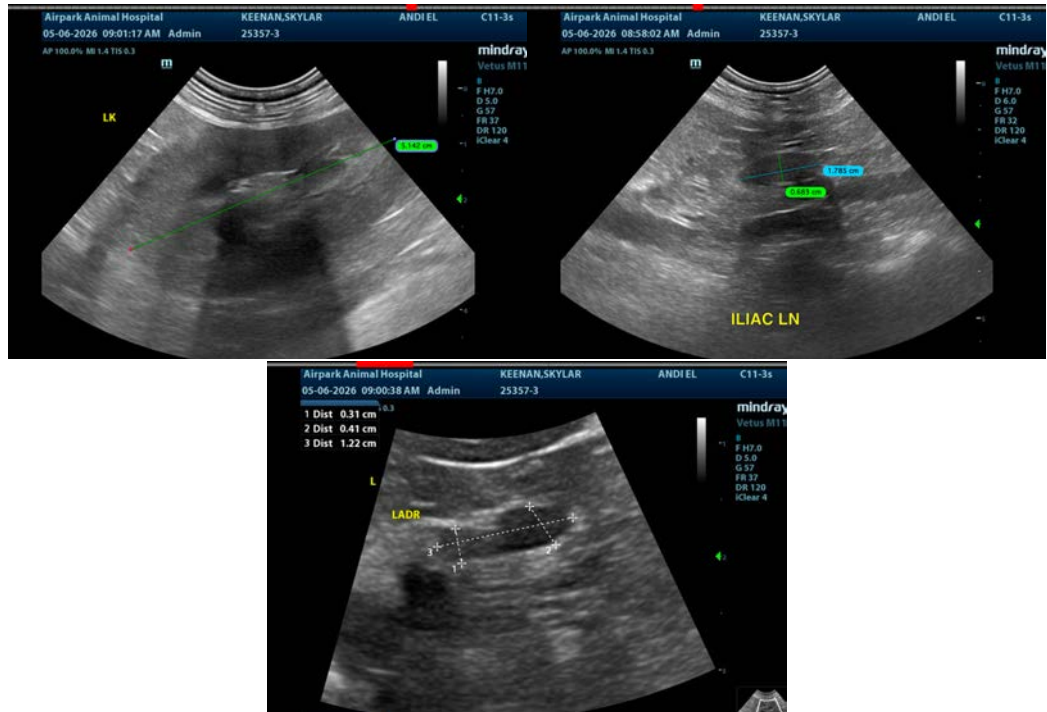
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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