



PATIENT

Gemma Betti

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Spayed Female

AGE

14 years 4 months

WEIGHT

17.2 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Bergen County
Veterinary Center

REFERRING VET

Dr. Santo

INVOICE

11207

DATE

1/30/2026

PRESENTING CLINICAL SIGNS

- Elevated Liver enzymes, inappetance, vomiting, diarrhea.
- Meds: Metro 50mg 2T BID, Propectalin, Unasyn, Cerenia, Buprenex.

Abnormal PE/Chem/CBC/UA Results: BUN 33 (7-27) ALT 235 (10-125) ALP 920 (23-212) CPL WNL
Urine: WNL, USG 1.021.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder contains a minimal amount of suspended echogenic debris. The trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. Anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure. The cortices are hyperechoic with a loss of corticomedullary definition. There's a minimal amount of pyelectasis with no significant ureteral dilation noted. The capsules are mildly irregular bilaterally. The cortex to medulla ratio is slightly distorted in favor of the cortex. Left kidney measures 4.81 cm, and the right kidney measures 4.47 cm.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left adrenal measures 0.45 cm x 1.5 cm. The right adrenal measures 0.59 cm x 1.55 cm.

Spleen

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 1.1 cm at the hilus.

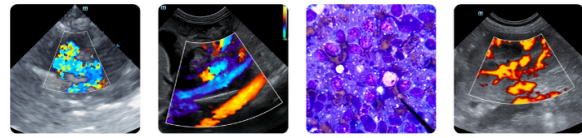
Liver

The liver is subjectively enlarged with diffusely hyperechoic parenchymal changes. There are subtle ill-defined hypoechoic nodular changes throughout the hepatic parenchyma with a normal and slightly rounded capsular contour. The vasculature is normal with no evidence of congestion.

The gallbladder is moderately distended with echogenic debris and dependent sediment. The cystic and common bile ducts were normal. The gallbladder wall is appropriately thin and there's no evidence of intra or extra-hepatic biliary dilation.

Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction



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and ileocecolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

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Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. There's a single hypoechoic nodule that is poorly visualized in the right pancreatic limb near the duodenum. Is uncertain of the origin of this nodule, however, it's suspected to be in relation to the pancreas. The pancreatic duct and capsular contour are normal.

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Free Abdomen

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There's no significant lymphadenopathy, or free fluid noted.

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ULTRASONOGRAPHIC FINDINGS

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- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- The bilateral renal changes are likely indicative of chronic underlying renal disease such as chronic glomerulonephritis or interstitial nephritis. Given the minimal pyelectasis and elevation in renal values, an ascending pyelonephritis can't be definitively excluded.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory, immune-mediated, metabolic, or endocrine disease. Infiltrative neoplasia or acute hepatitis cannot be ruled out.
- The gallbladder contains echogenic, suspended and dependent unorganized debris. This is not yet to the level of an organized mucocele, however early/developing mucocele cannot be ruled out. This dependent sediment is often an incidental finding or may be associated with concurrent endocrine disease such as hyperadrenocorticism or diabetes mellitus.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

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Fine needle aspirates of the liver with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

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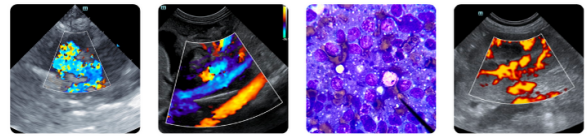
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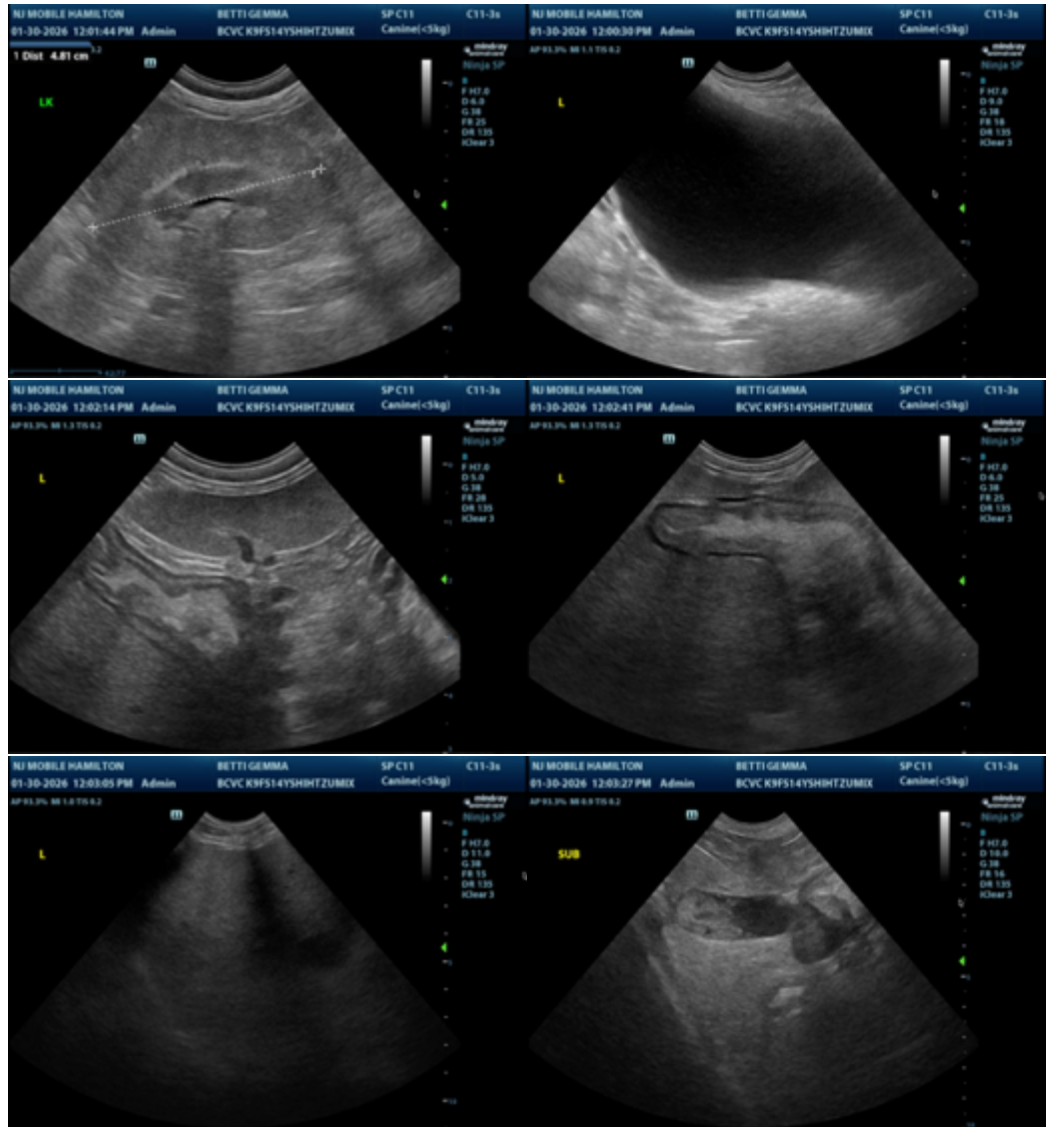
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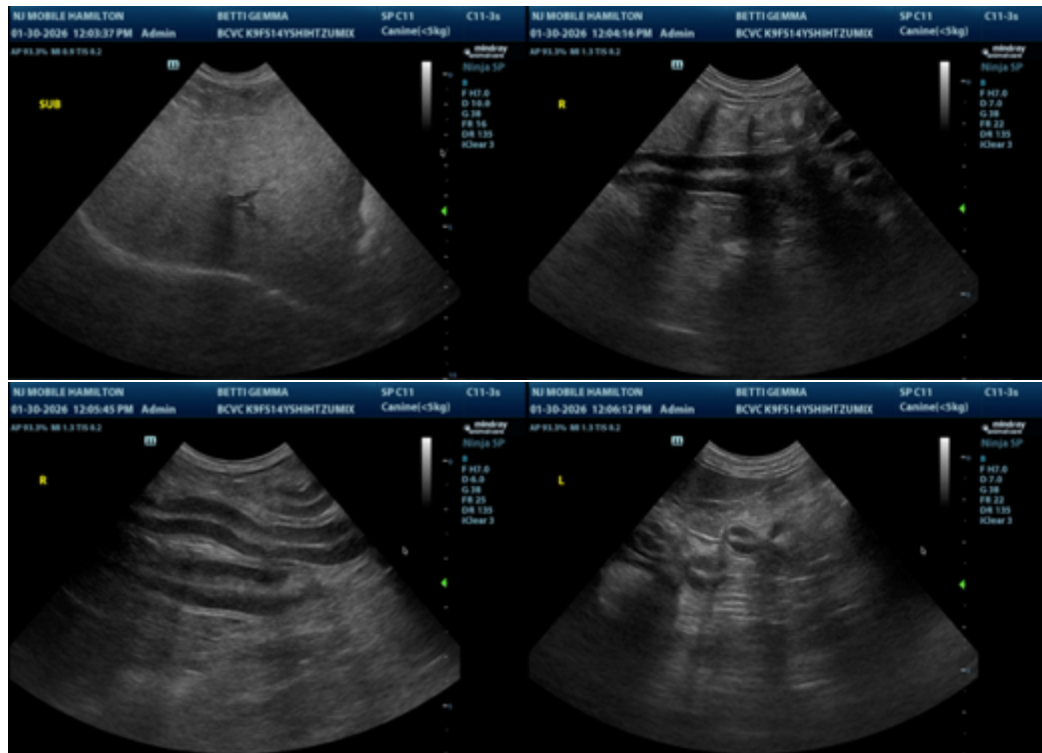
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com