

PATIENT PRESENTING CLINICAL SIGNS

Coco Han Inappetence, vomiting.

SPECIES Abnormal PE/Chem/CBC/UA Results: wbc-30.9 neut-28,000 alt-6,376 ast-2343 alp-2490 bili-11

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Chihuahua The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Spayed Female

AGE

11 Years 7 Months

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 3.5 cm. Right kidney measures 3.9 cm.

WEIGHT

6.5 lbs

Adrenal Glands

The right adrenal gland is normal in size (0.78 cm at cranial pole and 0.41 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (0.49 cm at cranial pole and 0.52 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Kerri Becker

Liver

HOSPITAL NAME

Oakland Animal Hospital

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

REFERRING VET

Dr. Pellicano

Gallbladder is subjectively mildly overdistended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

INVOICE

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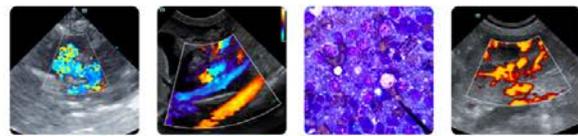
Gastrointestinal

DATE

3/31/26

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.



PATIENT

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Coco Han

Pancreas

SPECIES

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Canine

BREED

Free Abdomen

Chihuahua

SEX

There is a trace amount of anechoic free fluid primarily in the cranial abdomen between liver lobes, as well as subtle subjectively enhanced hyperechoic tissue in that area.

Spayed Female

There is no apparent pathologic lymphadenopathy noted in these images.

AGE

PRIMARY FINDINGS

11 Years 7 Months

- Mild gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili. The mild overdistention of the gallbladder is very subjective, but an early or emerging or potential partial post-hepatic cholestasis of unknown origin can't be ruled out.

WEIGHT

6.5 lbs

- Otherwise, an obvious cause for the reported increased liver enzymes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, other reactive hepatopathy, infiltrative neoplasia, etc. cannot be definitively ruled out.

INTERPRETED BY

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DACVIM

- The trace free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Oakland Animal Hospital

SECONDARY FINDINGS

- Mild age related kidney changes.

REFERRING VET

Dr. Pellicano

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Infectious disease testing including testing for Leptospirosis is recommended.

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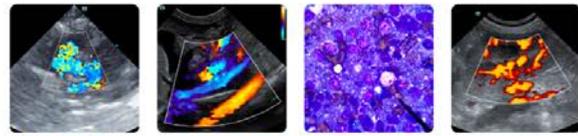
Bile acids could be considered if patient's total bilirubin is not increased and/or returns to normal.

DATE

3/31/26

Liver sampling may be necessary for definitive diagnosis and therefore to further guide medical management. Fine needle aspirates could be considered if patient's coagulation status is appropriate, or, if diagnosis is not obtained, ultimately a biopsy could be considered.

In the meantime, in addition to supportive/symptomatic medical management of clinical signs i.e., fluid therapy, antiemetics, gastroprotectants, pain management if clinically indicated, etc., hepatic



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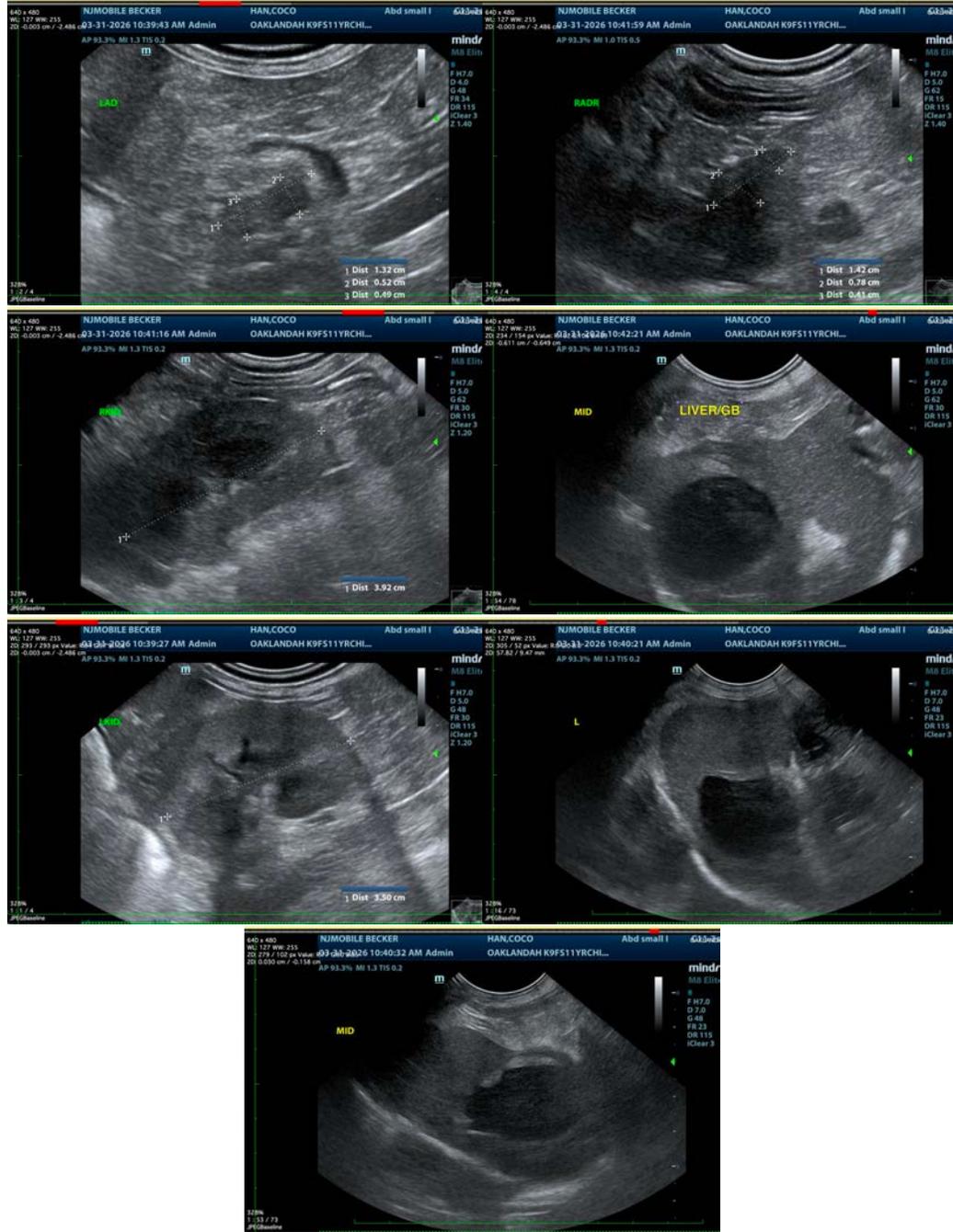
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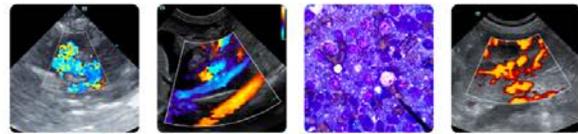
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3/31/26

nutraceuticals and empirical broad-spectrum antibiotics, as well as nutritional support are recommended.

Monitoring of the subjective mild gallbladder distention is recommended for improvement versus progression, especially if patient's does not respond clinically and/or evidence of cholestasis progresses.





PATIENT

Coco Han

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.

SPECIES

Canine

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.

BREED

Chihuahua

Beth Johnson, DVM, DACVIM
info@sonopath.com

SEX

Spayed Female

AGE

11 Years 7 Months

WEIGHT

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