PATIENT

Sadie Nebe

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

9 years 11 months

WEIGHT

20 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Desert Hills Animal Hospital

REFERRING VET

Dr. Vittori

INVOICE

11102

DATE

1/13/2026

PRESENTING CLINICAL SIGNS

Hx elevated ALT, increased back up from late May 2025 value (was 274 at that time, early May was 702), r/o secondary to GI upset vs. underlying primary hepatic disease vs. other Acute vomiting, r/o secondary to possible hepatic disease vs. primary gastritis vs. GIFB vs. pancreatitis vs. other - VOMITING RESOLVED TODAY Hx FB ingestion, none known currently Possible AG abscess opened at home? No current evidence of AG abscess, however superficial "scrape" lesion along "5 o'clock" of anus present with no d/c - AG ABSCESS R SIDED OPENED TODAY ON PE Weight loss, r/o benign vs. secondary to underlying disease P otherwise outwardly healthy/stable on PE. Working diagnosis Suspect cholelithiasis, r/o other hepatic vs. gall bladder pathology. Admin 600 ml Phylyte SQ fluids dorsal shoulders and 1 mg/kg dose Cerenia SQ yesterday.

Abnormal PE/Chem/CBC/UA Results: BRIEF AUS: NO FREE ABDOMINAL FLUID OR MASSES OVERTLY NOTED. SEE PHOTO ATTACHED - HYPERECHOIC AREA ALONG CAUDAL ASPECT OF GALL BLADDER WITH SHADOWING EFFECT DORSALLY, SUSPECT CHOLELITH. IH LW RESULTS: Chem panel - ALP mildly elevated at 216 (20-150), ALT 443 (10-118). Tbili high normal at 0.6 (0.1-0.6). Glucose 111 (60-110). Rest WNL CBC - lymphocytes - 0.68 (1-4.8), neutrophils 12.61 (3-12), HGB 18.1 (12-18), rest WNL IH cPL - 92 +/- 65, WNL (0-200)

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 (6.45 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 (7.24 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 0.64 cm at the cranial pole and 0.61 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 0.88 cm at the cranial pole and 0.64 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

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The spleen is subjectively normal in size (2.01 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is normal in size and rounded. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There's an isoechoic rounded area of liver in the right region of the liver measuring 4.56 cm x 3.94 cm most consistent with an isoechoic mass effect or a rounded liver lobe. Additionally, there's a poorly defined hypoechoic area/poorly defined mass effect visualized in the right side of the liver measuring 2.72 cm x 1.18 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. Some of the debris is hyperechoic/possibly mildly mineralized, creating a soft shadow. 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. The duodenum measured as normal (0.41 cm in wall thickness) and the jejunum measured as normal (0.34 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 non-formed fecal material and gas shadowing distally. The descending colon is normal measuring 0.15 cm.

Pancreas

The pancreas is visible/mildly mottled. 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 evidence of a significant lymphadenopathy. There are prominent portal lymph nodes visualized measuring 0.85 cm x 2.58 cm. The iliac lymph nodes are isoechoic and somewhat prominent. The left measures 0.65 cm, and the right measures 0.69 cm. The omentum is of normal uniform echogenicity.

PRIMARY FINDINGS

- Mildly heterogenous liver with an isoechoic rounded area of liver on the right lobe and a poorly defined hypoechoic region/mass effect. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia,

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inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy. The isoechoic region in the right side of the liver likely represents a rounded liver lobe or an isoechoic mass effect such as an adenoma, possibly carcinoma, etc. The hypoechoic mass effect is poorly defined and not visualized on multiple views. This could represent a large, regenerative nodule, an early mass effect, etc.

- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

SECONDARY FINDINGS

- Pancreatic changes consistent with mild pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is generally very mildly heterogenous. This is a non-specific finding which could be seen with inflammatory, infectious, neoplastic change, etc. (even a vacuolar hepatopathy.) Further evaluation would be necessary to further evaluate for primary hepatopathy. Additionally, there's an isoechoic rounded area of liver lobe on the right limb which has the appearance most consistent with a rounded liver lobe or a poorly defined hepatic mass lesion. This has a somewhat benign appearance. Options would include a fine needle aspirate or continued monitoring with ultrasound. On some views in the right side of the liver there is poorly defined hypoechoic lesion. This could represent a benign or early neoplastic lesion. Based on the appearance, a fine needle aspirate would likely be challenging. Continued monitoring with ultrasound or advanced imaging would be options for further/continued evaluation.

Consider the following:

- Recommend pre- and postprandial bile acids to assess liver function.
- If clinically appropriate, consider leptospirosis screening.
- A fine needle aspirate of the liver could be considered, although this could be of limited clinical utility.

If liver function is normal and the patient is clinically doing well you could consider empirical treatment for acute liver injury with a course of denamarin, antibiotics and ursodiol. Based on the chronicity of this issue, it's likely that a biopsy of the liver with samples for histopathology, culture, and copper levels may be necessary to obtain more of a definitive diagnosis.

If biopsies are performed, a contrast CT scan may be desirable to look for the significance of the poorly defined hepatic lesions observed.

There is some hyperechoic debris visualized in the gallbladder. With no evidence of wall thickening or surrounding inflammation. The appearance is not suggestive of significant cholecystitis, but the above empirical therapy could potentially be effective in treating this condition as well. Chronic ursodiol therapy may be indicated.

Imaging performed by

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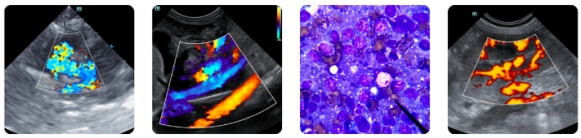
530-786-8340



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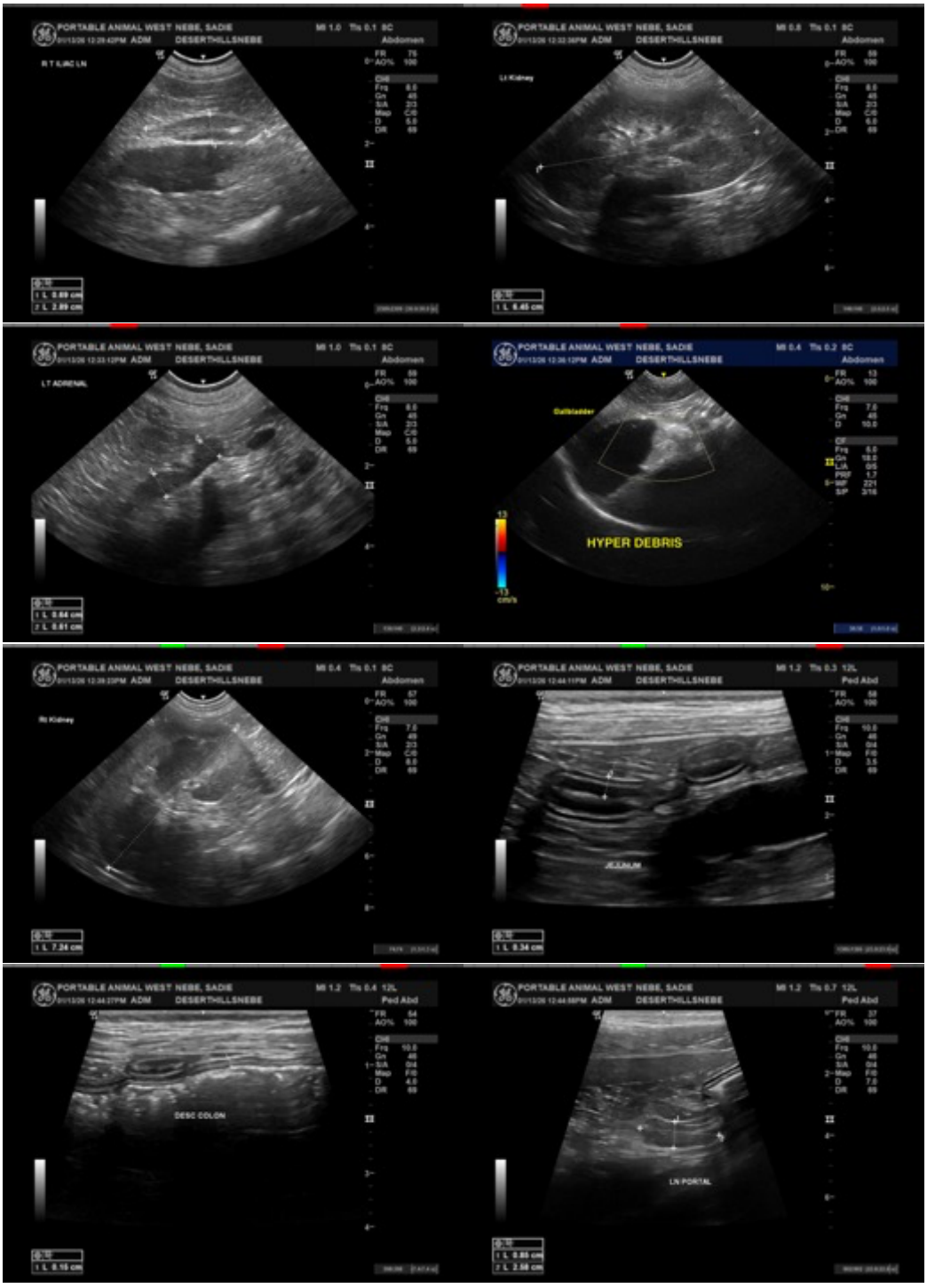

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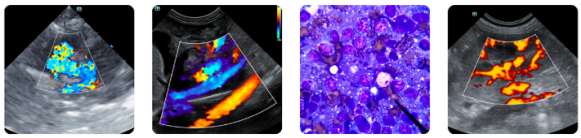

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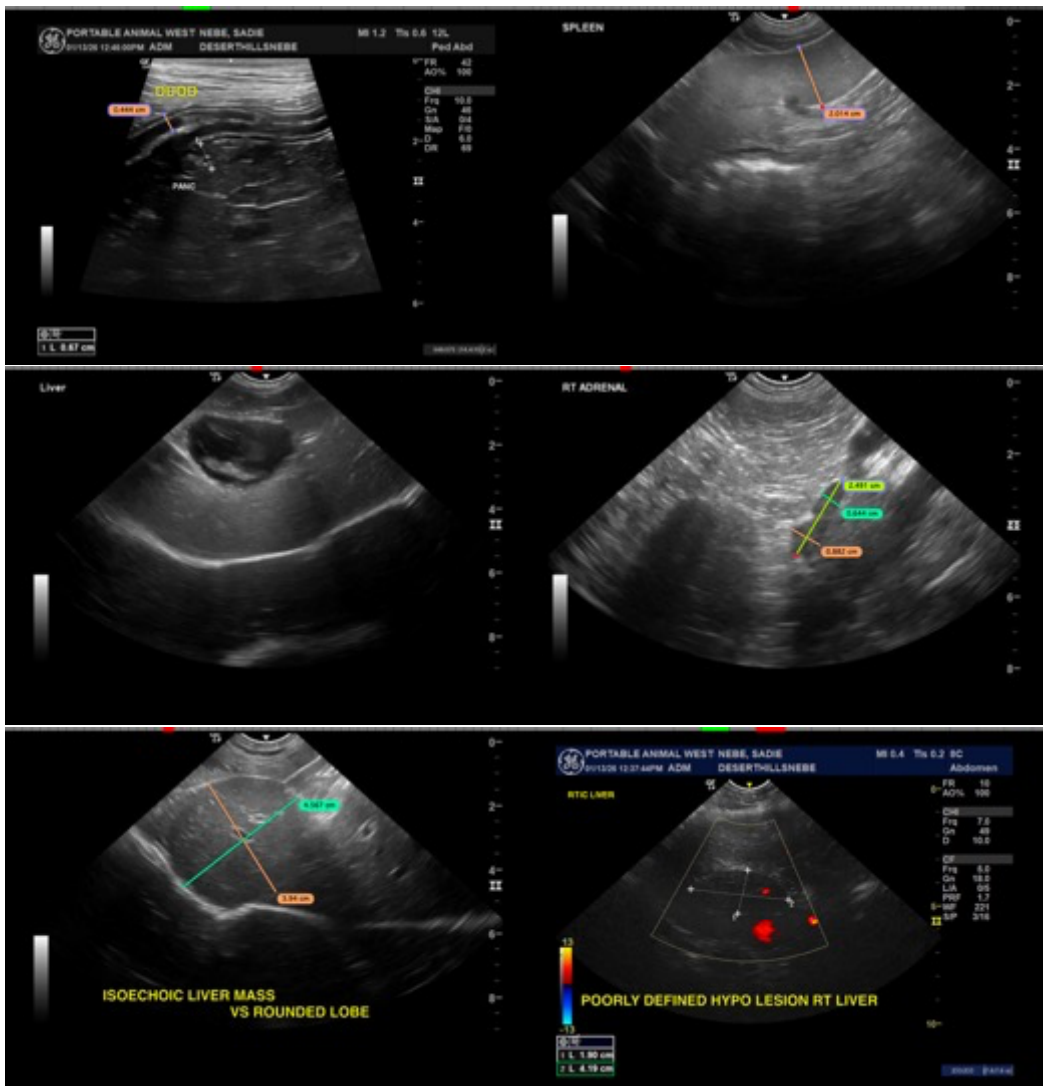

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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