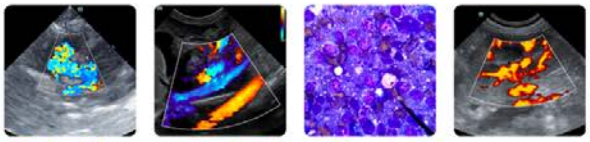


PATIENT

Karmilla Rodas

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

12 Years

WEIGHT

6.78 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Mary Pearce

HOSPITAL NAME

Chambersburg Animal Hospital

REFERRING VET

Dr. Tanya Miller

INVOICE

72203

DATE

1/14/26

PRESENTING CLINICAL SIGNS

P was evaluated 12/18/25 for recheck after she was seen at ER for gastrointestinal symptoms. At ER, found to have moderate liver elevations and significant PL/lipase/amylase elevations as well. The owner suspects that she might have ingested raw chicken, which could have led to her illness. She has hx of eating people food, such as french fries, which is now restricted. Was acting her normal self at time of visit, eating well, no v/d issues, good energy. Persistent liver elevations were found on recheck BW, and given concerns for this and pancreatitis, a low fat diet abdominal ultrasound were recommended. P is currently on Denamarin. Has remained stable with no current concerns.

Abnormal PE/Chem/CBC/UA Results: CBC 1/14/26: HCT 31.2%, retic 35.6 (nonregenerative. WBC normal, PLT normal. 12/18/25: alt 162H, AST 39, ALP 463H, GGT 8, T bili 0.1, creat 0.3L Spec cPL 159

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 (3.38 cm) with occasional small, non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with mildly reduced 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.85 cm) with occasional small, non-obstructive nephroliths. Overall echogenicity is slightly hyperechoic with mildly reduced 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is “plump” measuring 0.54 cm at the cranial pole and 0.58 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.

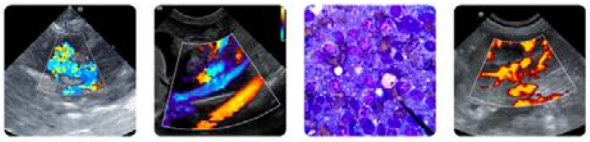
The right adrenal gland is “plump” measuring 0.60 cm at the cranial pole and 0.64 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.06 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a hypoechoic nodule visualized within the parenchyma measuring 0.82 cm x 0.82 cm.

Liver

The liver is subjectively mildly enlarged, and normal in echogenicity with smooth peripheral margins. The parenchyma is subjectively heterogenous in echotexture with subtle, indistinct focal mottling. The



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visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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.

Gastrointestinal

The stomach contains moderate fluid and shadowing ingesta. 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 0.39 cm. Jejunum wall measures 0.31 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Borderline "plump" adrenal glands – Likely differentials include bilateral hyperplasia or anatomic variation.
- Age related changes and small shadowing nephroliths visualized associated with both kidneys.
- Hypoechoic nodule in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large, subjectively heterogeneous liver – Findings are most consistent with a vacuolar hepatopathy. Other hepatopathies are possible.
- Large fluid/shadowing ingesta visualized within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, consider such differentials as delayed gastric emptying or a partial outflow tract obstruction (none observed).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver or the biliary tract to explain the elevation in liver enzymes reported. The parenchyma appears mildly diffusely heterogeneous. Given the significant elevation in ALP, a primary vacuolar hepatopathy would be the primary differential, though other differentials are possible.

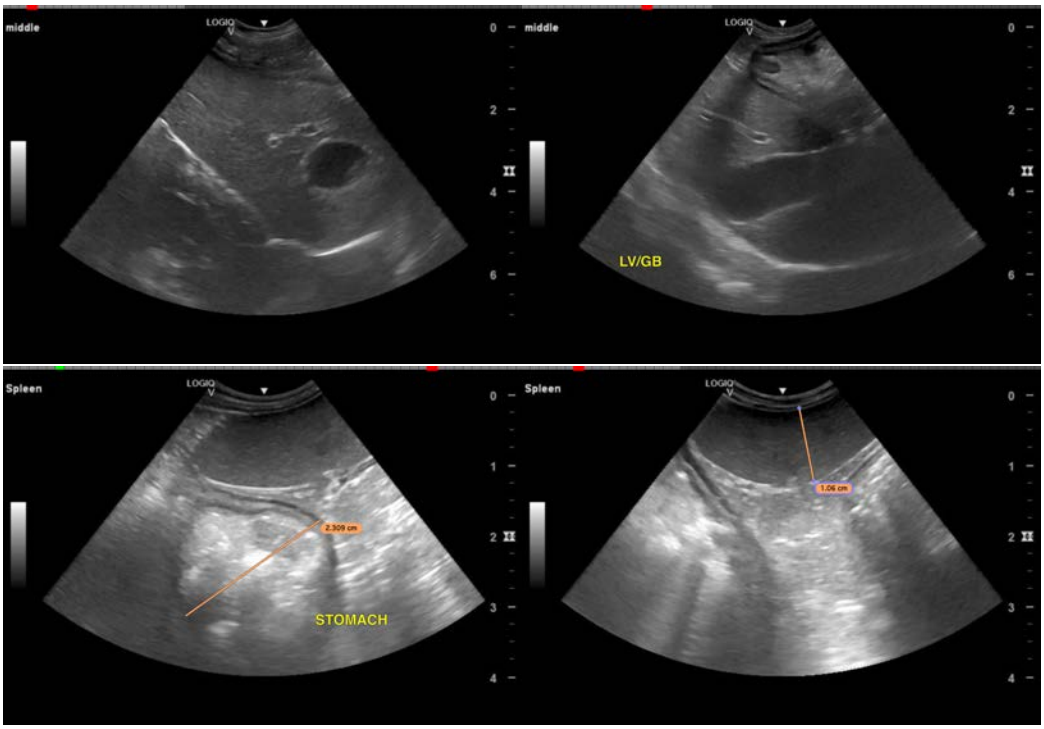
Additionally, both adrenals are mildly enlarged. This could be consistent with anatomic variation or early pituitary dependent hyperadrenocorticism. Recommend continued monitoring for appropriate symptoms. If these develop, consider adrenal function testing.

There is a small, hypoechoic nodule in the spleen. Recommend a fine needle aspirate for further evaluation (this was done during today's exam).

If further assessment for a primary hepatopathy is desired, consider the following:

- Consider pre- and post-prandial bile acids.
- Consider a fine needle aspirate to rule out round cell neoplasia or similar (I believe this was done during today's exam).

If liver function is abnormal and/or liver values continue to rise in a way that is concerning for a more significant hepatopathy, then biopsies of the liver with samples for histopathology, culture and copper levels may eventually be warranted.



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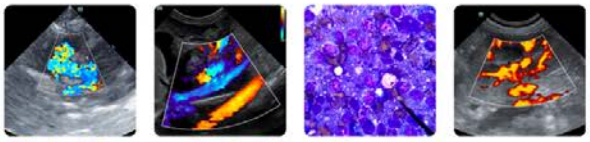

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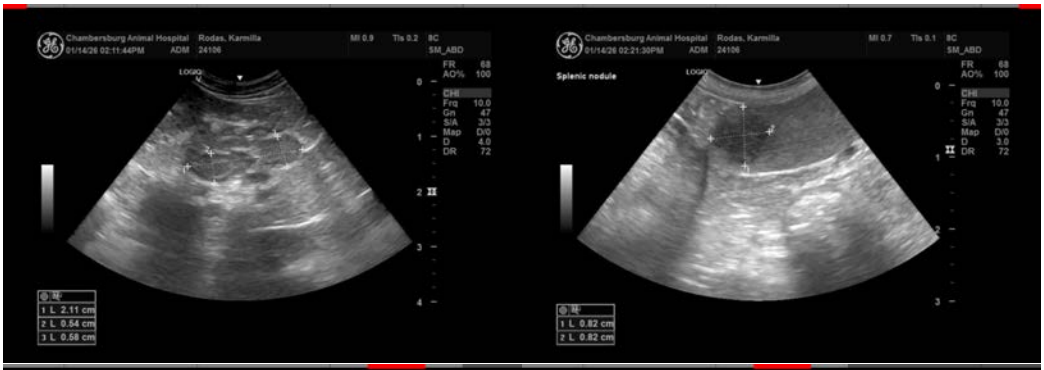

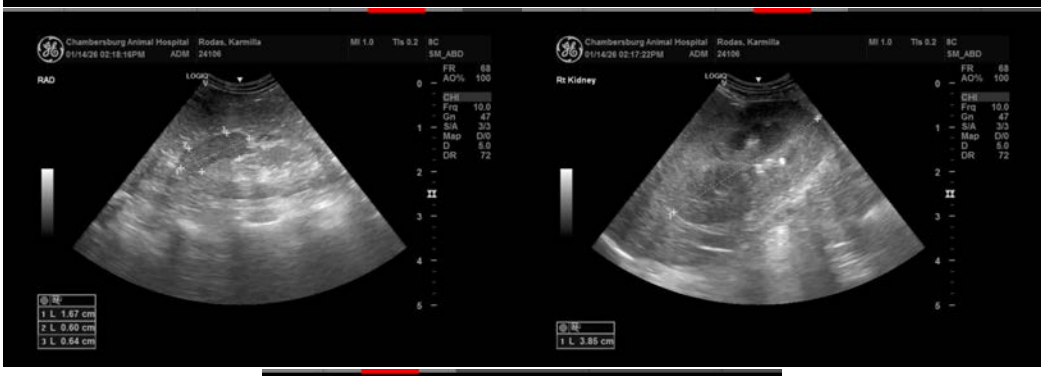

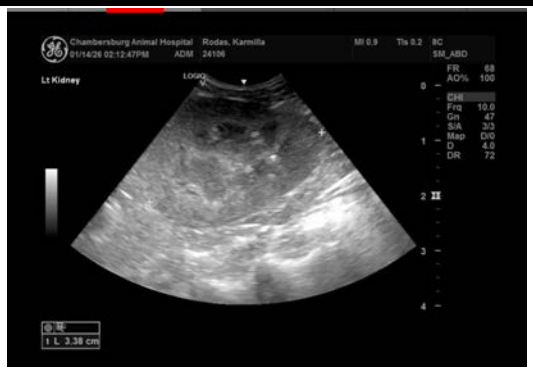

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com