



PATIENT

EvieGray Ghidossi

SPECIES

Canine

BREED

Chinese Crested

SEX

FS

AGE

7 years

WEIGHT

11.6 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

MountainView Animal
Hospital

REFERRING VET

Dr. Ashlie K Brown

INVOICE

11121

DATE

1/15/2026

PRESENTING CLINICAL SIGNS

Patient had routine blood work performed recently. ALT on 11.6.25 was 162 and recheck after liver supplement (Denamarin Advanced for small dogs) was 235 on 12.17.25. Patient has otherwise been doing well and is asymptomatic for liver disease at this time. Evaluate for a cause of the elevated liver values. The only changes to her is she is struggling more with anxiety.

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 (3.96 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 (4.05 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, slightly irregular in appearance measuring 0.45 cm at the cranial pole and 0.5 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is abnormal in appearance in that there is a subtle hyperechoic nodule in the caudal pole measuring 0.43 cm x 0.54 cm. No evidence of vascular invasion is visualized.

The right adrenal gland is normal in size measuring 0.59 cm at the cranial pole and 0.38 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 (1.26 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 subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a small hypoechoic nodule on the right side of the liver measuring 0.44 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. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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 (0.35 cm in wall thickness) and the jejunum measured as normal (0.25 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. Descending colon wall measures 0.12 cm.

Pancreas

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. There is no evidence of a significant lymphadenopathy. A mesenteric lymph node is visualized measuring 0.31 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic nodule in the caudal pole of the left adrenal. At this time this has the appearance most consistent with benign nodule (focal hyperplasia, early adenoma, etc.) An early neoplastic lesion cannot be ruled out.
- Small hypoechoic nodule in the left liver. This currently has a somewhat benign appearance (regenerative nodule, etc.) Although an early neoplastic lesion cannot be ruled out.
- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver generally appears within normal limits. This does not rule out a primary hepatopathy but makes a large mass effect, significant focal lesion, etc. less likely. There is a small, hypoechoic nodule on the right side. At this time this likely represents a benign lesion, although continued monitoring is warranted looking for progressive enlargement which could indicate a more significant lesion.

Further evaluation of the liver could include pre- and postprandial bile acids to assess liver function and if liver function is abnormal and/or the ALT continues to rise, with no apparent cause, biopsies of the liver with samples for histopathology, culture, and copper levels could be indicated.

There's a moderate amount of debris visualized in the gallbladder but no evidence of wall thickening or surrounding inflammation. Options would include continued monitoring or chronic ursodiol therapy



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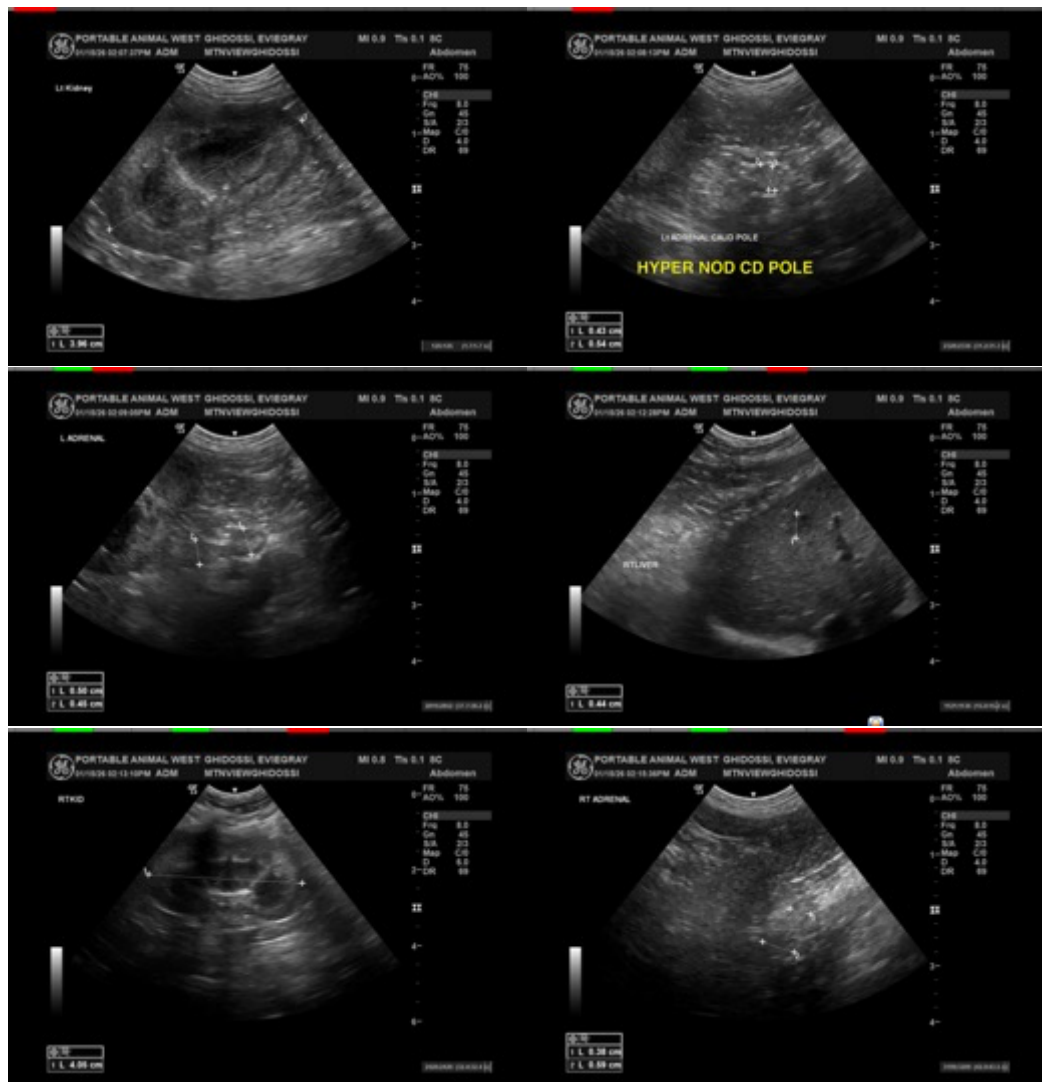
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and continued monitoring.

The hyperechoic nodule at the caudal pole of the left adrenal has a benign appearance at this time. Recommend continued monitoring (recheck in 2 - 3 months) looking for progressive growth which could indicate a more aggressive lesion.



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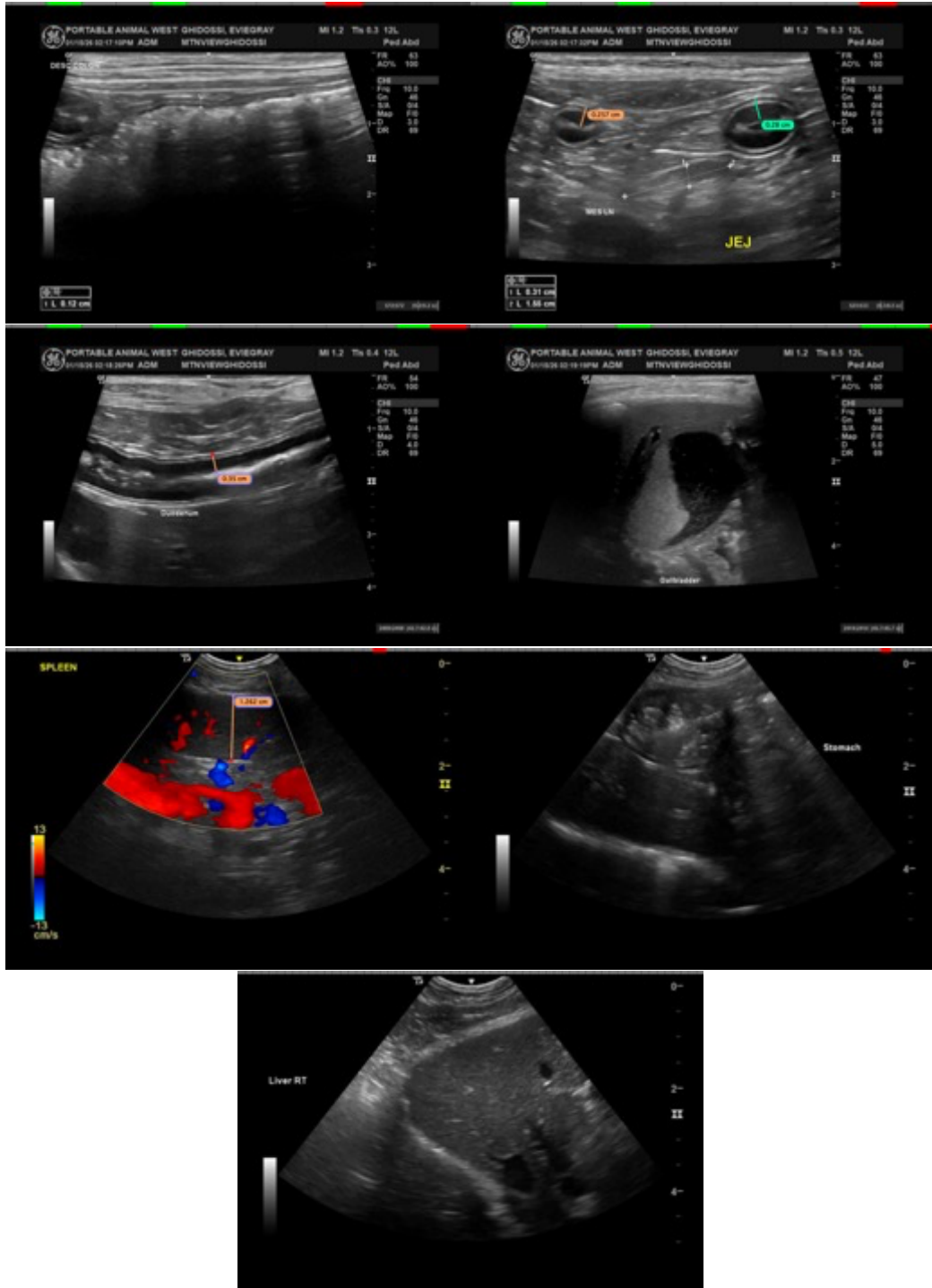
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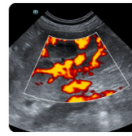
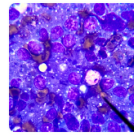


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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