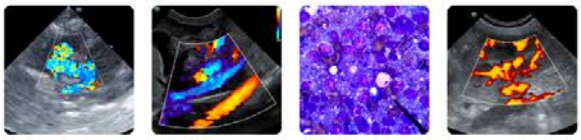


DATE

1/20/26

PATIENT

Bella Florey

SPECIES

Canine

BREED

Maltese x

SEX

Spayed Female

AGE

10/3/16

WEIGHT

23.8 lbs

INTERPRETED BY

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

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Mengers

INVOICE

72322

PRESENTING CLINICAL SIGNS

Patient History: Presented 9/5/25 for tooth root abscess. On PE, dental dz, tooth root abscess, bilat MPLs. Underwent dental but pre-sx bloodwork showed mild ALP elevation (206). Placed on milk thistle. (200-250mg/day). Repeat bloodwork on 1/12/26 showed further elevation despite supplementation. O also noted foul-smelling dark yellow urine and 2 accidents in house on one day, which is unusual for P, but no urine abnormalities since then.

Current Medications: OTC milk thistle (200-250mg/day).
Labwork Results: Labwork attached, reported as: 1/12/26- CBC/CHEM/T4: ALT 457 (prev 50), ALP 862 (prev 209), GGT 22, chol 358- UA: NSF w/ no evidence of UTI. 9/12/25- CBC/CHEM/T4: ALP mildly elevated (206)
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

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 (5.13 cm). Overall echogenicity is slightly hyperechoic with poor 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 (5.01 cm). Overall echogenicity is slightly hyperechoic with poor 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 0.54 cm at the cranial pole and 0.65 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 0.55 cm at the cranial pole and 0.55 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 (1.82 cm), echotexture is homogenous, and the splenic capsule is smooth with no 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 heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are ill-defined hypoechoic nodules visualized in the parenchyma, an example of which measures 4.25 cm in diameter.

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.

Gastrointestinal

The stomach contains moderate 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 layers is adequate and there is no impression of reduced peristaltic activity. Gas artifact interferes with evaluation of some areas of the stomach.

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 0.49 cm. Jejunum wall measures 0.33 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 right limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic 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

- Age related changes visualized associated with both kidneys.
- Prominent, hypoechoic pancreas – Findings are most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Heterogeneous liver with ill-defined hypoechoic nodules – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. The nodules observed trend toward a more benign process, but underlying neoplasia cannot be ruled out.
- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

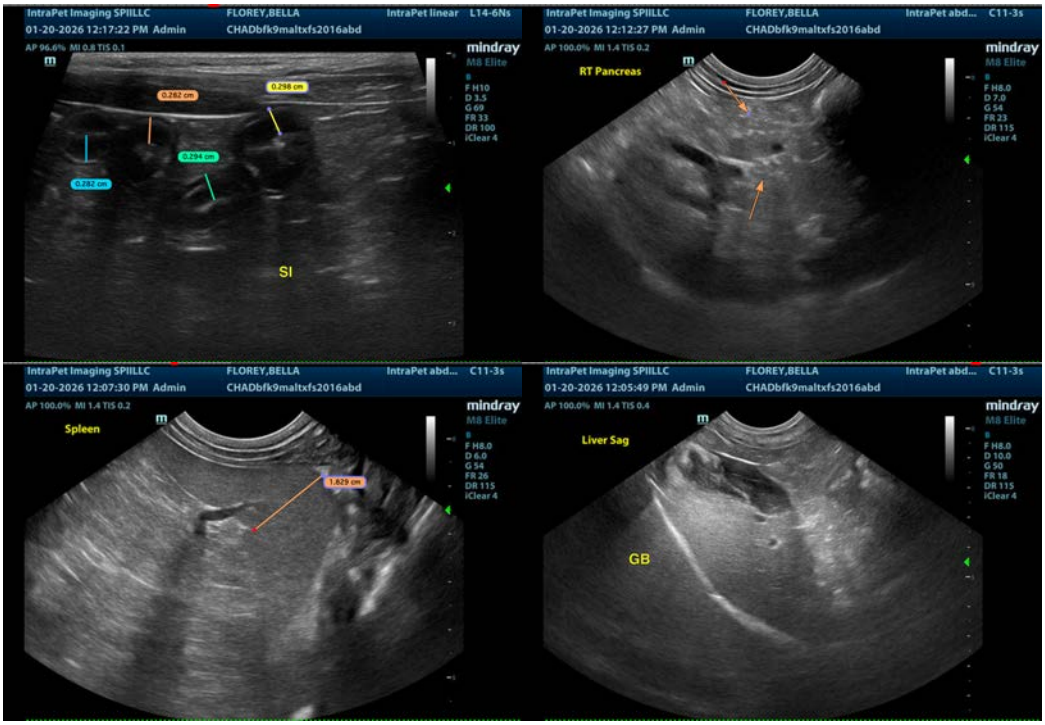
The liver appears somewhat heterogeneous with ill-defined hypoechoic nodules. These are generally non-specific changes. The hypoechoic nodules have an appearance most consistent with benign regenerative type nodules, although neoplastic nodules cannot be ruled out.

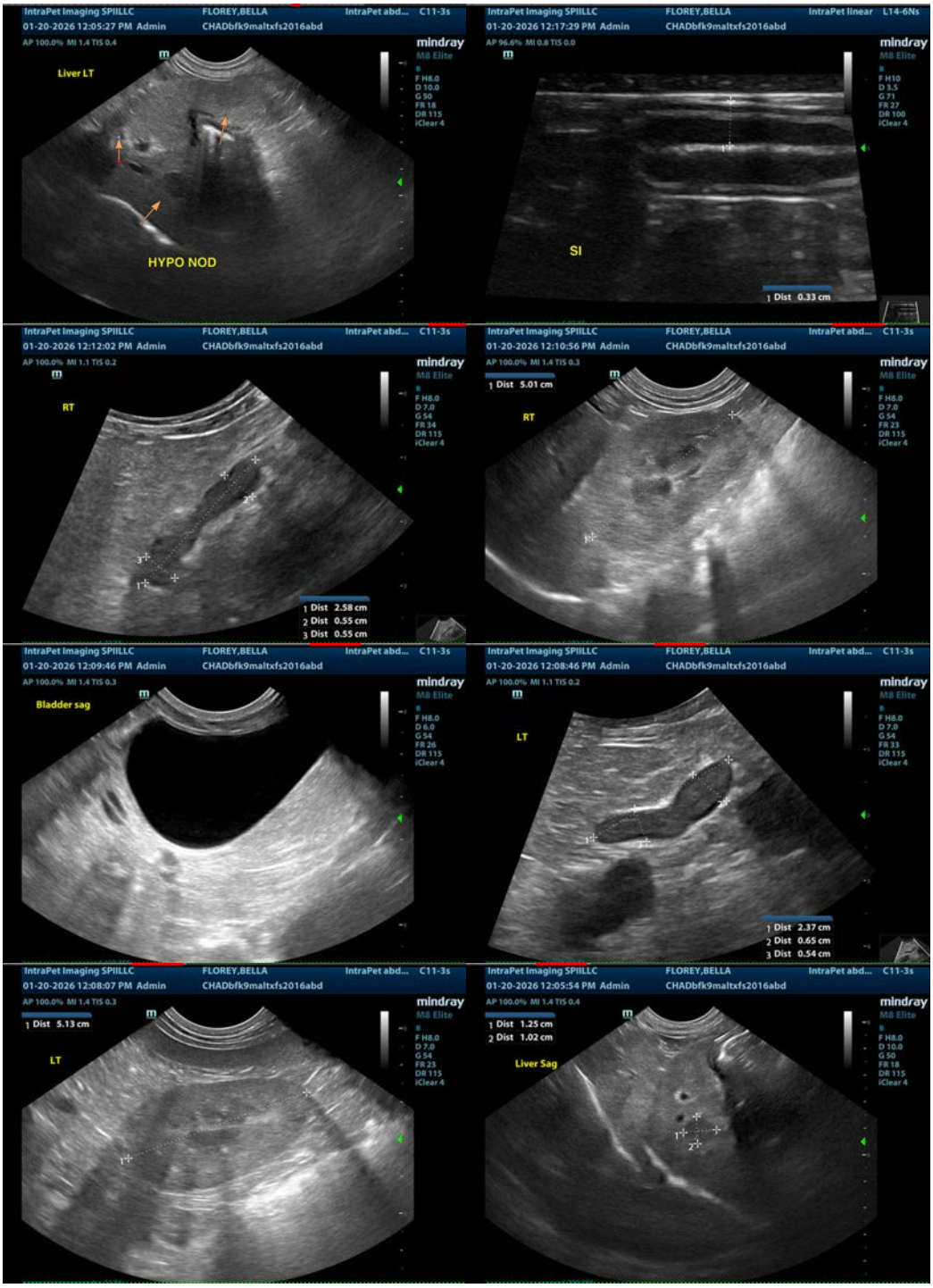
There is a moderate amount of debris visualized in the gallbladder with no evidence of wall thickening or associated inflammation. This could represent an incidental finding or even mild cholecystitis/cholangiohepatitis. Consider the following:

- Recommend pre- and post-prandial bile acids to assess liver function.
- If clinically appropriate, consider screening for Leptospirosis.
- Consider a fine needle aspirate of the liver (provided coagulation parameters are normal).
- Consider empirical therapy for acute liver injury with a course of Ursodiol, Denamarin, and antibiotics.

If liver enzyme elevations are persistently elevated and/or liver function is abnormal, consider liver biopsies with samples for histopathology, culture and copper levels.

Correlate the appearance of the pancreas with a PLI level. If a significant elevation is present, mild inflammation could be present, and you could consider concurrent treatment for chronic pancreatitis.

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3 Dist 0.55 cm
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Bladder sag
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3 Dist 0.54 cm
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1 Dist 1.25 cm
2 Dist 1.02 cm
Liver Sag

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.

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