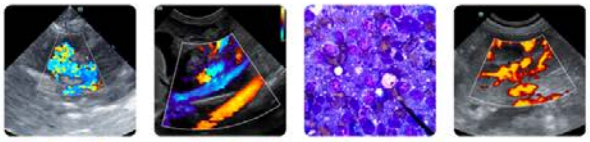


PATIENT

Bolt Lavallee

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

10 Years

WEIGHT

4.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Southwood Veterinary Hospital

REFERRING VET

Dr. Harris

INVOICE

72366

DATE

1/21/26

PRESENTING CLINICAL SIGNS

Chronic liver enzyme elevations which have progressed - AUS to investigate

Abnormal PE/Chem/CBC/UA Results: ALP 2224, ALT 175, GGT 28 Mild PSL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The majority of the bladder wall appears normal with a smooth mucosal surface. In the region of the ventral trigone there is a focal wall thickening/mass effect visualized measuring 0.76 cm x 0.42 cm. No evidence of invasion into the urethra is evident at this time.

The prostate is normal in size (0.72 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.35 cm) with a cortical cyst measuring 0.60 cm in diameter and pinpoint cortical mineralizations most consistent with dystrophic mineralization. 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 (4.05 cm) with pinpoint cortical mineralizations most consistent with dystrophic mineralization. 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 0.45 cm at the cranial pole and 0.53 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.

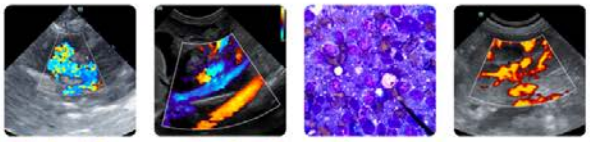
The right adrenal gland is normal to prominent, measuring 0.42 cm at the cranial pole and 0.48 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.64 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 large in size with rounded margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



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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. There is irregular hyperechoic debris that appears adhered to the gallbladder wall measuring 0.98 cm x 1.26 cm. An atypical soft tissue structure (mass, polyp, etc.) cannot be ruled out. 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. Duodenum wall measures 0.36 cm. Jejunum wall measures 0.30 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 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

There is scant free fluid. No significant lymphadenopathy noted. The omentum is generally normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Focal mass effect visualized near the cystourethral junction – Findings are concerning for an early transitional cell carcinoma, although other differentials are possible.
- Plump left adrenal gland and prominent right adrenal gland – Findings could be consistent with anatomic variation or early hyperplasia.
- Age related changes visualized associated with both kidneys.
- Large, hyperechoic, rounded liver – Findings are most consistent with a vacuolar hepatopathy, although other hepatopathies are possible.
- Focal adhered debris or soft tissue associated with the gallbladder wall – The appearance favors atypical debris. Consider power doppler and continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is diffusely large, rounded and hyperechoic. It has the appearance most consistent with a vacuolar hepatopathy, although other hepatopathies are possible. If further evaluation is desired, consider a liver function test and a fine needle aspirate of the liver (provided coagulation parameters are normal). If Cushing's is strongly suspected based on other clinical parameters, the adrenals are

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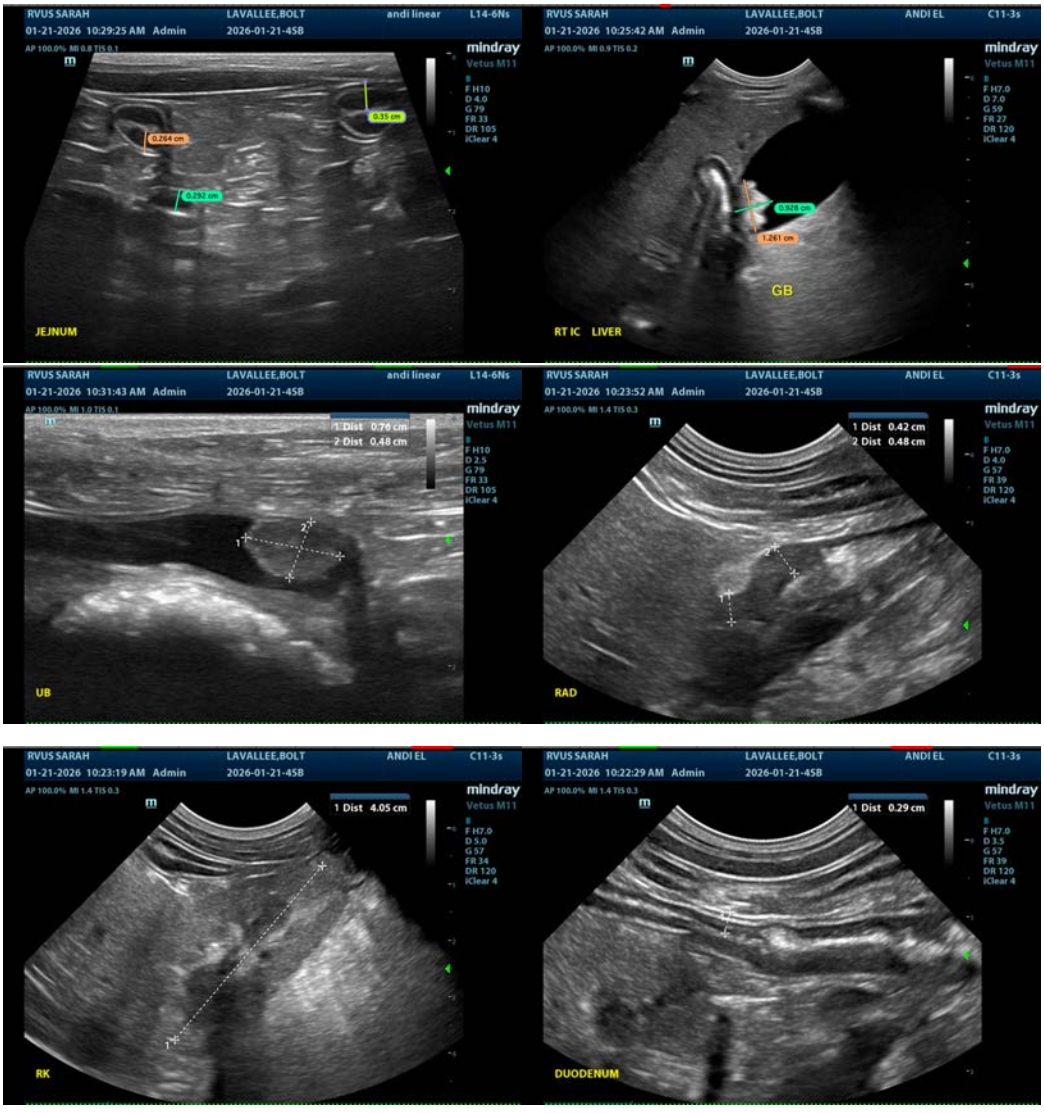
somewhat plump, and you could consider adrenal function testing.

There is a small irregular mass effect visualized near the cystourethral junction. This location is concerning for a transitional cell carcinoma. Options for further evaluation would include a traumatic catheterization for cytologic sample. Additionally, a urine BRAF test could be considered. If this test is negative, it is non-diagnostic, and further evaluation would be warranted. A positive BRAF test would increase the likelihood of a transitional cell carcinoma.

Consider starting Ursodiol therapy and continued monitoring of the gallbladder. Adhered intraluminal debris is suspected, but a soft tissue lesion/polyp/mass cannot be ruled out.



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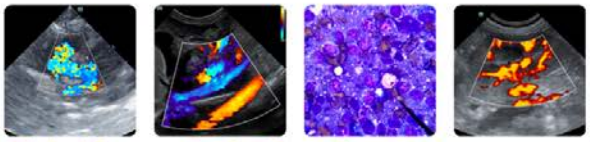

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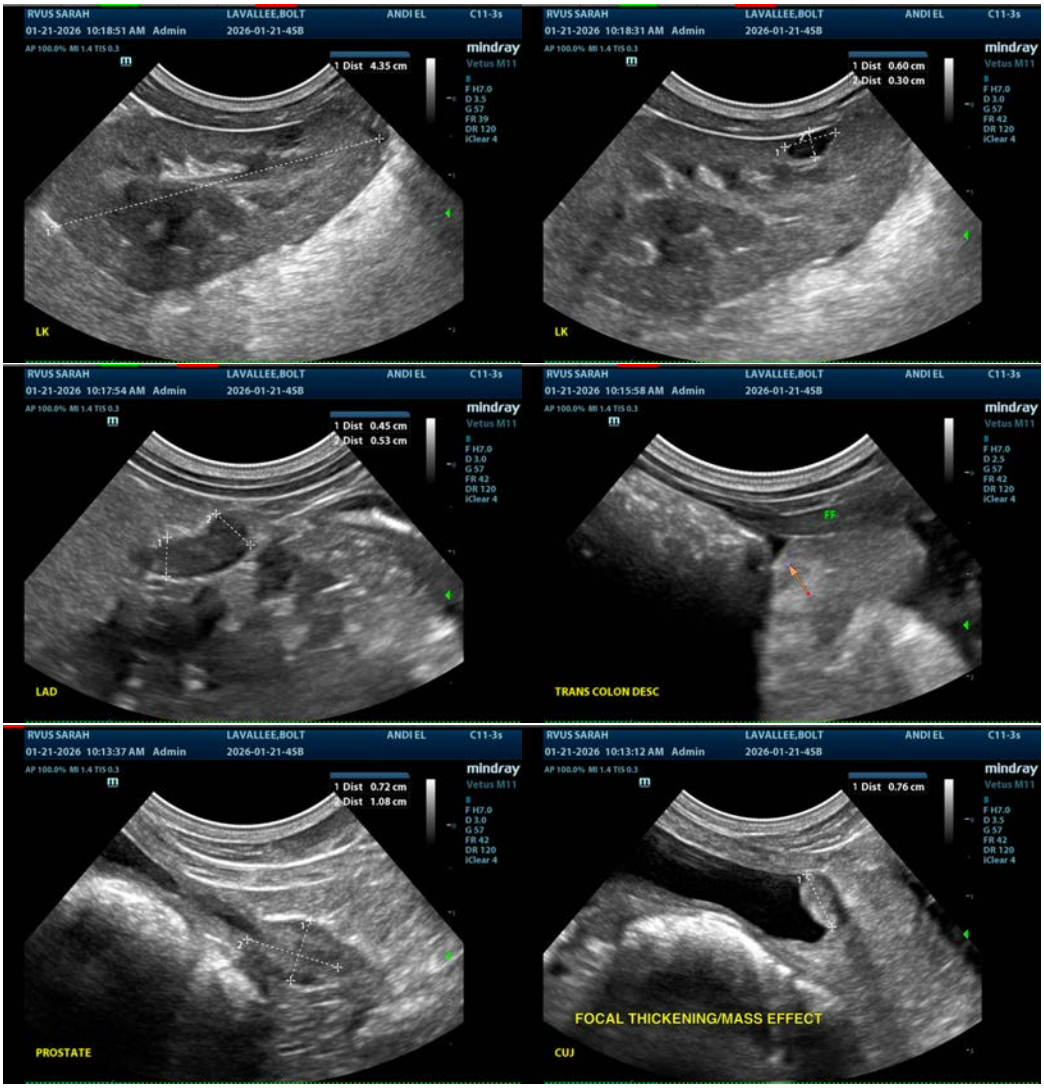

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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