



PATIENT

Loly Lopez

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

10 Years

WEIGHT

19 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Alexis Imholz

INVOICE

72581

DATE

1/29/26

PRESENTING CLINICAL SIGNS

Presented to evaluate elevated ALKP since 2024. Last LDDST was March 2025. Pt has been on Denamarin started 1-26-2026. Under treatment for otitis externa. No vomiting or diarrhea. By O, Eats normally and drinks normally

Abnormal PE/Chem/CBC/UA Results: PE: BCS 8/9 ALP: 1269, ALT: 170 March 2025 LDDST: Pre 7.7 (1-5) Post 1: 08 (0-1.4), Post 2: 0.6 (0-1.4)

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 (4.68 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.05 cm). 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline "plump" measuring 0.54 cm at the cranial pole and 0.64 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 0.50 cm at the cranial pole and 0.47 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 (1.15 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 hyperechoic nodule at the periphery of the spleen measuring 0.56 cm, most consistent with a benign myelolipoma.

Liver

The liver is large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. There is a hyperechoic nodule visualized associated with the liver measuring 1.19 cm x 0.84 cm.



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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. Luminal contents are mild and likely incidental at this time. The common bile duct is prominent/mildly dilated at the level of the duodenal papilla, measuring 0.27 cm.

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 0.52 cm. Jejunum wall measures 0.41 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 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 mildly mottled in the left limb. 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.

PRIMARY FINDINGS

- Borderline "plump" left adrenal and normal right adrenal – Findings could be consistent with anatomic variation or mild hyperplasia.
- Age related changes visualized associated with both kidneys.
- Large, hyperechoic liver – The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or, less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy. The hyperechoic nodule has the appearance most consistent with a benign lesion. Recommend continued monitoring.

SECONDARY FINDINGS

- Splenic lesions most consistent with benign myelolipomas.
- Mild pancreatic changes consistent with pancreatic remodeling in the left limb.



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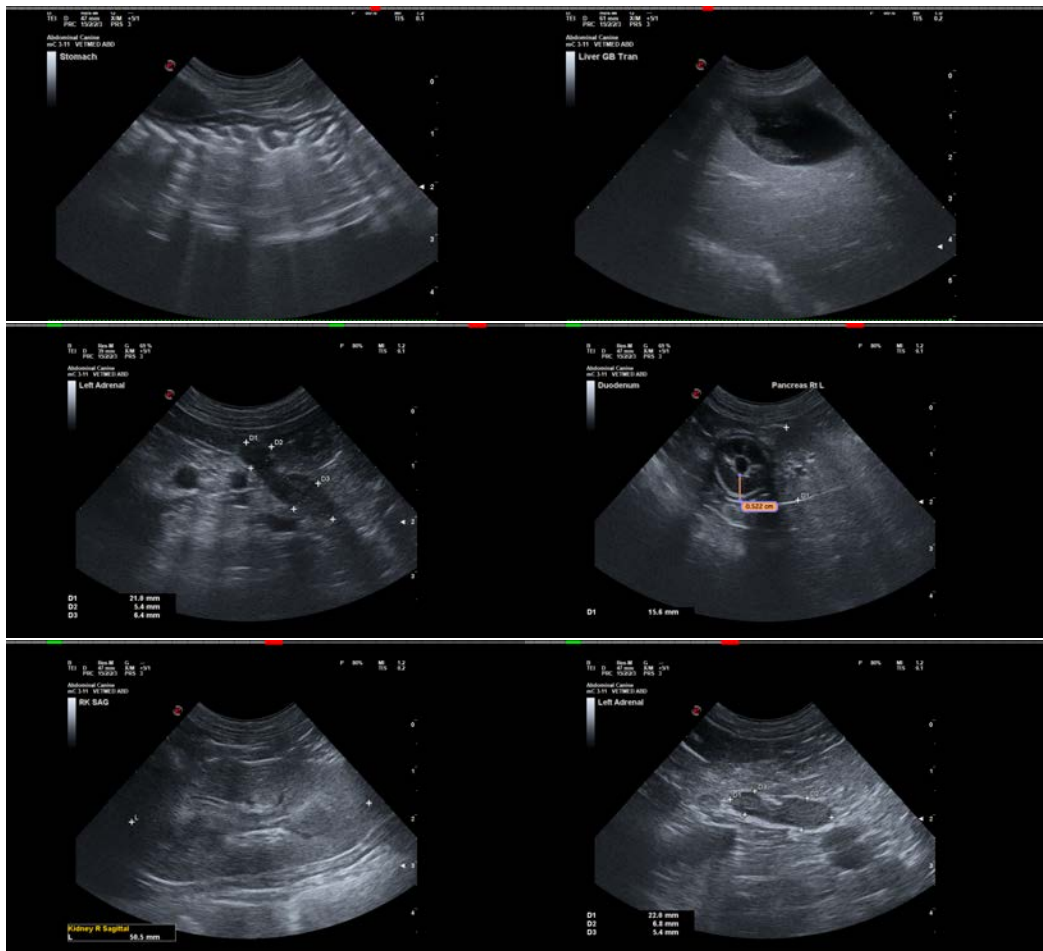
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and hyperechoic. The most likely differential would be a vacuolar hepatopathy, although other hepatopathies are possible. If there is concern for a more significant hepatopathy, a liver function test and a fine needle aspirate could be considered.

If symptoms consistent with Cushing's are present despite a negative low-dose Dexamethasone suppression test, you could consider an adrenal panel to the University of Tennessee combined with an ACTH stimulation test, looking for atypical Cushing's. If no symptoms consistent with Cushing's are present, this could be a primary vacuolar hepatopathy.

The distal common bile duct is slightly prominent. The significance of this is uncertain. Recommend continued monitoring.





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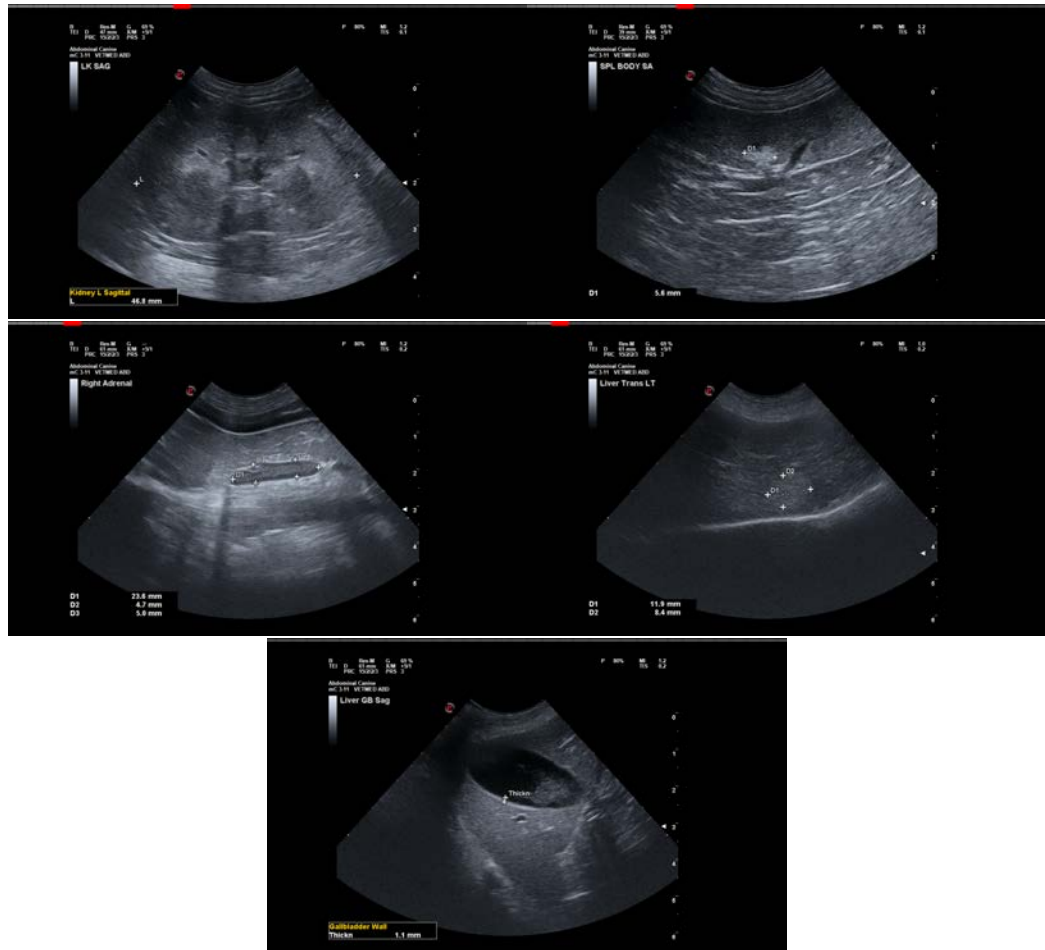
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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