

PATIENT

Chardonnay Wyma

SPECIES

Canine

BREED

Shis Tzu

SEX

Spayed Female

AGE

14 years

WEIGHT

12.5 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. Rachel Hill

INVOICE

11082

DATE

1/8/2026

PRESENTING CLINICAL SIGNS

Uncontrolled hypertension current medications: telmisartan 0.9mg/kg SID enalapril 0.45mg/kg BID amlodipine 0.1mg/kg SID mild azotemia (SDMA: 18 creat: 0.9 BUN: 18 USG: 1.021 UPC 0.5) gr 2/6 left systolic murmur (no prev echo) BP with trazodone/gabapentin at most recent visit: 182,184,184mmHg systolic in December 2025.

Abnormal PE/Chem/CBC/UA Results: BP 146, 142,44 repeated today.

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 (3.77 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction. There are numerous irregular cystic lesions visualized associated with the cortex. Occasional non-obstructive nephroliths and hyperechoic foci in the cortex, most consistent with dystrophic mineralization. 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 (4.07 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction. There are numerous irregular cystic lesions visualized associated with the cortex. Occasional non-obstructive nephroliths (the largest nephrolith visualized measures 0.48 cm) and hyperechoic foci in the cortex, most consistent with dystrophic mineralization. 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 large in size and mottled with hyperechoic foci, measuring 1.88 cm at the cranial pole and 1.93 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. No evidence of vascular invasion is visualized.

The right adrenal gland is normal in size measuring 0.53cm 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 (1.87 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

Liver

The liver is large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the



PATIENT

Chardonnay Wyma

SPECIES

Canine

BREED

Shis Tzu

SEX

Spayed Female

AGE

14 years

WEIGHT

12.5 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. Rachel Hill

INVOICE

11082

DATE

1/8/2026

vasculature and biliary tract appear normal. There are occasional ill-defined hypoechoic nodules visualized. An example measures 0.71 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/large amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible. Much of the debris appears mineralized most consistent with numerous choleliths. This mineralization can be followed into the neck of the gallbladder. In the cystic duct there is a dilation and a stone visualized in the proximal bile duct. The stone measures at 0.8 cm. The bile duct measures 0.59 cm in diameter.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.75 cm 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. The duodenum measured as normal (0.42 cm in wall thickness) and the jejunum measured as normal (0.27 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 non-formed fecal material and gas shadowing distally. The descending colon appears somewhat prominent and thickened with intact wall layering measuring 0.21 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, 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

- Left sided adrenal mass lesion. Findings could be consistent with an adenoma, carcinoma, pheochromocytoma, other.
- Bilateral renal changes consistent with chronic renal disease and non-obstructive nephroliths. Hyperechoic foci are visualized in the kidney most consistent with nephroliths. There is no current evidence of obstructive disease. Correlate findings with abdominal radiographs, urinalysis, and culture. Continued monitoring is warranted for progression/obstruction.
- Heterogenous liver with ill-defined hypoechoic nodules. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia,



PATIENT

Chardonnay Wyma

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.

SPECIES

Canine

- Numerous variably sized choleliths visualized within the gallbladder and the proximal bile duct.

BREED

Shis Tzu

- Mildly thickened/prominent distal colon wall. Findings are most consistent with mild colitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Spayed Female

The left adrenal gland is significantly enlarged consistent with an adrenal mass lesion. This could represent a benign or neoplastic lesion and could possibly be correlated to the hypertension present. If this is a pheochromocytoma or a cortisol secreting tumor, recommend an ACTH stimulation test and measuring catecholamines looking for a possible pheochromocytoma. If surgical removal would be considered, recommend a contrast CT scan to screen for evidence of vascular invasion, metastasis, etc., and for surgical planning.

AGE

14 years

Additionally, there are numerous stones visualized within the gallbladder and proximal bile duct. If a CT scan is performed, this area should be evaluated and assessed for any potential surgical intervention.

WEIGHT

12.5 lbs

Both kidneys have changes consistent with chronic renal disease and stones. A renal diet should be considered.

INTERPRETED BY

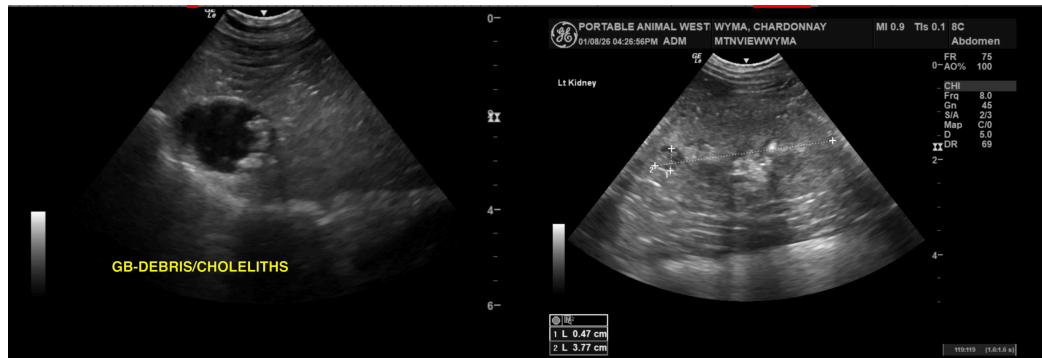
Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

The liver is somewhat heterogenous. This likely represents a vacuolar hepatopathy and regenerative nodules, although a more significant hepatopathy or early neoplastic lesions cannot be ruled out.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT



HOSPITAL NAME

MountainView Animal
Hospital

REFERRING VET

Dr. Rachel Hill

INVOICE

11082

DATE

1/8/2026

Imaging performed by



pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telectology
Educational Teleconsultation Services™

SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Chardonnay Wyma

SPECIES

Canine

BREED

Shis Tzu

SEX

Spayed Female

AGE

14 years

WEIGHT

12.5 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

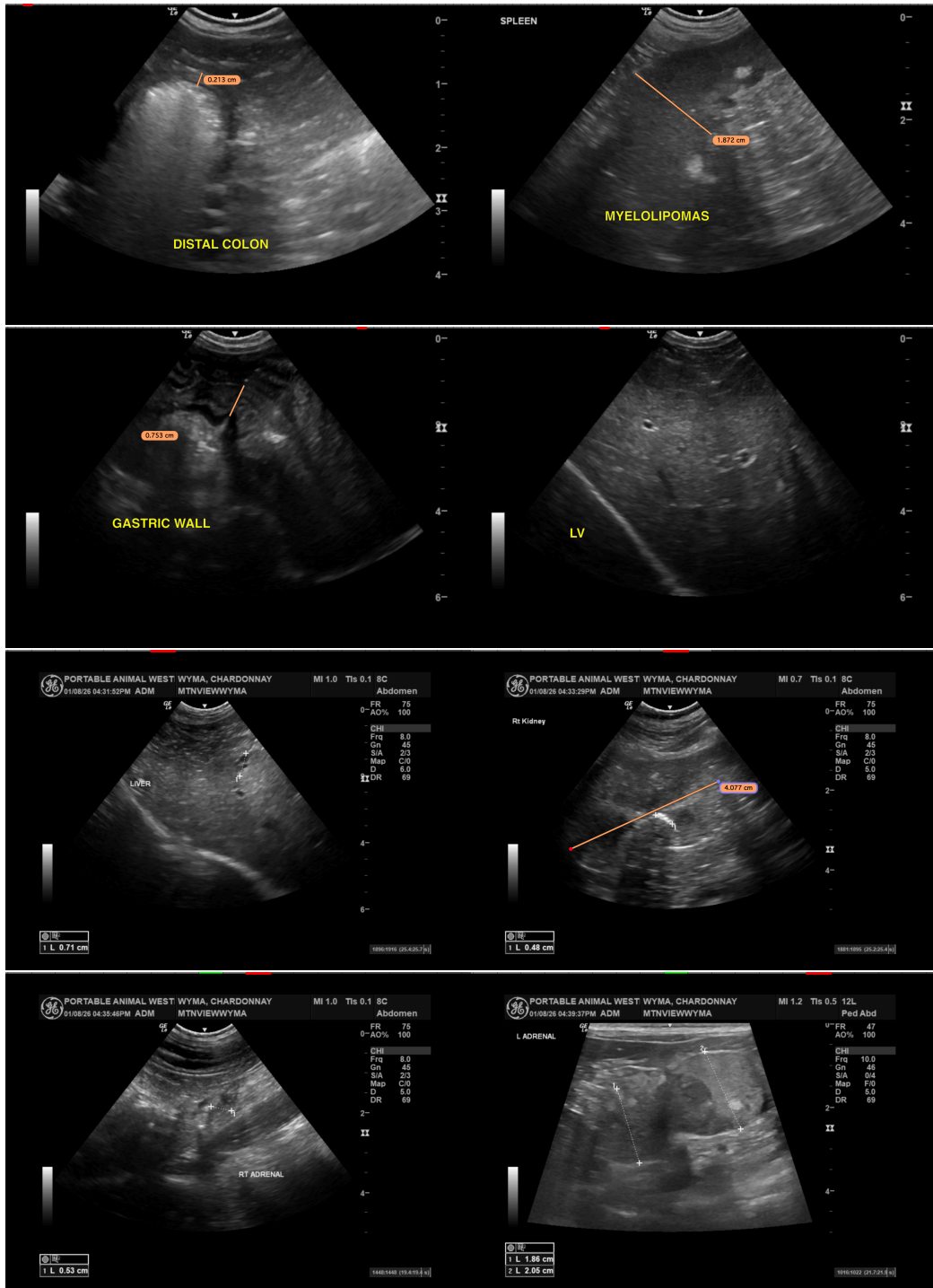
Dr. Rachel Hill

INVOICE

11082

DATE

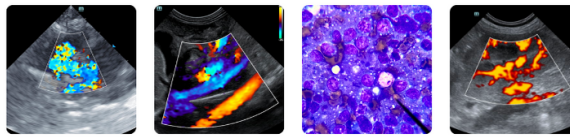
1/8/2026



Imaging
performed by



MountainView Animal Hospital, Inc.
pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telectology
Educational Teleconsultation Services™

SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Chardonnay Wyma

SPECIES

Canine

BREED

Shis Tzu

SEX

Spayed Female

AGE

14 years

WEIGHT

12.5 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. Rachel Hill

INVOICE

11082

DATE

1/8/2026



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