

**PATIENT**

Ellie Bradbury

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Spayed Female

**AGE**

1 Year 3 Months

**WEIGHT**

18.5 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDMS, Certified Vet  
Sonographer

**HOSPITAL NAME**

Chase Veterinary  
Clinic

**REFERRING VET**

Catherine Caffarella,  
BVSc

**INVOICE**

71752

**DATE**

11/12/25

**PRESENTING CLINICAL SIGNS**

Chronically elevated ALT (now 905), GGT 14. Has been on Denamarin. Had an AUS at referral hospital - liver normal in size and shape, the gallbladder is centrally located, cystic duct not identified, severely enlarged common bile duct, intrahepatic biliary ducts not seen. Remainder of study unremarkable. CT recommended. Today, limited recheck of liver and gallbladder. Ellie has been doing well clinically.

\*\*Study limited to liver and gallbladder

**LIMITED ULTRASONOGRAPHIC EXAMINATION (35 FILES)**

***Liver & Gallbladder***

The liver is subjectively normal in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. No focal nodules or cystic lesions are observed.

The gall bladder is moderately distended with anechoic fluid. Just distal to the gallbladder there is a 2<sup>nd</sup> hypoechoic dilation most consistent with either a duplicate gallbladder or focal dilation of the cystic duct. Distal to this the common bile duct is visualized and appears severely distended. It is visualized at the level of the duodenal papilla. Just proximal to the duodenal papilla it measures 1.1 cm in diameter. At the level of the duodenal papilla it measures 0.64 cm. The appearance of the duodenal papilla is within normal limits. No evidence of obstructive intraluminal debris or inflammation noted. No choleliths are visualized.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver subjectively appears normal in size and mildly heterogeneous. These are subjective changes. The vasculature appears appropriate to slightly prominent, and intrahepatic bile ducts are not clearly visualized. The gall bladder and biliary tract appear abnormal with concern for possible duplicate gallbladders and severe dilation of the common bile duct. In this young dog, congenital issues would need to be a significant consideration, potentially resulting in abnormal development/anatomy of the biliary tract.

Cholangitis/cholangiohepatitis (possibly secondary) would be a concern in this patient. Treatment for cholangiohepatitis could be considered (Ursodiol, Denamarin, antibiotics, etc.- in addition to a fine needle aspirate of the liver and bile cultures) I am concerned that there may be complicating factors and that resolution may require a better idea of the nature and extent of pathology present.

Consider referral of this case for a contrast CT scan to better evaluate the anatomic abnormalities and to make a plan for further diagnostics, as a liver biopsy with tissue cultures and bile cultures would be very helpful in this individual. Additionally, sending biopsies to a pathologist specializing in congenital hepatic pathology may be of benefit. An unseen obstruction (mass, stricture, etc.) of the bile duct cannot be definitively ruled out.



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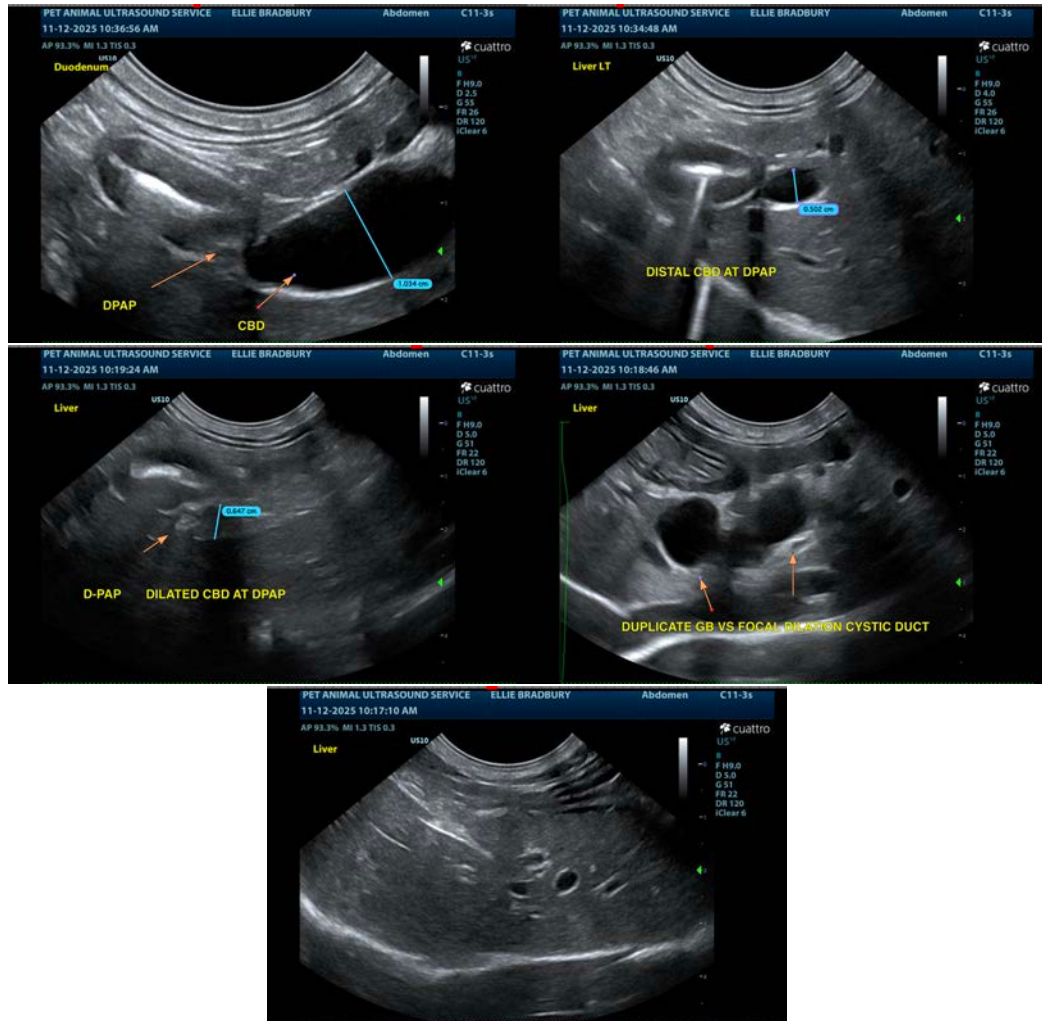
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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