



PATIENT

Prada Valentina
Merced

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

11 Years

WEIGHT

18 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. Jose Garcia

INVOICE

71740

DATE

11/12/25

PRESENTING CLINICAL SIGNS

Presented as a referral for dual echocardiogram and abdominal ultrasound to evaluate respiratory distress, heart murmur and elevated liver enzymes. Pt presented to rDVM on November 9th with respiratory distress. Two days prior to presented to rDVM, O witness a possible syncope/fainting episode and pt stopped breathing after got scared off out of the kitchen table after jumping on the table to eat some grapes. Pt does not have any cough, but pt is very hungry all the time, but drinks and urinate normally. Pt is on: Furosemide 12.5mg: 1/2 Bld, Denamarin, Ursodial, Pimobendan 5mg: 1/2 BID, Cough tabs, Nebulization with (NaCL 0.9% + 10 mls of furosemide) x 14days.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 9/9, Heart murmur 4/6 Bloodwork and radiographs added as supporting documents. CBC: Mild neutrophilia, mild lymphocytosis, moderate monocytosis and moderate thrombocytopenia. Chem: mildly elevated ALP and lipase. Radiographs: enlarged cardiac silhouette, alveolar pattern and pulmonary edema and hepatomegaly. AFAST: Hepatomegaly, distended GB, with biliary sludge. Free abdominal effusion noted on DH view

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 (4.81 cm) with pyelectasia measuring 0.18 cm. Overall echogenicity is normal with adequate 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.97 cm) with pyelectasia at 0.24 cm. Overall echogenicity is normal with adequate 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 "plump" measuring 0.60 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 0.62 cm at the cranial pole and 0.59 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 (1.06 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.



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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 vasculature and biliary tract appear normal. There is a small hyperechoic nodule visualized in the right side of the liver measuring 0.62 cm x 0.91 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 amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.53 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.40 cm. Jejunum wall measures 0.28 cm. There is mild mucosal speckling visualized. 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 prominent and mottled 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

- Bilateral renal pyelectasia – Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Large, heterogeneous liver with ill-defined hyperechoic nodule – Findings could be consistent with a vacuolar hepatopathy. The hyperechoic lesion is most consistent with a benign nodule. Other hepatopathies are possible.
- 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.



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- Mildly thickened small intestine with areas of mucosal speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

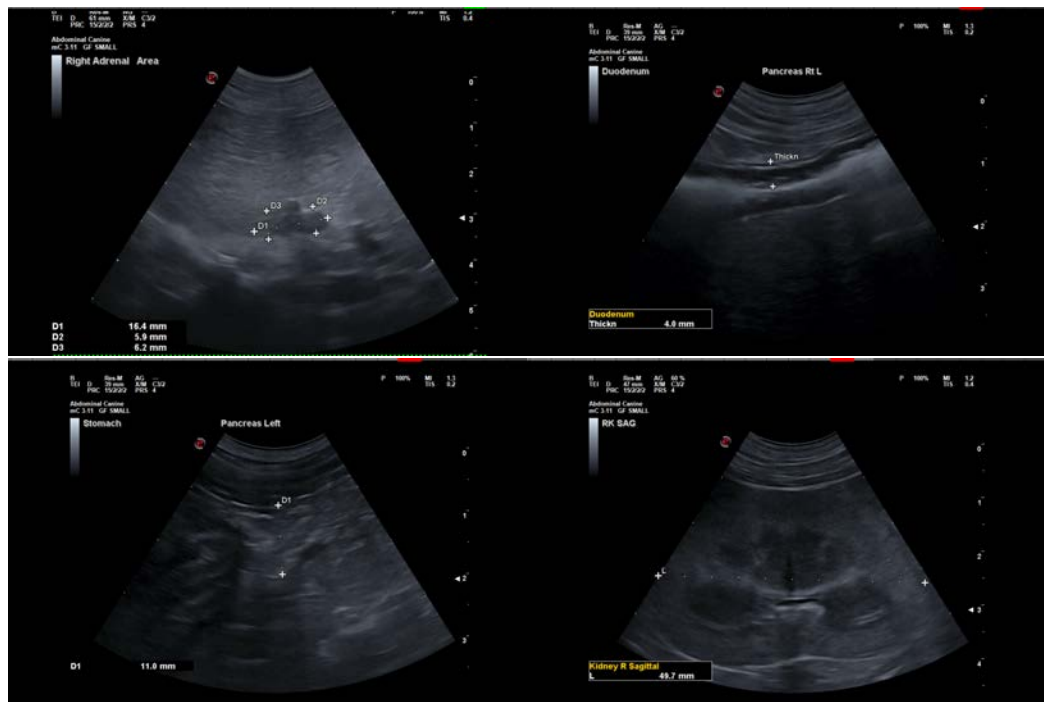
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and heterogeneous. This generally has the appearance most consistent with a vacuolar hepatopathy, although other hepatopathies re possible. Additionally, some congestion could play a role if there is significant enough heart disease present.

The left adrenal gland is “plump”. The right adrenal gland measures as normal in size. If signs of Cushing’s are present, this could be consistent with early Cushing’s disease, although adrenal function testing may be difficult to interpret if this patient is in heart failure.

Both kidneys have mild pyelectasia. This could be secondary to PU/PD. Correlate with urinalysis and urine culture.

There is mild mucosal speckling visualized associated with the GI tract. The significance of this in the absence of underlying gastrointestinal symptoms is uncertain. If this develops, further workup for an underlying enteropathy may be warranted.





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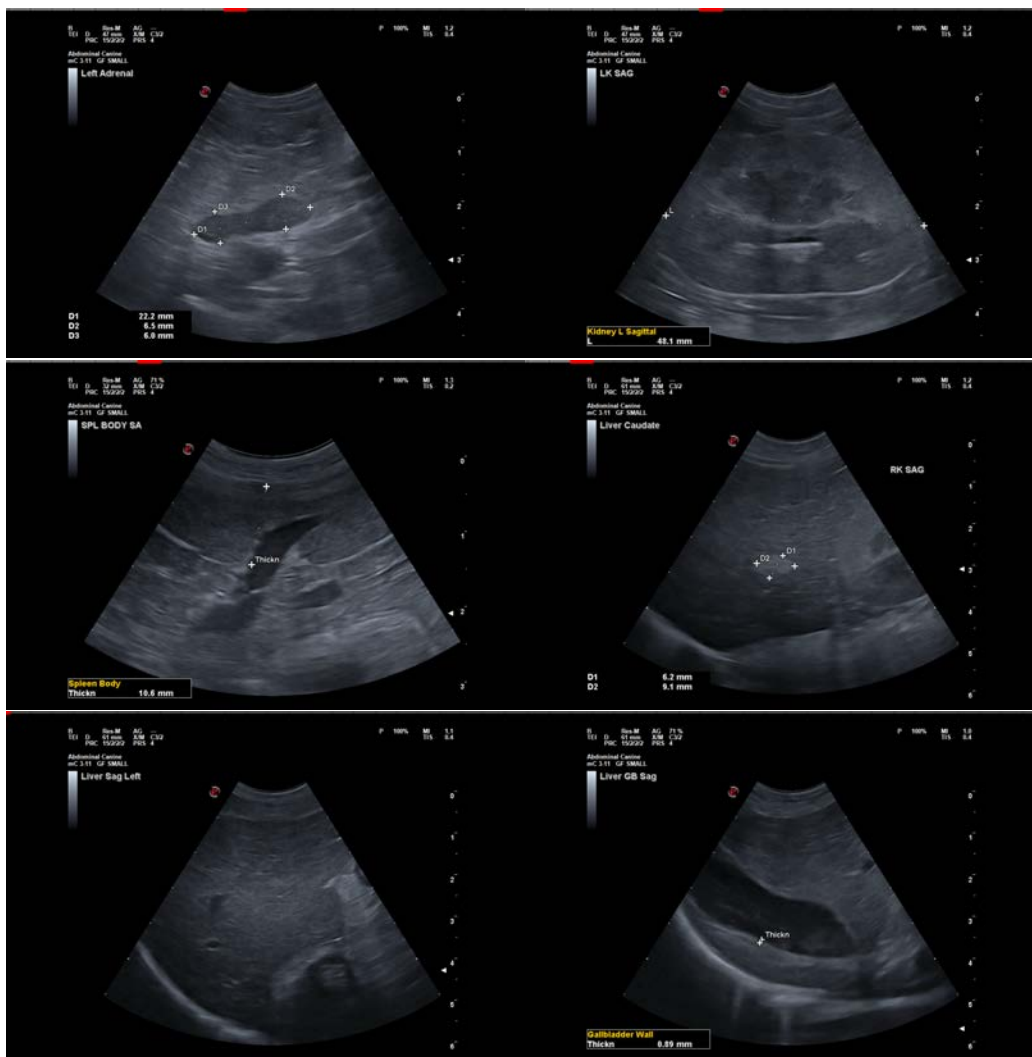
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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