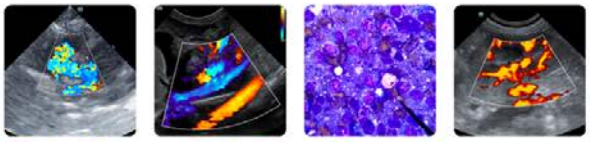

PATIENT

Lilo Jaramillo

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

7 Years 8 Months

WEIGHT

23.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Karin Hinkle, DVM

HOSPITAL NAME

Yellow Dog Imaging

REFERRING VET

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INVOICE

71793

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11/13/25

PRESENTING CLINICAL SIGNS

Lilo has a history of a progressive hepatopathy with documented Histoplasma (urine) antigen positive (July 2025), marked hepatocellular enzyme elevation, hyperammonemia, hypoalbuminemia and muscle wasting. Lilo was started on Itraconazole on 9/5 and did 60 days of treatment before o discontinuing. She most recently presented to ER on 9/18, 2 weeks after starting Itraconazole, for concerns of ataxia and blindness. At that time, she was started on lactulose after her ammonia level was noted to be severely elevated.

Abnormal PE/Chem/CBC/UA Results: Patient is cachexic BCS 2/9; 11/10/2025:PCV/TS: 32%/5.6, cl- CBC: WBC 13.69, Neut 11.42, Hct 31.3%, PLT 231 - Chem: BUN <5.0 L, Crt 0.4, Ca 7.6, TP 5.6, Alb 1.7 L, Glob 3.9, ALT >1000, AST 135, ALP 787, GGT 23, Tbil 0.1, TCho 149, Glu 106 -Ammonia: 120 H Histoplasma ag: pending- Cortisol: 2.3 [4/23/25] - Histoplasma positive [7/15/25]11/8/24: ALP 400, ALT 321, 1/8/25: ALP >2000, ALT 835, AST 195 2/19/25: ALP 1319, ALT 767, AST 196, GGT 46 4/24/25: ALP 915, ALT 701, AST 275, GGT 24 7/2/25: ALP 709, ALT 668, AST 174, GGT 34 8/6/25: ALP 553, ALT 445, AST 154 - NH3 188 [7.2.25]; NH3 300 [9.18.25]; NH3 120 [11.10.25] - Coags: PT 21.7 H, PTT 114.2 [7/2/25] - Coags: PT 19 H, PTT 111 - post vitamin K treatment [7/3/25] . Folate 78.6 [7/3/25] Hy Alb 1.8 [4/24/25] 1.5 [8/6/25]

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.

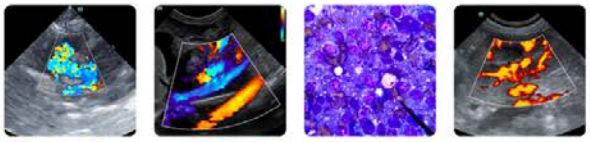
The left kidney has a normal shape and size (6.9 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.22 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 normal in size measuring 0.37 cm at the cranial pole and 0.51 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 0.43 cm at the cranial pole and 0.34 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.



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Spleen

The spleen is subjectively normal in size (1.55 cm). The spleen is diffusely mottled, 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 normal/borderline small 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. No focal nodules or cystic lesions are observed.

The gall bladder is significantly distended with echogenic fluid. The gallbladder wall appears severely thickened, measuring at 1.02 cm. Distally the common bile duct is visualized at the level of the duodenal papilla and is dilated, measuring 0.95 cm.

Gastrointestinal

The stomach contains shadowing ingesta. 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 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 0.53 cm. Jejunum wall measures 0.52 cm. Ileum wall measures 0.45 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with non-formed/liquid 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

There is a small/moderate amount of free abdominal fluid. There are occasional prominent mesenteric lymph nodes, an example of a mesenteric lymph node measures 0.60 cm. The omentum is diffusely hyperechoic.

Other

There are prominent dilated/tortuous vessels visualized medial to the spleen and near the kidney, most consistent with acquired shunts.

ULTRASONOGRAPHIC FINDINGS

- Mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

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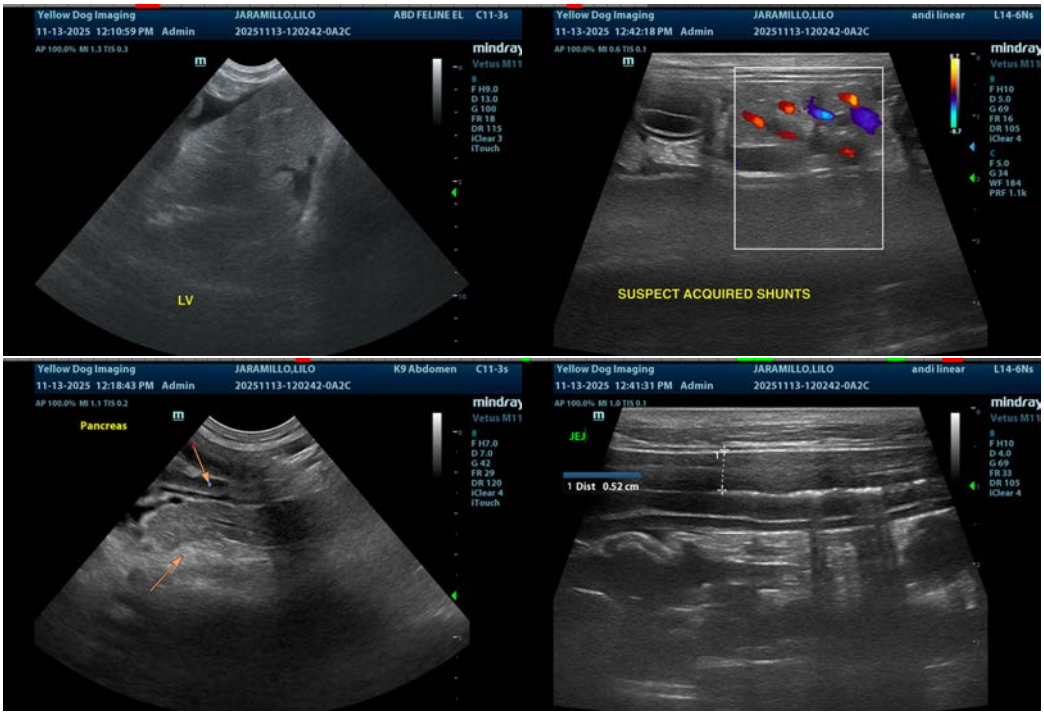
- Pancreatic changes consistent with pancreatic remodeling +/- mild pancreatitis.
- Heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Large, distended gallbladder with a severely thickened wall – Findings are most consistent with cholecystitis or severe gallbladder edema. A neoplastic process is less likely.
- Diffusely thickened small intestine – Findings could be consistent with generalized edema or mild inflammation.
- Free abdominal fluid and suspected acquired hepatic shunts – Findings are concerning for portal hypertension.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is normal/borderline small in size. No focal lesions are observed. The gallbladder, however, is very distended with a thickened wall. Findings are concerning for inflammation, edema, etc. Consider treatment for cholecystitis and starting Ursodiol therapy.

The bowel appears somewhat thickened. There is a moderate amount of free fluid, and there are suspected acquired shunting vessels visualized in the abdomen. These findings are concerning for portal hypertension. This combined with your elevated ammonia levels and liver enzymes likely confirms your suspicion of end stage liver disease.



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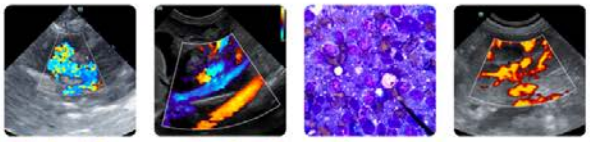

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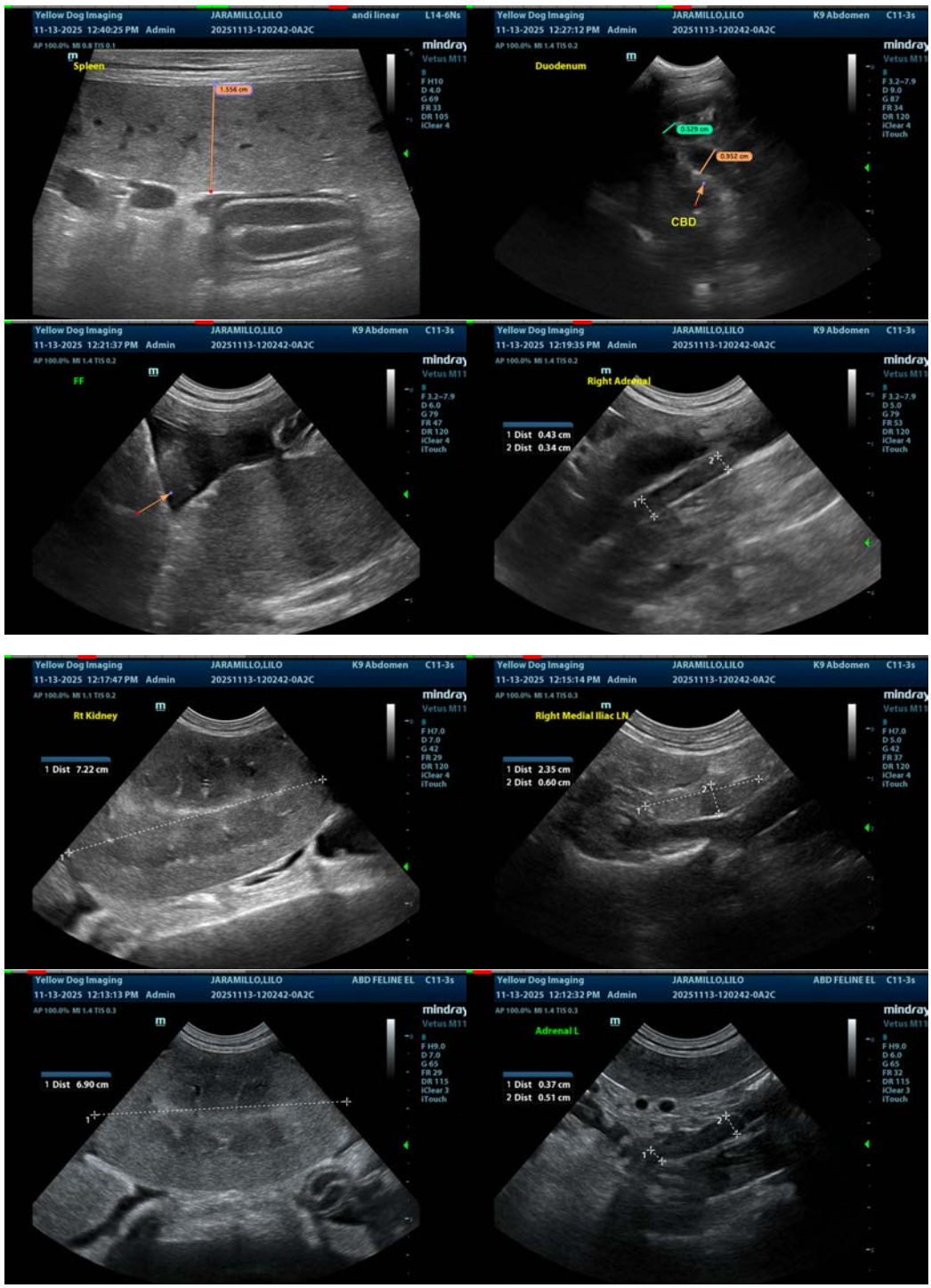

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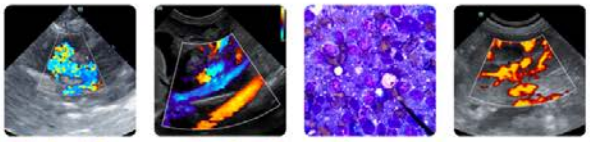

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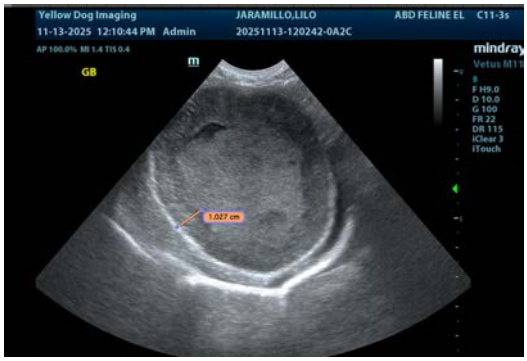

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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