

## PATIENT

Tilly Fries

## SPECIES

Canine

## BREED

Pit Mix

## SEX

FS

## AGE

8 years

## WEIGHT

27 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Loetitia Saint-Jacques,  
LVT

## HOSPITAL NAME

Alpine Animal Hospital

## REFERRING VET

Dr. Rachel Zsumel

## INVOICE

10788

## DATE

11/20/2025

## PRESENTING CLINICAL SIGNS

Hx elevated ALT at 170 11/24. Recheck 11/12/25 - Increased further with AST elevated as well. No clinical signs. Hx cutaneous MCT on ear 11/24 excised completely grade 2/low. Planning COHAT for fractured and non-vital teeth.

Abnormal PE/Chem/CBC/UA Results: RS: 11-14-25 at 9:53a: Chem AST 132, ALT 586 CBC Normal T4 1.9 UA USG 1.044 UPC trace Sed inactive Bile acids pre 10.8, post 28.2 LABS also attached.

## 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 (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 mild pyelectasia noted measuring 0.31 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.48 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 0.57 cm at the cranial pole and 0.68 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 0.65 cm at the cranial pole and 0.67 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 (3.16 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

### Liver

The liver is normal in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are occasional, very subtle hypoechoic nodules visualized. Examples measure 0.6 cm and 0.58 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 cystic and common bile ducts are normal/not visible.

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**Gastrointestinal**

The stomach contains minimal luminal contents. The gastric wall appears normal. It measures slightly thickened at 0.9 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 pylorus similarly measures slightly thickened at 0.61 cm.

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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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (0.35 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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**Pancreas**

The area of 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.

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**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy. An occasional jejunal lymph node is visualized. Examples measure 0.5 cm and 0.51 cm. The omentum is of normal uniform echogenicity.

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**ULTRASONOGRAPHIC FINDINGS**

- Mild left sided pyelectasia. Correlate with a urinalysis +/- culture and recommend continued monitoring.
- Mildly heterogenous liver with occasional poorly defined hypoechoic nodules. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No significant focal lesions are visualized associated with the liver. Subjectively, the parenchyma is very slightly heterogenous, and occasional very poorly defined hypoechoic nodules are visualized. The significance of this is uncertain and it's a non-specific finding. There's no significant bile acid elevation. You could consider screening for leptospirosis (if clinically appropriate.) Additionally, you could consider treatment for acute liver injury/cholangiohepatitis with a course of ursodiol, denamarin, and antibiotics to see if liver values improve. If liver enzymes continue to elevate, biopsies of the liver with samples for histopathology, culture, and copper levels should be strongly considered.

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Imaging performed by



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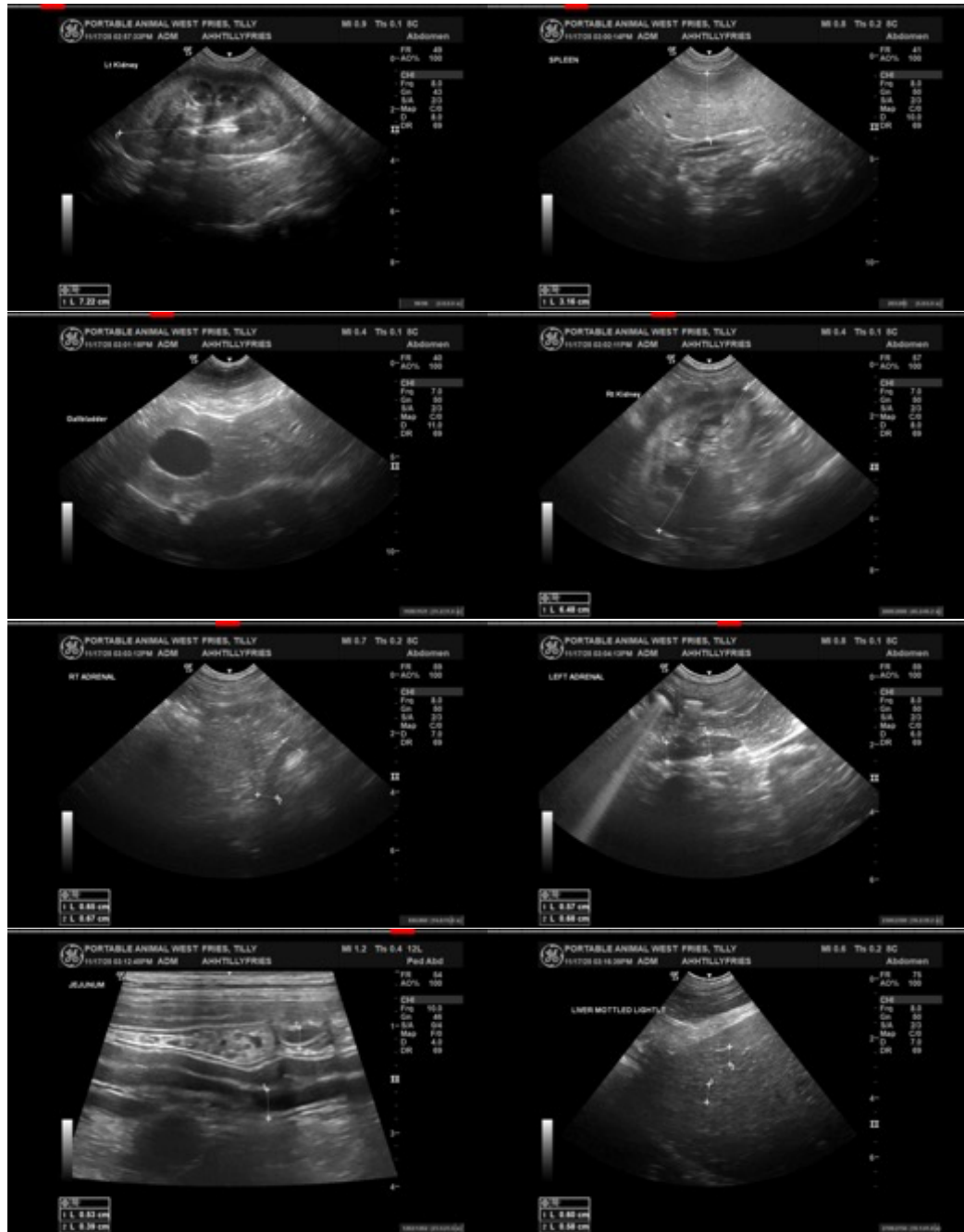
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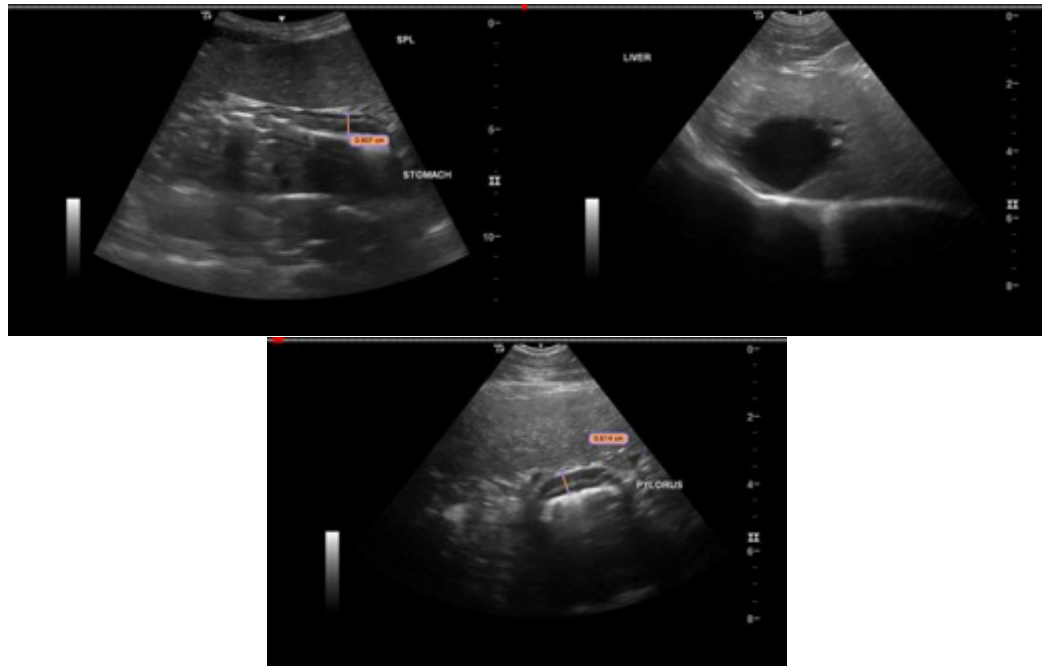
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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