



PATIENT

Sasha Pereira

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Spayed Female

AGE

10 Years

WEIGHT

19.6 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. Andrea Negron

INVOICE

72084

DATE

11/25/25

PRESENTING CLINICAL SIGNS

Presented as a referral to evaluate elevated ALP, PU/PD, PP and urinary problems. Pt has a 1 month history of increased urination, drinking and eating. Also, Pt has had strong urine odor. Pt was recently diagnosed with UTI and yesterday just finished the antibiotic medication. Pt was hypertensive and started on enalapril and is also taking Tamaril P and famotidine.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and Radiograph attached as supporting document.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with mild primarily suspended echogenic debris present. 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 calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (4.27 cm) with significant pyelectasia at 0.48 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.22 cm) with significant pyelectasia at 0.45 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.45 cm at the cranial pole and 0.41 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 0.46 cm at the cranial pole and 0.58 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 (1.64 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.

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 are numerous ill-defined hypoechoic nodules in the parenchyma. Most of these tend to measure in the range of 0.30-0.70 cm. There is a small hypoechoic structure visualized in the left liver, most consistent with a small hepatic cyst measuring 0.40 cm.



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The gall bladder lumen is moderately distended. There is a moderate amount of non-organized echogenic debris. There is no evidence of wall thickening, but there is some irregularity of the debris at the gallbladder wall. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate shadowing ingesta. It measures at a normal thickness of 0.47 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. Shadowing ingesta from the stomach interferes with full evaluation of the stomach and some areas of the cranial abdomen.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal/mild fluid/chyme distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.54 cm. Jejunum wall measures 0.31 cm. 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 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. There is no significant lymphadenopathy. A mesenteric lymph node is visualized measuring 0.59 cm.

PRIMARY 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.
- Suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- Large, heterogeneous liver with ill-defined hypoechoic nodules – Findings are most consistent with a vacuolar hepatopathy and nodular hyperplasia. Other hepatopathies are possible.
- Moderate/large 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.

SECONDARY FINDINGS

- Moderate shadowing ingesta visualized within the gastric lumen – Findings are most consistent with a non-fasted patient.



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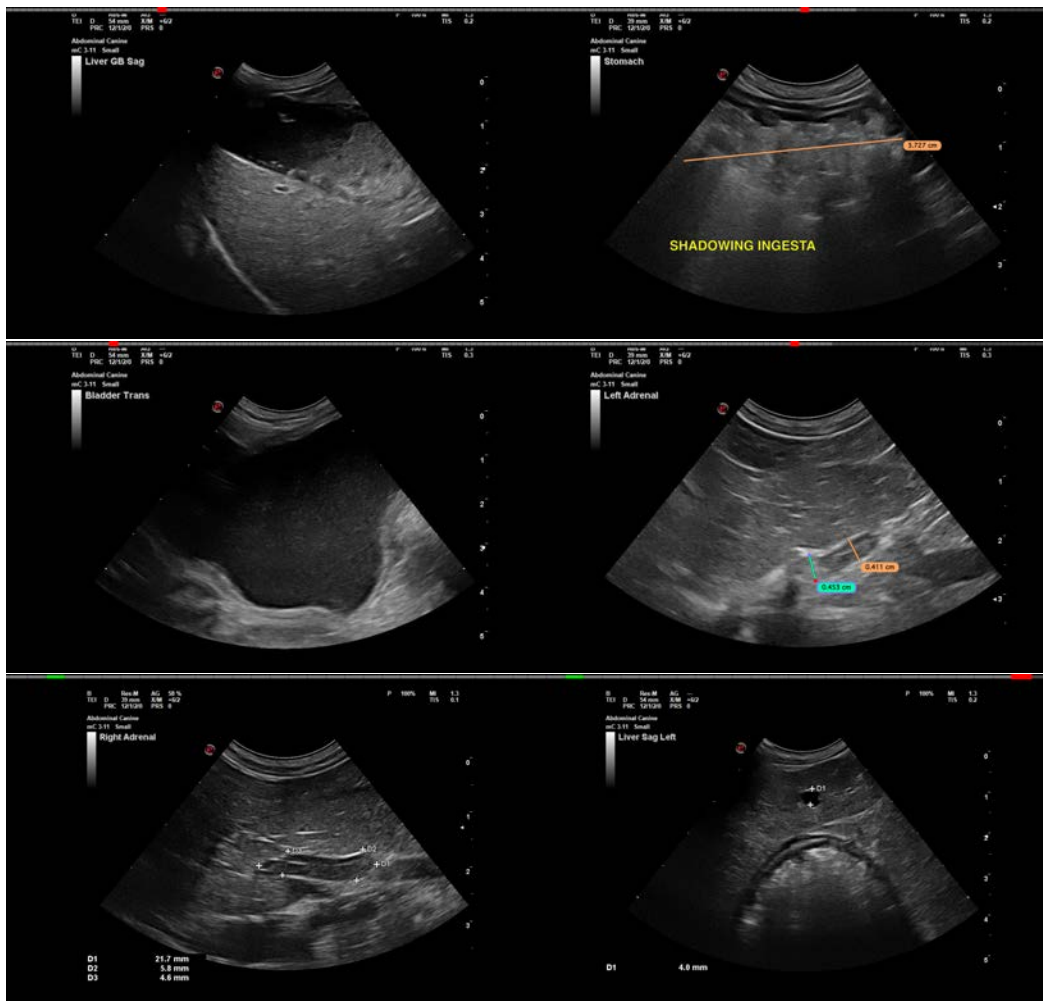
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is subjectively large and mildly heterogeneous with ill-defined hypoechoic nodules. These changes are most consistent with a vacuolar hepatopathy and nodular regeneration. Other hepatopathies are possible, but given the breed, a breed related vacuolar hepatopathy would be likely, as both adrenals are normal in size. If further evaluation is desired, consider a liver function test and a fine needle aspirate of the liver (provided coagulation parameters are normal).

There is significant pyelectasia visualized associated with both kidneys. Given the history of a urinary tract infection, pyelonephritis would be a significant concern. This patient should be cultured prior to an after therapy, and therapy based on culture and sensitivity results should be extended for approximately 4-6 weeks (with concurrent probiotic therapy and post-treatment cultures to ensure this was adequately treated).

There is a moderate amount of debris in the gallbladder and some slight irregularity along the gallbladder wall. Consider initiating chronic Ursodiol therapy and continued monitoring of the gallbladder.





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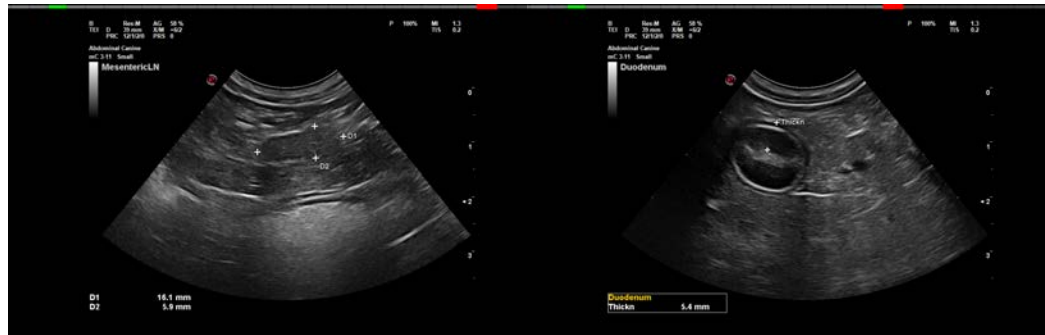
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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