



## PATIENT

Sasha Hamady

## SPECIES

Canine

## BREED

Yorkie x

## SEX

Spayed Female

## AGE

12 Years

## WEIGHT

26 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sheldon

## HOSPITAL NAME

Advanced PetCare of  
Oakland

## REFERRING VET

Dr. Waters

## INVOICE

72138

## DATE

11/26/25

## PRESENTING CLINICAL SIGNS

12 yr SF Yorkie x with history pu/pd/polyphagia, pot belly appearance, new coprophagia habit. Prior labwork - low T4, inc ALP - started on Fluoxetine 10 mg bid and thyro tabs. followup bloodwork /urinalysis 11-10-25 usg 1.037 2+ blood, 3+ protein, 1+ casts, T4 1.5 (post pill), ALP 2435 hi, glucose 115 hi, Na 153 hi, cystatin B 1384 HI DDX HAC +/- PLN , secondary hypothyroidism UPC pending BP normal limits

## 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 (4.75 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (2.78 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.43 cm at the cranial pole and 0.73 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 measures at the upper end of normal at 0.78 cm at the cranial pole and 0.65 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 (1.85 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. No focal nodules or cystic lesions are observed.

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.



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## ***Gastrointestinal***

The stomach contains minimal luminal contents. 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 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. Duodenum wall measures 0.39 cm. Jejunum wall measures 0.36 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 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.

## ***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**

- Borderline “plump” adrenal glands – Findings could be consistent with anatomic variation or mild early hyperplasia.
- Large, heterogeneous liver – The appearance is most consistent with a vacuolar hepatopathy. 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.
- Age related changes visualized associated with both kidneys.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The adrenals aren’t overtly enlarged but measure at the upper end of normal or slightly enlarged (on the left). If classic signs of Cushing’s are present, you could consider adrenal function testing to further evaluate.

The appearance of the liver is most consistent with a vacuolar hepatopathy. If a more significant hepatopathy is suspected, then consider a fine needle aspirate and a live function test to further assess.

There is a moderate/large amount of debris visualized in the gallbladder. Consider chronic Ursodiol therapy and continued monitoring of the gallbladder for possible progression to a more significant lesion.



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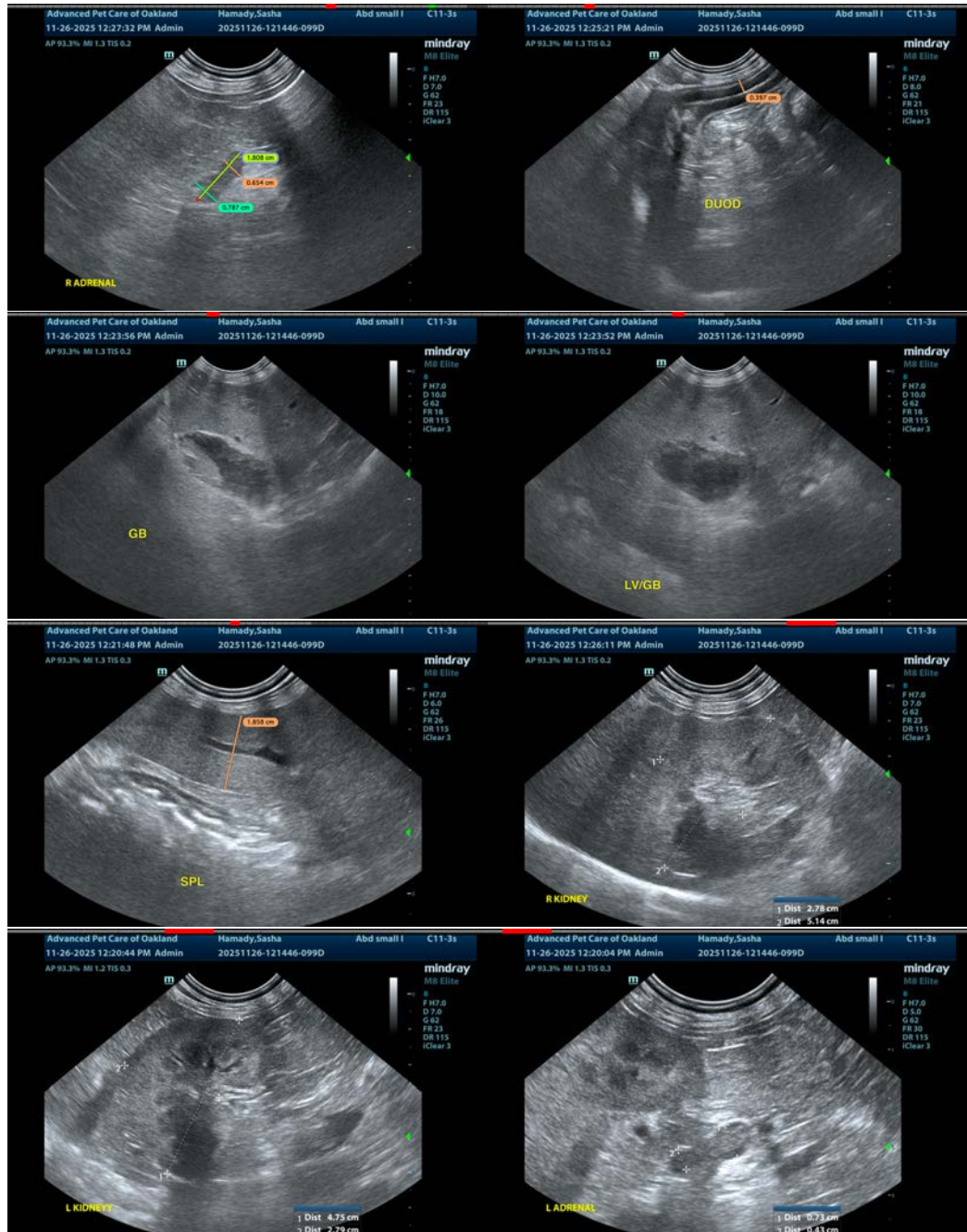
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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