PATIENT

Sophie Bottrell

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

10 Years

WEIGHT

2.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Brant Paws Vet Hospital

REFERRING VET

Dr. Zaki

INVOICE

12486

DATE

11/26/25

PRESENTING CLINICAL SIGNS

Loss of appetite, Vomiting for 2 days, Lethargic, Icteric Elevated ALT, ALP, GGT,TBIL and Pancreatic lipase

Current Medications Librella

Abnormal PE/Chem/CBC/UA Results: ALT: 140, ALKP: >2000, TBIL: 193, GGT: 96, PL: 455, CHOL: 10.19 Radiographic Findings Enlarged liver

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. No focal lesions were visualized, and the wall appears within normal limits. Full evaluation of the bladder is impaired by lack of urine distention.

The left kidney has a normal shape and size (3.11 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is pinpoint nonobstructive mineralizations present.

The right kidney has a normal shape and size (3.42 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.40 cm at the cranial pole and 0.40 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 0.48 cm at the cranial pole and 0.43 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 (0.73 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 subjectively large in size, rounded 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. In some views, the gallbladder appears slightly prominent measuring up to 0.29 cm. In the region of the gallbladder neck, there is hyperechoic soft

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shadowing structure most consistent with focal debris or small choleolith measuring 0.47 cm. No evidence of a definitive obstruction is visualized.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7 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 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 (0.36 cm in wall thickness) and the jejunum measured as normal (0.30 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, 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

- Large heterogenous rounded liver- 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.
- Moderate gallbladder debris with a mildly thickened gallbladder and a possible choleolith- findings could be consistent with mild cholecystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large, heterogenous and rounded. No significant focal lesions are observed. Recommend a fine needle aspirate of the liver and screening for leptospirosis (if clinically appropriate).

The gallbladder has a moderate amount of debris and a suspected small choleolith. It doesn't appear significantly distended and there is minimal surrounding inflammation. Findings could be consistent with mild cholecystitis.

At this time, I would be most concerned about a primary hepatopathy. Recommend a fine needle aspirate of the liver (provided coagulation parameters are normal) and treatment for acute liver injury with Ursodiol, Denamarin and antibiotics. The gallbladder also appears slightly thickened with some debris. This treatment would also cover for cholecystitis. If cytologic evaluation is not helpful and the liver values are persistent, consider repeat imaging looking for any progression of the gallbladder

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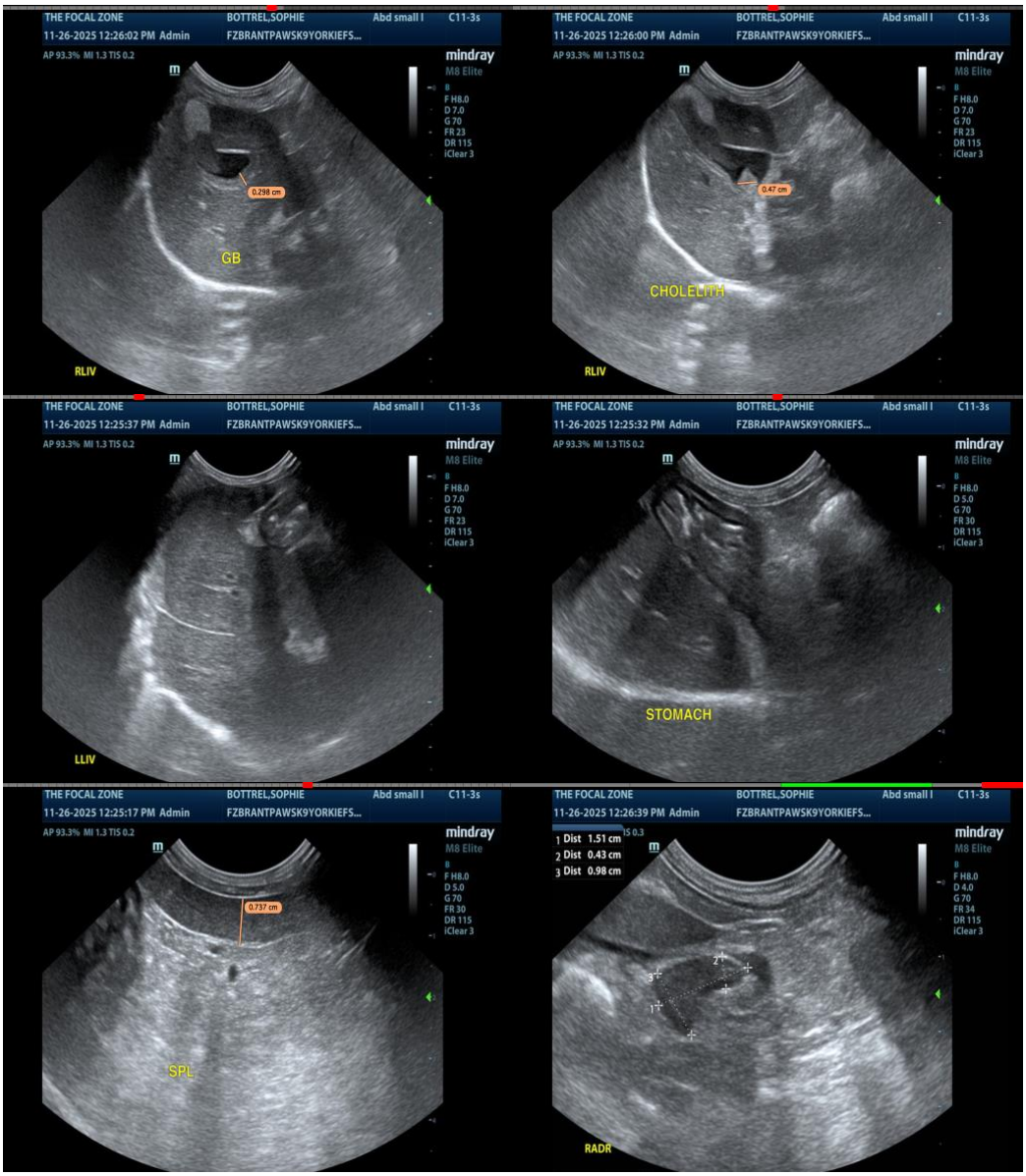
changes which could indicate a more significant biliary issue.



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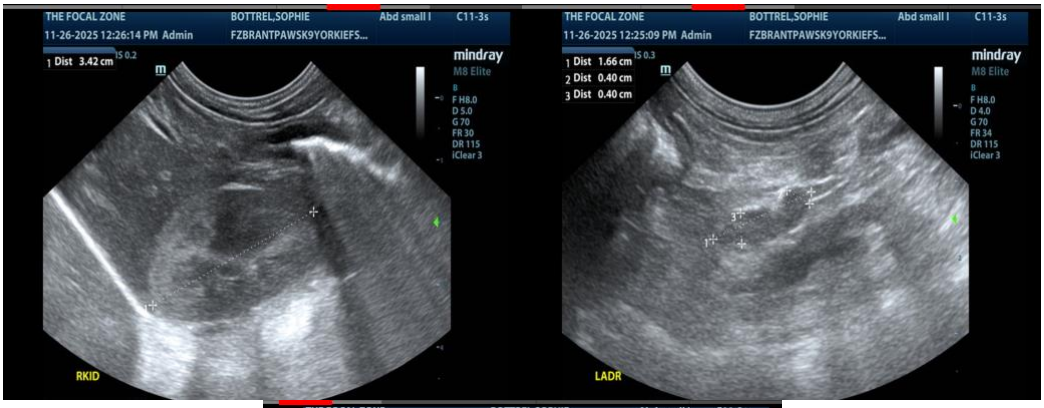

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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