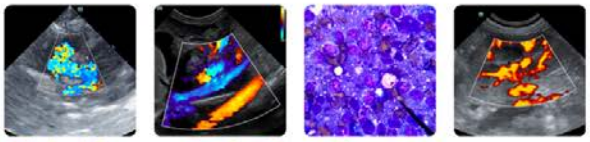


PATIENT

Nanny Rodriguez

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed Female

AGE

10 Years

WEIGHT

14.78 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. Ricardo Fernandez

INVOICE

72474

DATE

12/10/25

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound to evaluate elevation of liver enzymes and Lipase. Pt has been having elevation of those values even after been on Denamarin, PanaKare. Pt also has been vomiting and and acts restless with discomfort and anxious. Pt is currently eating RC Hepatic and on famotidine, denamarin and ondasetron.

Abnormal PE/Chem/CBC/UA Results: Bloodwork attached as supporting documents. ALP: 447, ALT: 156, Lipase: 2,500

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 (4.24 cm) with pinpoint non-obstructive mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.34 cm) with rare pinpoint cortical mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.48 cm at the cranial pole and 0.46 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.

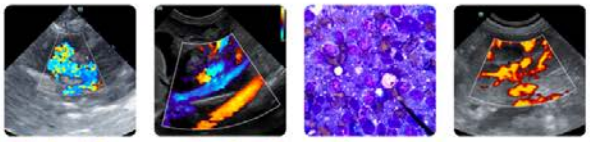
The right adrenal gland is normal in size measuring 0.48 cm at the cranial pole and 0.51 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.55 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 rounded. The parenchyma is mildly 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.



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The gall bladder lumen is moderately distended with anechoic fluid. In the region of the gallbladder neck there is a hypoechoic mass effect visualized measuring 1.02 cm x 0.85 cm. An obstructed gallbladder is not noted. The bile duct appears dilated and tortuous. Proximally, the cystic duct is prominent measuring 0.25 cm. More distally the common bile duct is more distended, and some areas appear to have slightly echogenic intraluminal material (tissue versus echogenic debris) measuring at 0.44 cm. The duodenal papilla appears normal, measuring at 0.37 cm.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.32 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. Jejunum wall measures 0.40 cm. Duodenum wall measures 0.46 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 mildly mottled in the right limb. 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

- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis in the right limb.
- 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.
- Gallbladder mass effect noted with a dilated/tortuous bile duct, and some intraluminal echogenic debris/tissue. An obstruction is not definitively noted. The mass effect could represent a benign or neoplastic lesion. Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).

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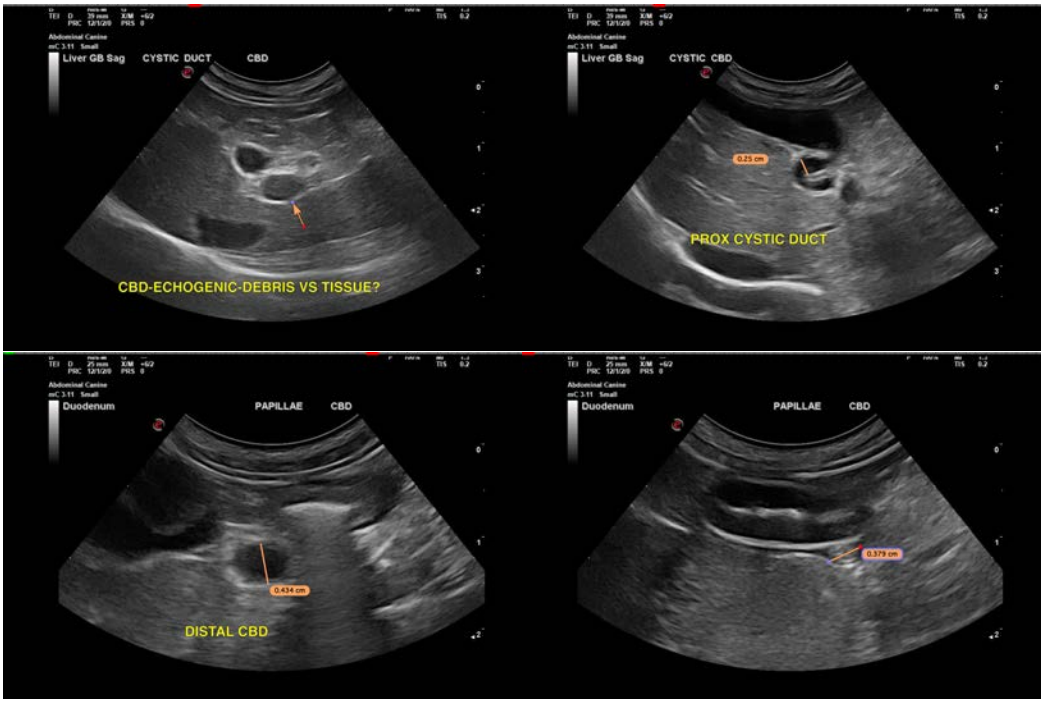
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and mildly heterogeneous. This is a non-specific finding, possibly consistent with a vacuolar hepatopathy or other hepatopathy. Recommend a liver function test and a fine needle aspirate of the liver.

Additionally, there is a mass effect visualized near the gallbladder neck. An obstruction is not evident. This could represent a benign lesion such as an adenoma, cystadenoma, etc., but neoplastic lesions such as a carcinoma, neuroendocrine tumor, etc. are possible. The bile duct appears progressively dilated with no definitive obstruction visualized, although there appears to be some echogenic material visualized within the gallbladder in some areas, most consistent with debris and sludge, but tissue is possible. Ideally a fine needle aspirate of the gallbladder lesion would be considered, but this is likely too deep to easily sample. You could consider empirical treatment for cholecystitis with Ursodiol, Denamarin, and antibiotics (I do not see a reason why the Ursodiol would be a problem). Alternately, a contrast CT scan may be warranted to further delineate this lesion and the bile duct for any additional lesions, as surgical evaluation may be warranted, particularly if the mass lesion appears to be growing.

Both adrenals appear normal in size. Cushing's disease seems less likely in this individual, but a cortisol excess cannot be ruled out. If Cushing's is strongly suspected based on clinical information, adrenal function testing could be considered, although concurrent medical issues could cause a false positive.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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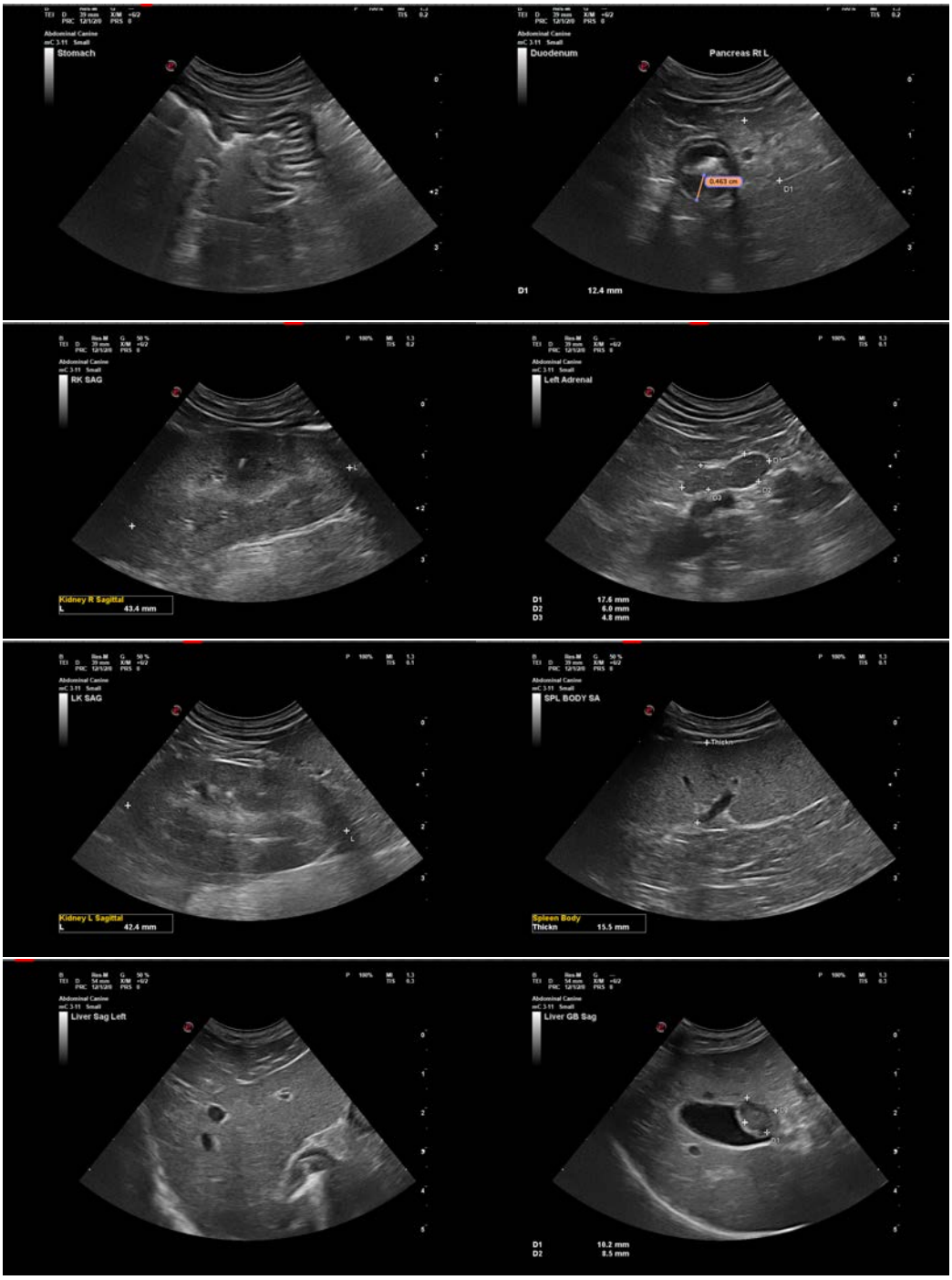

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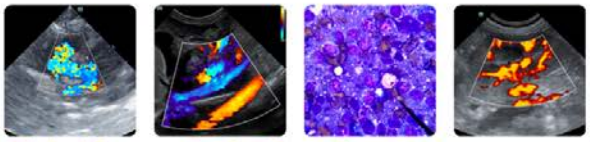

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com