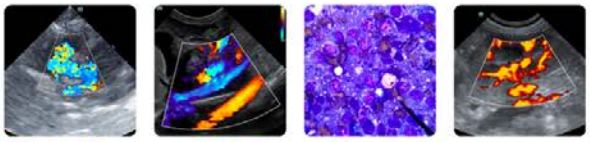

PATIENT

Petunia Allegretti

SPECIES

Canine

BREED

Pit Bull x

SEX

Spayed Female

AGE

7 Years 4 Months

WEIGHT

47 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal Hospital

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INVOICE

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PRESENTING CLINICAL SIGNS

Patient not sedated. Here for repeat AUS. Previous US was 10/2024 - mild splenomegaly noted and possible chronic changes to the pancreas (low grade chronic smoldering pancreatitis). Patient recently presented for second bout of suspect bacterial hepatitis (occured 1 year ago and again 2 weeks ago). Patient has historic chronically mild ALT elevations (~150-175 U/L) but patient becomes inappetant with vomiting and ALT increases to ~800 U/L. Both times patient has responded to hepatoprotectants and Baytril as well as supportive care. Current meds: Baytril, hepatosupport, supplements - movoflex, voltrex, lumbrex. Bloodwork: 12/16/25: ALT 752, ALP 379. CPL 112 (Normal), lepto snap NEG. Current bloodwork after 2 weeks of Baytril - ALT 362, ALP 194 and clinically doing better. Current diet: Just food for dogs Venison formula (ocassionally whitefish and potato).

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 (5.81 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.

The right kidney has a normal shape and size (5.3 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 0.64 cm at the cranial pole and 0.44 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.

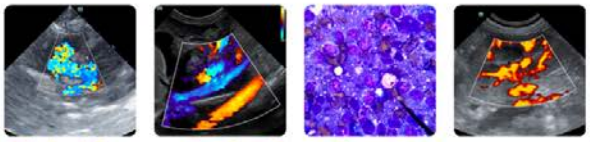
The right adrenal gland is normal in size measuring 1.2 cm at the cranial pole and 0.75 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.45 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 normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible



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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. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.53 cm. Jejunum wall measures 0.37 cm. There is mild mucosal speckling visualized associated with the small intestine. 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 visible/mildly mottled in the left limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is scant free fluid noted. No lymphadenopathy. The omentum is generally normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Mildly 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.
- Mild small intestinal thickening with rare mucosal speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver subjectively appears mildly heterogeneous. This is a non-specific finding. No significant abnormalities were noted associated with the gallbladder. Unfortunately, these changes do not rule out a primary hepatopathy. Consider the following:

- Recommend pre- and post-prandial bile acids to assess liver function.
- Consider screening for Leptospirosis.
- Consider a fine needle aspirate of the liver (provided coagulation parameters are normal).

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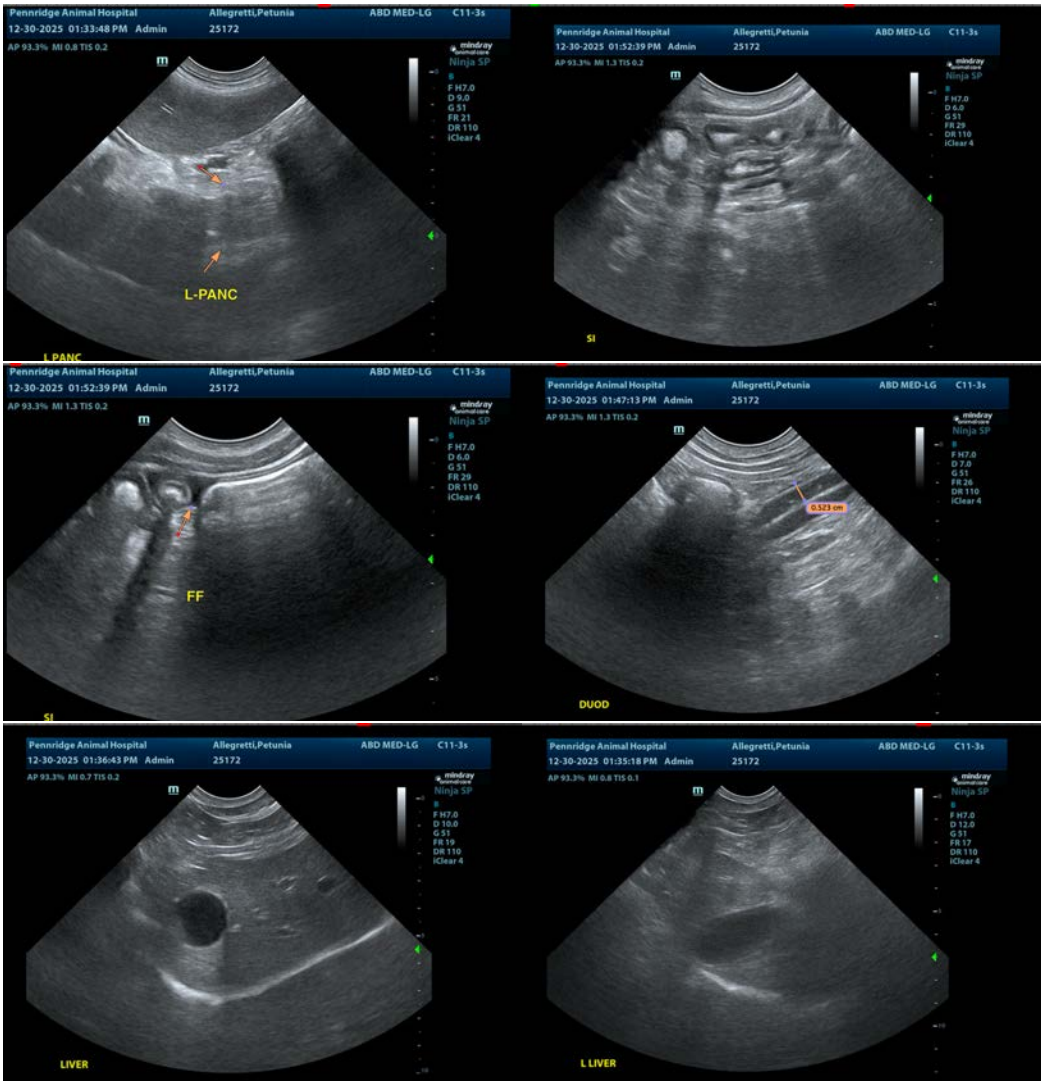
It is uncertain if the patient is becoming in appetent secondary to liver enzyme elevations or if there is possible primary gastrointestinal issue causing a significant reactive hepatopathy. Subjectively, the small intestine appears mildly thickened, with some areas exhibiting mild mucosal speckling. If not already done, consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate, looking for evidence of underlying small intestinal disease. Additionally consider switching to a prescription hydrolyzed protein prescription diet. If symptoms are persistent, ultimately biopsies of the liver (histopathology, culture and copper levels) and GI tract may be warranted. Additionally, you could consider chronic Ursodiol therapy in the case that there is a mild recurring cholangitis, which is not readily evident based on ultrasound exam.



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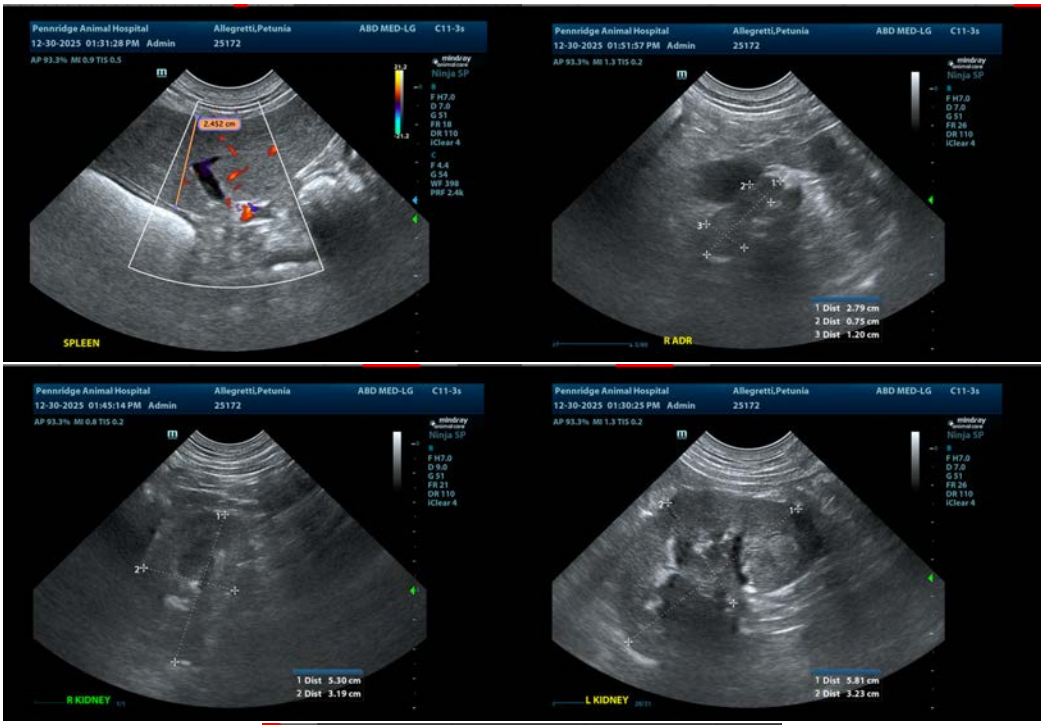

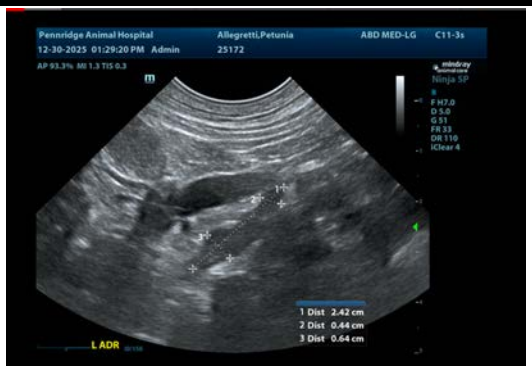

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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