



## PATIENT

Alaia Abe

## SPECIES

Canine

## BREED

Mini Australian Shepherd

## SEX

Spayed Female

## AGE

14 Years

## WEIGHT

14.5 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Renee Trionfetti, VMD

## HOSPITAL NAME

Blue Pearl Wyomissing

## REFERRING VET

Exeter Veterinary  
Hospital

## INVOICE

72892

## DATE

12/31/25

## PRESENTING CLINICAL SIGNS

AUS to further evaluate liver enzymes and renal values, intermittent vestibular signs. Now barely eating, some vomiting. Hx of liver dz- managed on L/D food for several years. Recent intermittent vomiting and vestibular signs. 12/16 presented to rDVM for vestibular signs with nystagmus, vomiting, episode of diarrhea. PE also noted a small firm nodule on the left anal gland, severe dental disease, mild debris AS Diet: L/D Meds: SAME 425mg SID (new), Cerenia, Gabapentin

Abnormal PE/Chem/CBC/UA Results: 12/16/25 Diagnostics (prev 6/2025): - CBC: Hct 46.9 %, Plts 306, remainder NSF - CHEM: Gluc 102, Cr 2.8 H (prev 1.8-n), BUN 59 H (prev 33 H), Alb 3.7-n, ALT 840 H (prev 241 H), ALP 662 H (117-n), K 6.1 H (4.7-n) - CXR: rDVM recommended, not pursued yet

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is mildly to moderately distended with anechoic urine. The majority of the bladder wall appears normal with a smooth mucosal surface. The apical wall appears mildly thickened measuring 0.34 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi but are somewhat poorly visualized due to lack of urine distention.

The left kidney has a normal shape and size (4.63 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 (4.93 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 0.47 cm at the cranial pole and 0.77 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 0.72 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 (1.31 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.



## PATIENT

Alaia Abe

## SPECIES

Canine

## BREED

Mini Australian Shepherd

## SEX

Spayed Female

## AGE

14 Years

## WEIGHT

14.5 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Renee Trionfetti, VMD

## HOSPITAL NAME

Blue Pearl Wyomissing

## REFERRING VET

Exeter Veterinary Hospital

## INVOICE

72892

## DATE

12/31/25

## Liver

The liver is large in size and rounded. 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 significantly distended. Some areas of the wall appear mildly thickened with adherent debris and some areas have early mucosal stranding and organization of the debris into an early mucocele. There is a large amount of primarily non-organized echogenic debris present as well. No significant bile duct dilation is visualized. Distally, the duodenal papilla is somewhat prominent, measuring at 0.40 cm. The bile duct distally measures at 0.30 cm.

## 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 0.35 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 right limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is mild inflammation in the cranial abdomen in the region of the right limb of the pancreas.

## 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

- Mildly thickened apical wall of the urinary bladder – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- “Plump” left adrenal gland – Findings could be consistent with an anatomic variation, mild hyperplasia, etc.
- Mild age related changes visualized associated with both kidneys.
- Pancreatic changes in the right limb, most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.



## PATIENT

Alaia Abe

## SPECIES

Canine

## BREED

Mini Australian Shepherd

## SEX

Spayed Female

## AGE

14 Years

## WEIGHT

14.5 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Renee Trionfetti, VMD

## HOSPITAL NAME

Blue Pearl Wyomissing

## REFERRING VET

Exeter Veterinary  
Hospital

## INVOICE

72892

## DATE

12/31/25

- Large, heterogeneous, rounded 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.
- Large gallbladder with a large amount of intraluminal debris and some mild early mucosal stranding – Findings could be consistent with an early mucocele or mild cholecystitis.

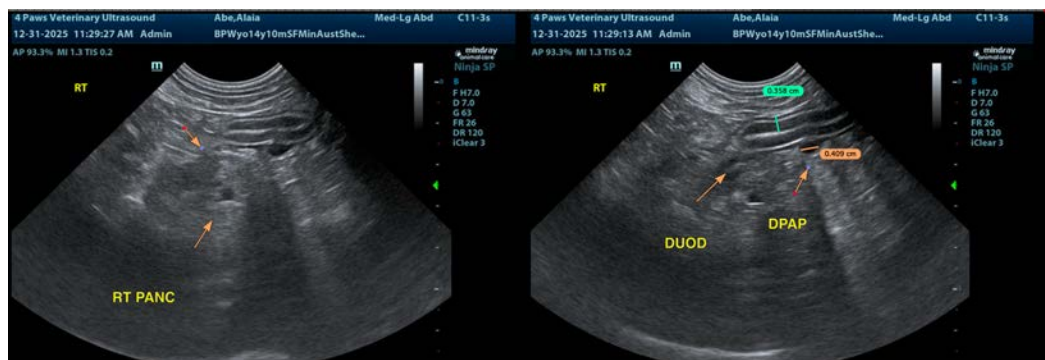
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic changes visualized associated with the changes are relatively mild. Recommend a blood pressure, urinalysis, culture, and urine protein to creatinine ratio to further evaluate and to better differentiate prerenal azotemia from renal azotemia, etc. Recommend rehydration and diuresis for further treatment.

The liver is large, heterogeneous and rounded. These are non-specific findings. Additionally, the gallbladder has a large amount of intraluminal debris and some mild organization, possibly consistent with an early mucocele. Recommend empirical treatment with chronic Ursodiol therapy, Denamarin, antibiotics and supportive care. Additionally consider a fine needle aspirate of the liver (provided coagulation parameters are normal). A vacuolar hepatopathy is suspected, but more significant liver disease or even neoplastic disease could be a concern.

The right limb of the pancreas is prominent and mottled with some mild reactive mesentery in the region. Correlate with PLI level. These changes could be consistent with chronic pancreatic remodeling and mild chronic pancreatitis.

Recommend reassessment of the gallbladder in the future (6-8 weeks, sooner if the patient is not doing well).





**PATIENT**

Alaia Abe

**SPECIES**

Canine

**BREED**

Mini Australian Shepherd

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

14.5 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Renee Trionfetti, VMD

**HOSPITAL NAME**

Blue Pearl Wyomissing

**REFERRING VET**

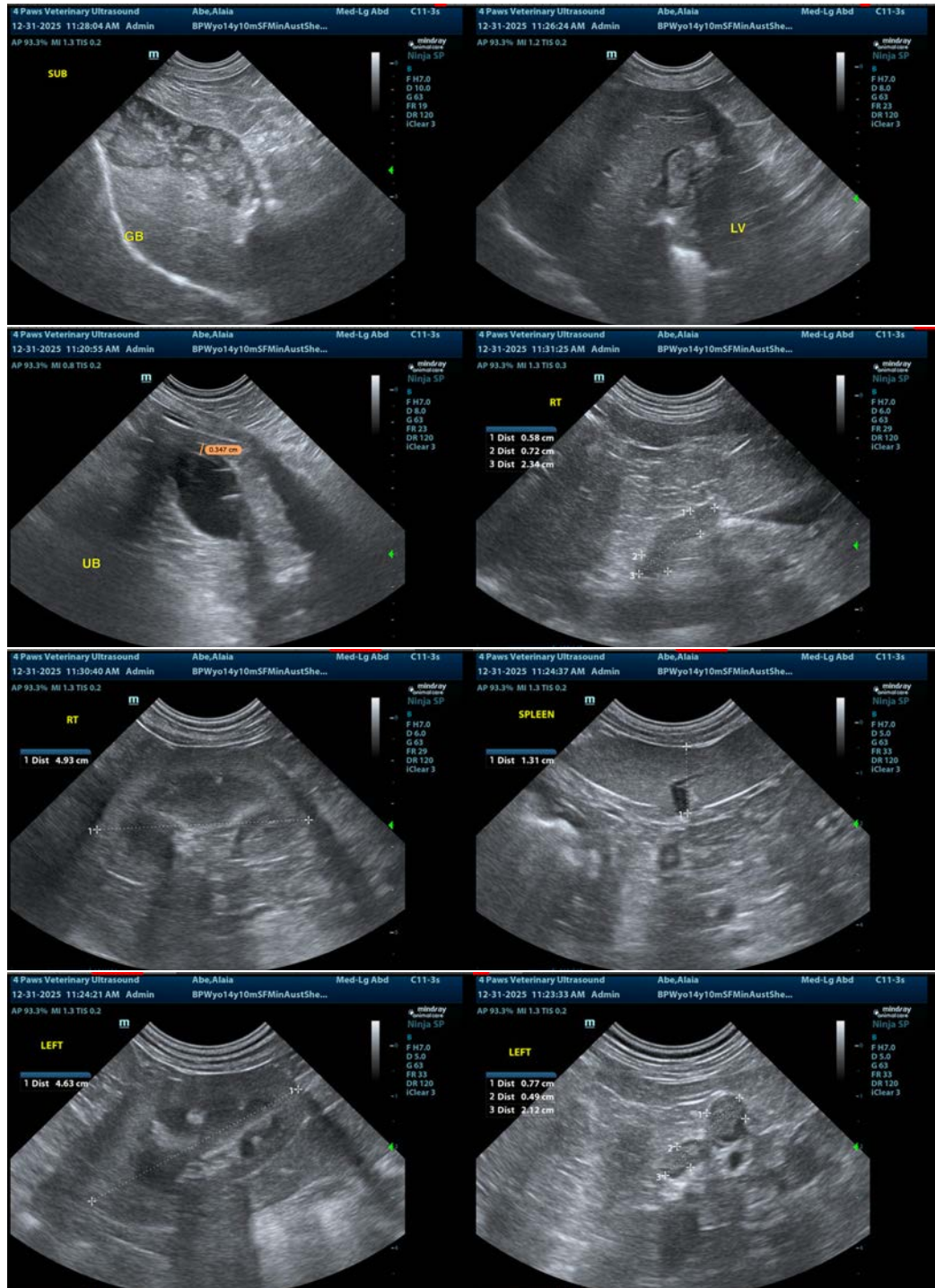
Exeter Veterinary  
Hospital

**INVOICE**

72892

**DATE**

12/31/25





## PATIENT

Alaia Abe

## SPECIES

Canine

## BREED

Mini Australian  
Shepherd

## SEX

Spayed Female

## AGE

14 Years

## WEIGHT

14.5 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Renee Trionfetti, VMD

## HOSPITAL NAME

Blue Pearl Wyomissing

## REFERRING VET

Exeter Veterinary  
Hospital

## INVOICE

72892

## DATE

12/31/25

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