



PATIENT

Ashley Aldahondo

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Spayed Female

AGE

13 Years

WEIGHT

8.2 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. Eduardo Rodriguez

INVOICE

72338

DATE

12/4/25

PRESENTING CLINICAL SIGNS

Pt presented as a referral for an abdominal ultrasound to evaluate hx of elevated liver enzymes, anorexia, lethargy and weight loss for two weeks. O stated pt stopped eating 6 days ago, no water intake and has had episodes of bloody diarrhea. Pt was switched to RC Gastrointestinal canned food. Pt used to weigh 9.8 #.

Abnormal PE/Chem/CBC/UA Results: CHEM: ALP 1815, ALT 195 Previous bloodwork from 09/23/2025 ALP 564, ALT 195 Recent bloodwork attached as supporting documents.

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 (4.04 cm). The cortex is of increased echogenicity, 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 (4.05 cm). The cortex is of increased echogenicity, 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 0.43 cm at the cranial pole and 0.43 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 0.40 cm at the cranial pole and 0.39 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 (0.89 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are occasional small hyperechoic foci most consistent with benign myelolipomas, and pinpoint hyperechoic foci most consistent with dystrophic mineralization.

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.



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The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

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Gastrointestinal

The stomach contains mild fluid. It measures at a normal thickness of 0.39 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.

BREED

Mini Schnauzer

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 0.42 cm. Jejunum wall measures 0.34 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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.

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Pancreas

The pancreas is visible/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.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. An example of a normal mesenteric lymph node visualized measures 0.32 cm. 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.

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Gabriel Ferrer, DVM

ULTRASONOGRAPHIC FINDINGS

- Pancreatic change consistent with chronic pancreatic remodeling.
- Large, 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.
- Large amount of non-organized gallbladder debris – A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.
- Mild fluid visualized within the gastric lumen.

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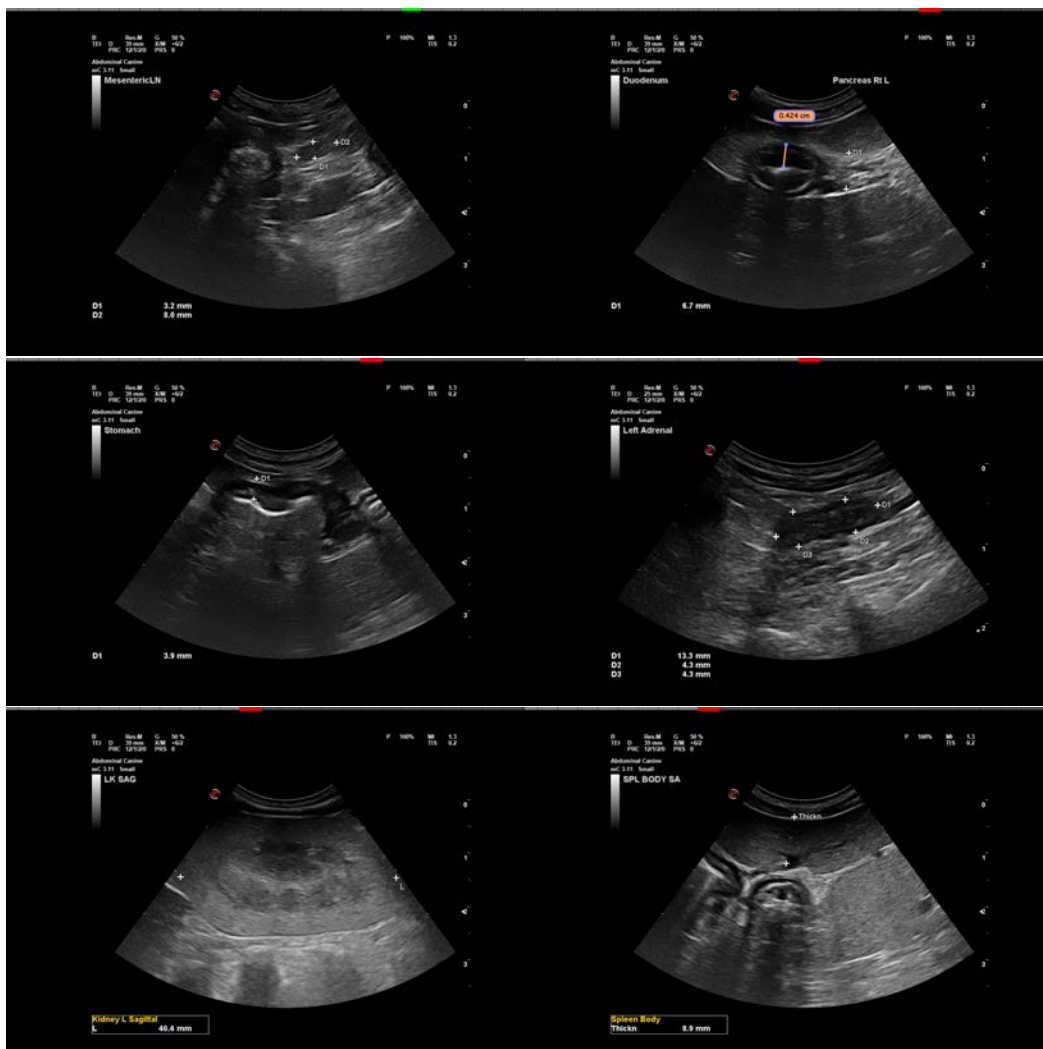
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and heterogeneous. This is likely most consistent with a vacuolar hepatopathy, given the elevation in ALP reported. This is a common finding for the breed, so it is uncertain if this is related to the clinical signs reported. Consider a liver function test and a fine needle aspirate of the liver to rule out round cell neoplasia or similar. Additionally, the gallbladder has a large amount of debris, and some of the debris appears in the bladder neck and the proximal cystic duct. No evidence of wall thickening or inflammation is noted. This could currently be an incidental finding or possibly very mild cholecystitis. Consider starting Ursodiol therapy and continued monitoring of the gallbladder.

Consider supportive care for acute liver injury, possibly mild pancreatitis (not a lot of ultrasound support for this), and hemorrhagic gastroenteritis, as this can sometimes have relatively mild ultrasonographic changes. If symptoms are persistent, consider repeat evaluation, as additional testing may be warranted.





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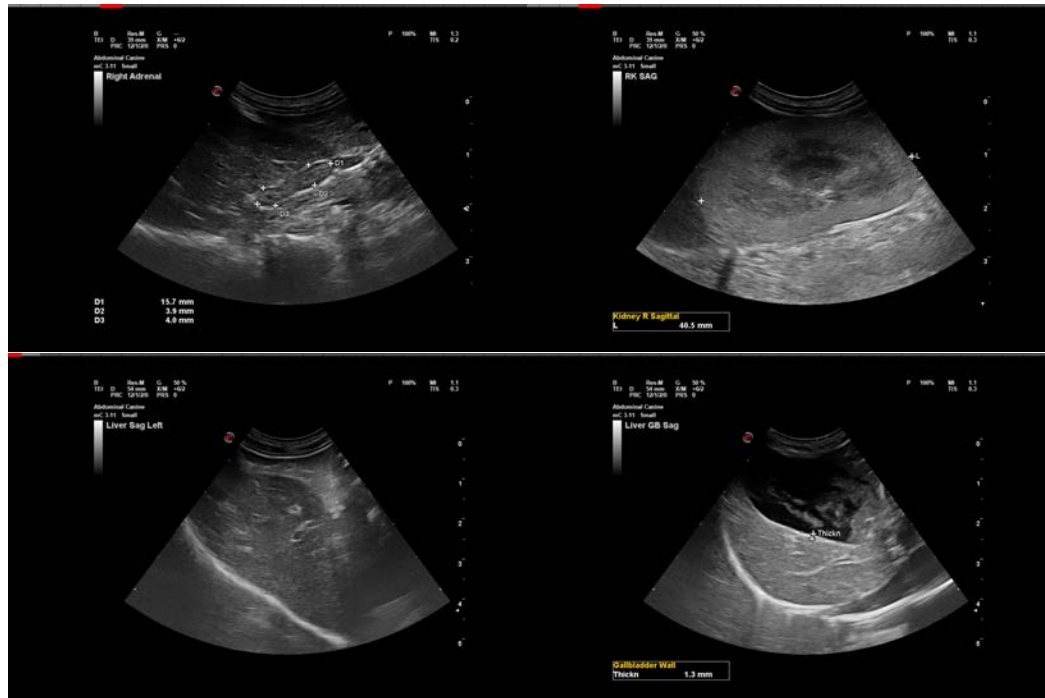
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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