PATIENT

Cody Rivera

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

14 Years

WEIGHT

23 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Hamburg Vet

REFERRING VET

Dr. Martens

INVOICE

72886

DATE

2/11/26

PRESENTING CLINICAL SIGNS

Elev. liver enzymes- structural assessment. Abnormal PE/Chem/CBC/UA Results: ALT-359 ALP-316

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (5.5 cm) with occasional small cortical cysts. 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 (5.26 cm) with occasional small cortical cysts. 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 0.61 cm at the cranial pole and 0.72 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 1.04 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.

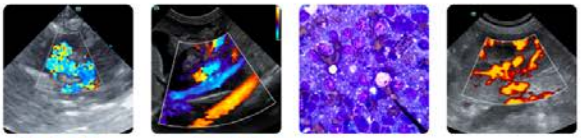
Spleen

The spleen is subjectively normal in size (1.06 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 heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. In the mid caudal region of the liver there is a very subtle hyperechoic rounded area possibly consistent with a poorly defined mass effect or a rounded liver lobe. This measures approximately 4.45 cm x 7.4 cm.

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. Some of the debris appears adhered to the gallbladder wall. The cystic and common bile ducts are normal/not visible.



PATIENT

Cody Rivera

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

14 Years

WEIGHT

23 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Hamburg Vet

REFERRING VET

Dr. Martens

INVOICE

72886

DATE

2/11/26

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 0.50 cm. Jejunum wall measures 0.40 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 area of 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

- Mild age related changes visualized associated with both kidneys.
- Large, rounded, heterogeneous liver with an ill-defined hyperechoic mass effect – 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. The ill-defined mass effect could represent a primary hepatic mass lesion (adenoma, carcinoma, other), or could represent a prominent rounded liver lobe.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large, rounded, and heterogeneous. The appearance is most consistent with a vacuolar hepatopathy, although a primary hepatopathy is also possible, particularly given the significant elevation in ALT reported. Additionally, there is a very poorly defined hyperechoic region in the mid caudal aspect of the liver, possibly consistent with a poorly defined primary hepatic mass lesion (adenoma, carcinoma, other) or a rounded liver lobe. Consider a fine needle aspirate of this region of liver and continued monitoring. Most primary hepatic mass lesions have relatively benign behavior. If the patient is asymptomatic, you could consider continued monitoring or a contrast CT scan to better evaluate the liver as a whole and determine if a more distinctive mass is identified.

PATIENT

Cody Rivera

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

14 Years

WEIGHT

23 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Hamburg Vet

REFERRING VET

Dr. Martens

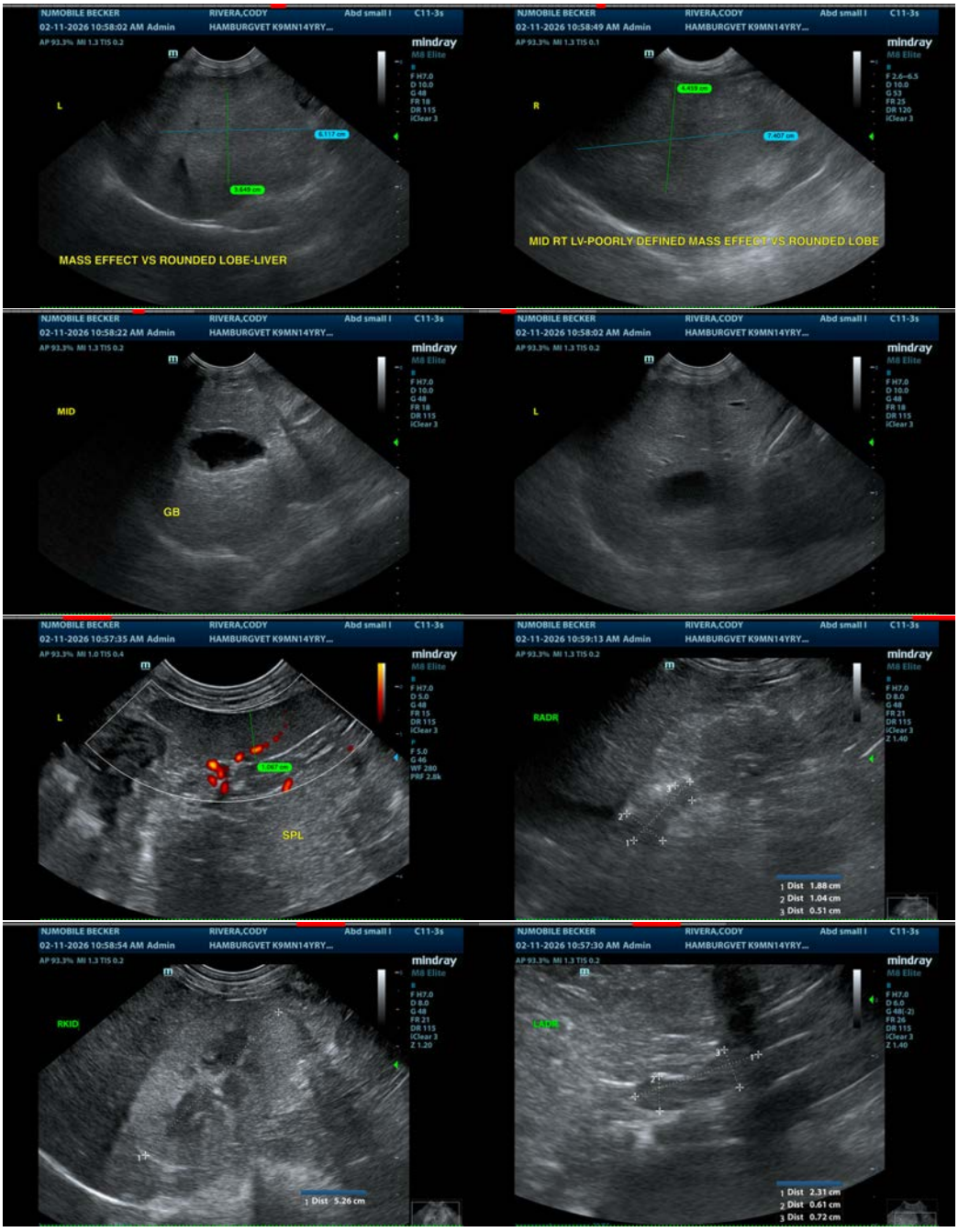
INVOICE

72886

DATE

2/11/26

Although there is no evidence of significant gallbladder inflammation at this time, you could consider chronic Ursodiol therapy and continued monitoring of the gallbladder in an effort to prevent the possible progression to a more significant lesion.



PATIENT

Cody Rivera

SPECIES

Canine

BREED

Yorkie

SEX

Neutered Male

AGE

14 Years

WEIGHT

23 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Hamburg Vet

REFERRING VET

Dr. Martens

INVOICE

72886

DATE

2/11/26

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