



PATIENT

Lulu Gomez

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

12/16/16

WEIGHT

31 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Desert Hills Animal
Hospital

REFERRING VET

Dr. Amanda Coats

INVOICE

72922

DATE

2/12/26

PRESENTING CLINICAL SIGNS

12/1/25 presented for wellness visit & had senior labwork done w/ Dr. Vittori. With elevated ALT she recommended abdominal u/s to ass liver/gallbladder.

Meds- none in past year

Abnormal PE/Chem/CBC/UA Results: Working diagnosis R/O Possible underlying structural hepatic vs gallbladder dz vs other 12/2/25: Ka705 LW panel results: Chem panel - ALT mildly elevated at 146 (12-118), rest WNL CBC - all values WNL T4 WNL at 1.4. UA - pending, see schedule for appt to collect sample Accuplex - NEG Keyscreen - unable to complete/submit sample 12/23/25: SA060 mini chem panel and UA to complete previous panel: Chem panel - ALT elevated at 217 (12-118), see hx 12/2 ALT was 146. Rest WNL UA - USG adequate at 1.047. 1+ proteinuria, not significant/no UPC ran. Rest WNL

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 (6.82 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 (6.81 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.70 cm at the cranial pole and 0.76 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 0.82 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 (1.94 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. There is a small hyperechoic nodule on the left side of the liver measuring 1.17 cm x 1.64 cm, and a smaller hypoechoic nodule on the right side of the liver measuring 0.92 cm x 0.20 cm. Other poorly defined, hypoechoic nodules are visualized.

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. 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 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 0.47 cm. Jejunum wall measures 0.35 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

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. there is no significant lymphadenopathy. A prominent mesenteric lymph node is visualized measuring 0.73 cm.

ULTRASONOGRAPHIC FINDINGS

- Mildly heterogeneous liver with occasional ill-defined hypo- and hyperechoic nodules – 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 nodules observed trend toward a more benign process but underlying neoplasia cannot be ruled out.
- 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 changes are non-specific. The appearance favors a benign process at this time. If further evaluation is desired, you could consider the following:

- Consider pre- and post-prandial bile acids to assess liver function.



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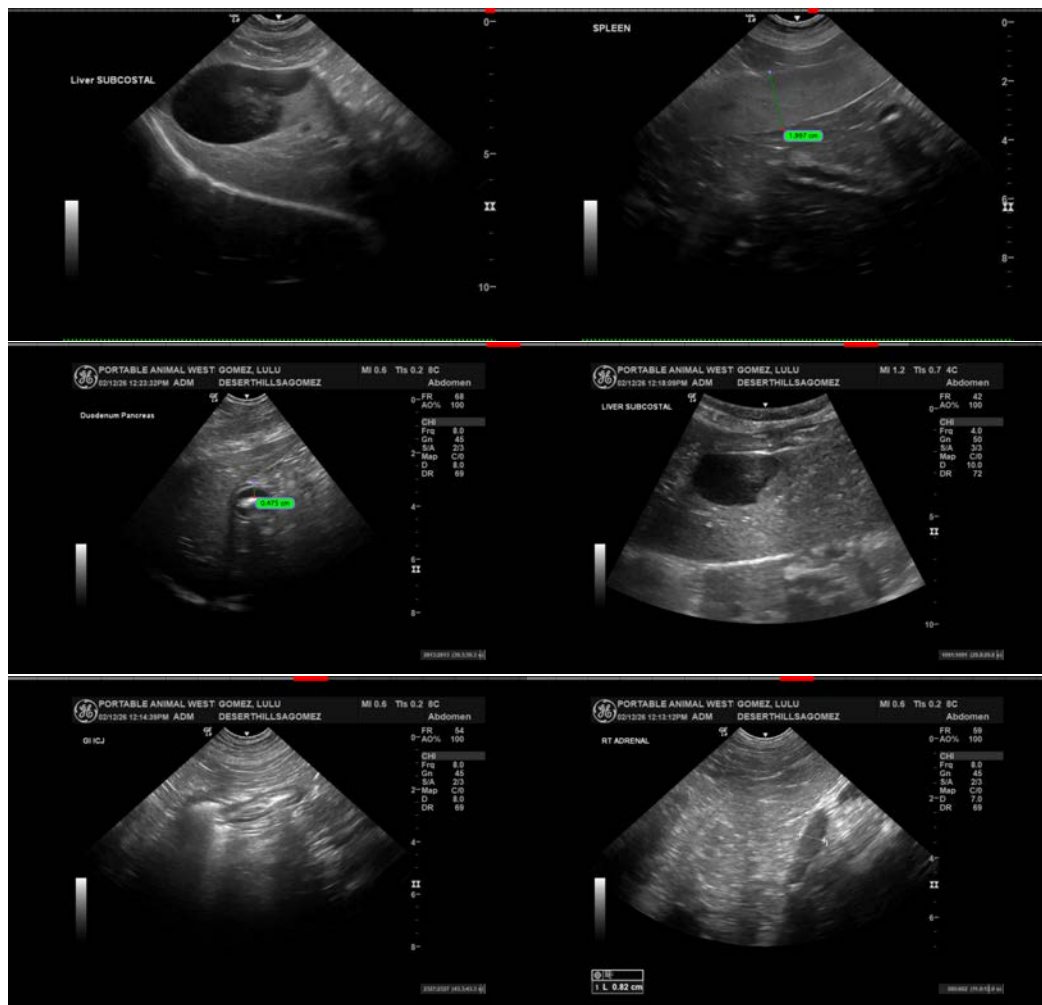
2/12/26

- Consider a fine needle aspirate to look for evidence of an underlying neoplastic process (provided coagulation parameters are normal).

There is a moderate amount of debris visualized in the gallbladder with no evidence of wall thickening or significant inflammation. Options would include continued monitoring of the gallbladder. You could consider empirical chronic therapy with Ursodiol in efforts to promote bile flow.

If liver enzyme elevations continue to rise, you could consider repeat imaging. Additionally, biopsies of the liver with samples for histopathology, culture and copper levels may eventually be warranted.

If there is clinical concern for underlying Leptospirosis, testing could be considered.



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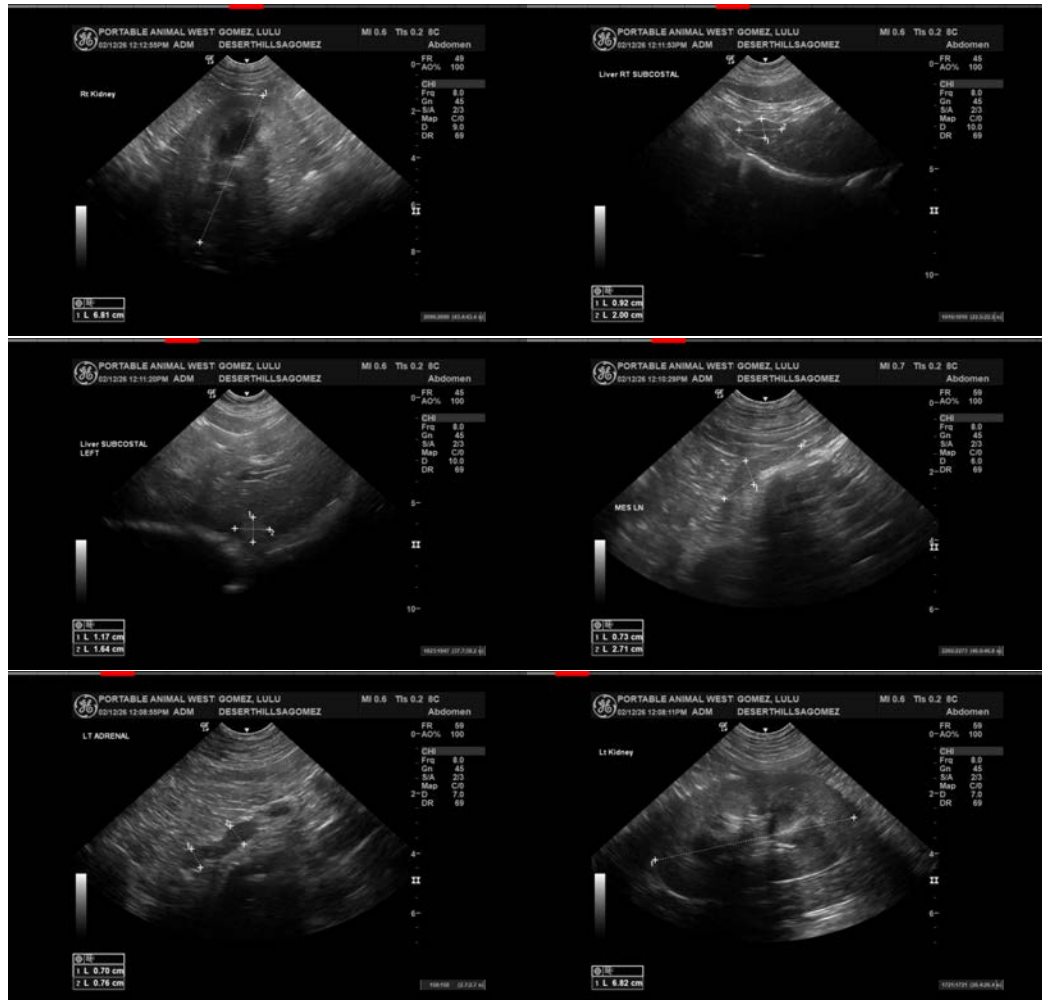
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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