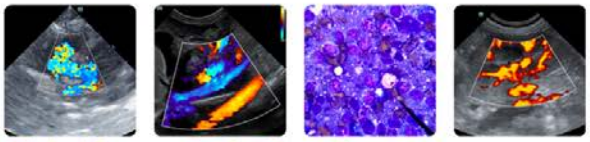


PATIENT

Goofy Santiago

SPECIES

Canine

BREED

Chihuahua x

SEX

Neutered Male

AGE

14 Years

WEIGHT

9.4 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. Yolanda Sierra

INVOICE

72697

DATE

2/4/26

PRESENTING CLINICAL SIGNS

Presented for an abdominal ultrasound to evaluate elevated liver enzymes. Pt has been having elevation since December 2025. Pt is currently taking Pimobendan as has Mitral valve disease and denamarin. Suspect a liver mass. Pt was neutered 7 months ago.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiographs attached as supporting documents
ALT: 1,274, ALP: 300 FNA of the liver/mass for cytology: Pending

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 prostate is prominent/borderline large, measuring 1.44 cm in height in the sagittal view.

The left kidney has a normal shape and size (3.62 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 (4.24 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 0.41 cm at the cranial pole and 0.39 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.

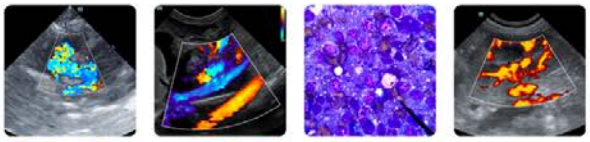
The right adrenal gland is normal in size measuring 0.43 cm at the cranial pole and 0.40 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.86 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 and irregular in shape. The visible portions of the vasculature and biliary tract appear normal. There is a very large, solid, lobulated, hyperechoic mass effect visualized associated with the left caudal liver measuring >6.04 cm x 4.2 cm.



PATIENT

Goofy Santiago

SPECIES

Canine

BREED

Chihuahua x

SEX

Neutered Male

AGE

14 Years

WEIGHT

9.4 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. Yolanda Sierra

INVOICE

72697

DATE

2/4/26

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.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.21 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.

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 0.41 cm. Jejunum wall measures 0.28 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 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.

PRIMARY FINDINGS

- Large, solid, hyperechoic, lobulated liver mass lesion – Findings are most consistent with a primary hepatic mass lesion (adenoma, carcinoma, other). Other differentials are possible.
- Large 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.

SECONDARY FINDINGS

- Prominent prostate – Findings are likely normal for a patient neutered as an adult.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large, hyperechoic, solid mass effect visualized associated with the liver. This has the appearance most consistent with a primary hepatic mass lesion (most commonly an adenoma or carcinoma). These tend to have somewhat benign behavior (slow to metastasize, etc.) Consider a fine needle aspirate (I believe this was already done on today's exam). If surgical resection would be considered, recommend a contrast CT scan for potential surgical planning.

PATIENT

Goofy Santiago

SPECIES

Canine

BREED

Chihuahua x

SEX

Neutered Male

AGE

14 Years

WEIGHT

9.4 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. Yolanda Sierra

INVOICE

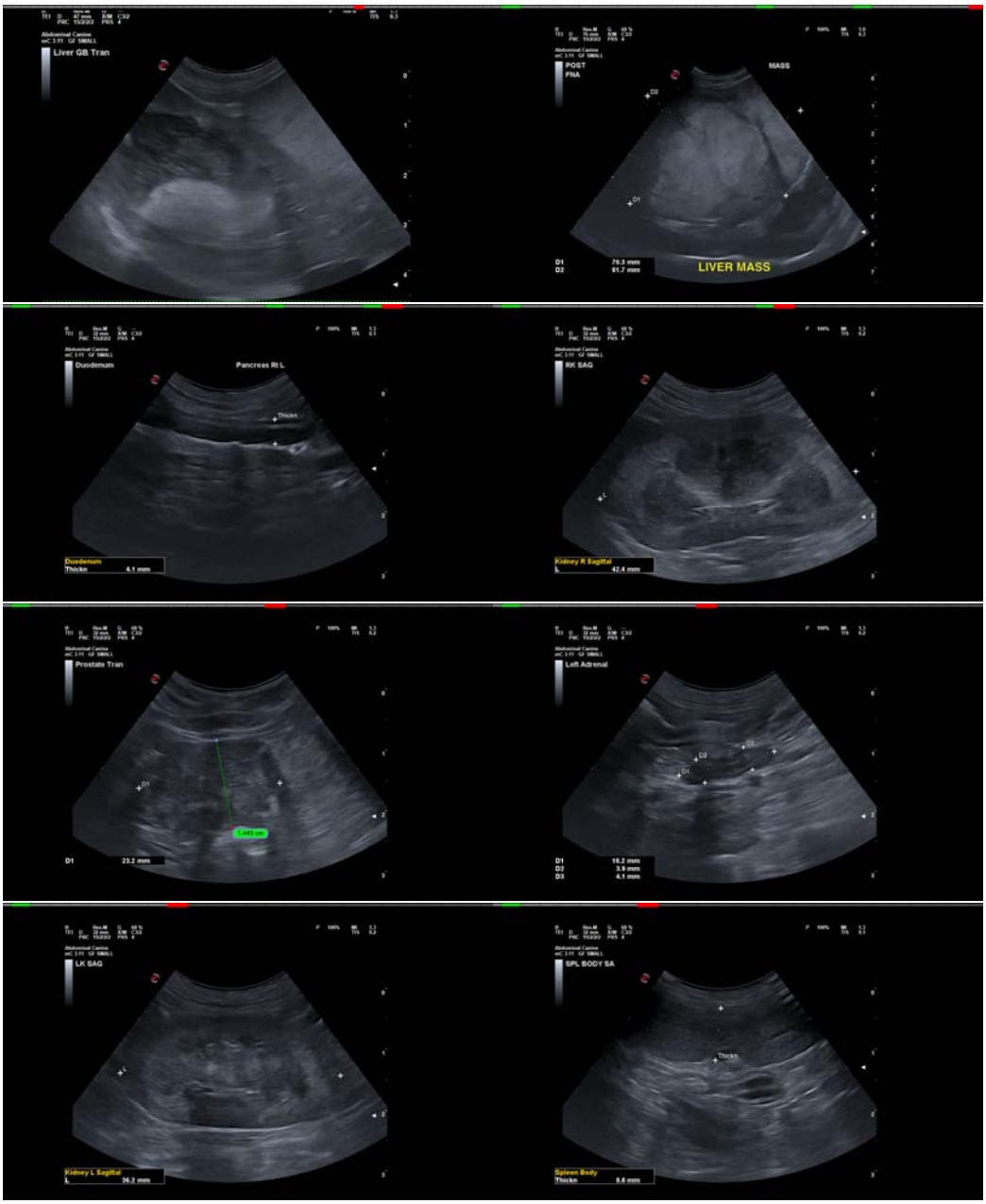
72697

DATE

2/4/26

There is a large amount of intraluminal debris in the gallbladder, with no evidence of wall thickening or surrounding inflammation. Recommend starting chronic Ursodiol therapy and continued monitoring of the gallbladder.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



PATIENT

Goofy Santiago

SPECIES

Canine

BREED

Chihuahua x

SEX

Neutered Male

AGE

14 Years

WEIGHT

9.4 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. Yolanda Sierra

INVOICE

72697

DATE

2/4/26

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