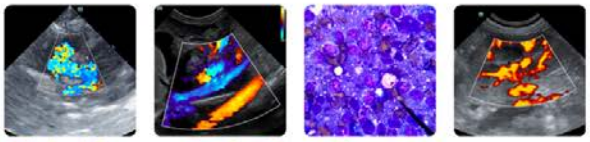


PATIENT

Daenerys Fiedler

SPECIES

Canine

BREED

Maltese x Poodle

SEX

Spayed Female

AGE

8 Years

WEIGHT

5.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gavin Casper

HOSPITAL NAME

Hometown Animal Hospital (Florida)

REFERRING VET

Dr. Gavin Casper

INVOICE

73540

DATE

3/10/26

PRESENTING CLINICAL SIGNS

Presented 1/14/26 for GE- bloodwork showed elevated ALT (180) and suspect renal mineralization + GB debris on AFAST. No clinical concerns at this time

Abnormal PE/Chem/CBC/UA Results: Inc ALT, remaining bloodwork + UA nsf

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, or masses. There is a small hyperechoic foci in the dependent portion of the urinary bladder most consistent with a small mineralization/stone measuring 0.10 cm.

The left kidney has a normal shape and size (3.32 cm) with occasional small cortical mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.07 cm) with occasional small cortical mineralizations. Overall echogenicity is slightly hyperechoic with mildly decreased 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 cm at the cranial pole and 0.40 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 0.39 cm at the cranial pole and 0.30 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.

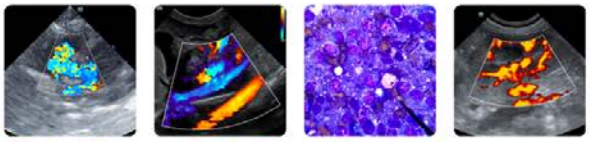
Spleen

The spleen is subjectively normal in size (0.73 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 is a poorly defined subtle hypoechoic nodule in the parenchyma measuring 0.30 cm.

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 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. There is a moderate/large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.



PATIENT

Daenerys Fiedler

SPECIES

Canine

BREED

Maltese x Poodle

SEX

Spayed Female

AGE

8 Years

WEIGHT

5.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gavin Casper

HOSPITAL NAME

Hometown Animal Hospital (Florida)

REFERRING VET

Dr. Gavin Casper

INVOICE

73540

DATE

3/10/26

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.29 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. Jejunum wall measures 0.20 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 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

- Small dependent mineralization visualized in the urinary bladder – Correlate with urinalysis +/- culture.
- Age related changes visualized associated with both kidneys with mild cortical mineralizations.
- Small, poorly defined hypoechoic nodule in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Mildly 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.
- Moderate/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.

PATIENT

Daenerys Fiedler

SPECIES

Canine

BREED

Maltese x Poodle

SEX

Spayed Female

AGE

8 Years

WEIGHT

5.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gavin Casper

HOSPITAL NAME

Hometown Animal Hospital (Florida)

REFERRING VET

Dr. Gavin Casper

INVOICE

73540

DATE

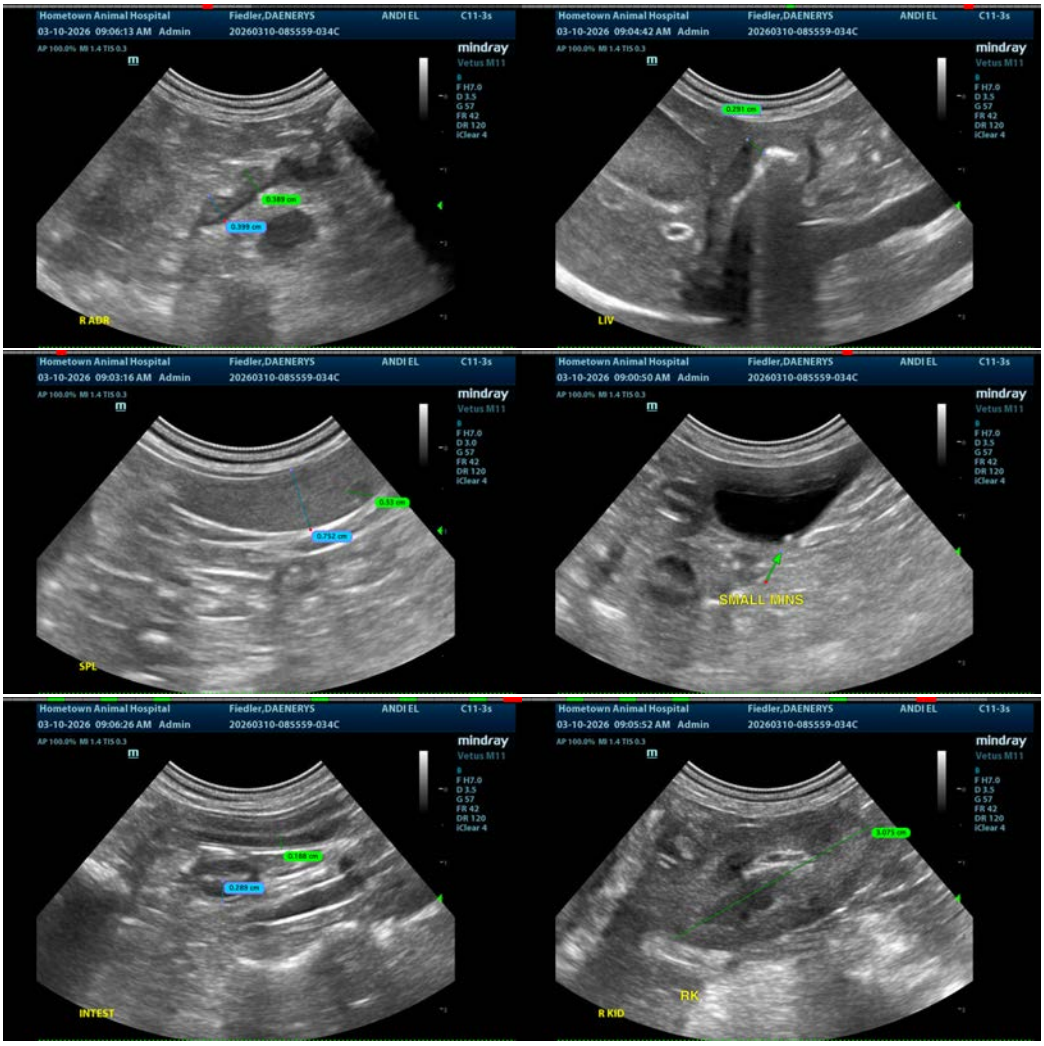
3/10/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys have changes consistent with mild age related changes/early renal disease with some small mineralizations that are likely incidental at this time.

There is a subtle hypoechoic nodule in the spleen. Options moving forward would include continued monitoring with ultrasound +/- a fine needle aspirate.

Subjectively, the liver appears mildly heterogeneous. The significance of this is uncertain. Additionally, there is a moderate to large amount of gallbladder debris with no evidence of organization or inflammation at this time. Consider starting chronic Ursodiol therapy and continued monitoring with liver enzymes. If progressive liver enzyme elevations are present, consider repeat imaging of the gallbladder +/- a liver function test and a fine needle aspirate of the liver.



PATIENT

Daenerys Fiedler

SPECIES

Canine

BREED

Maltese x Poodle

SEX

Spayed Female

AGE

8 Years

WEIGHT

5.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gavin Casper

HOSPITAL NAME

Hometown Animal Hospital (Florida)

REFERRING VET

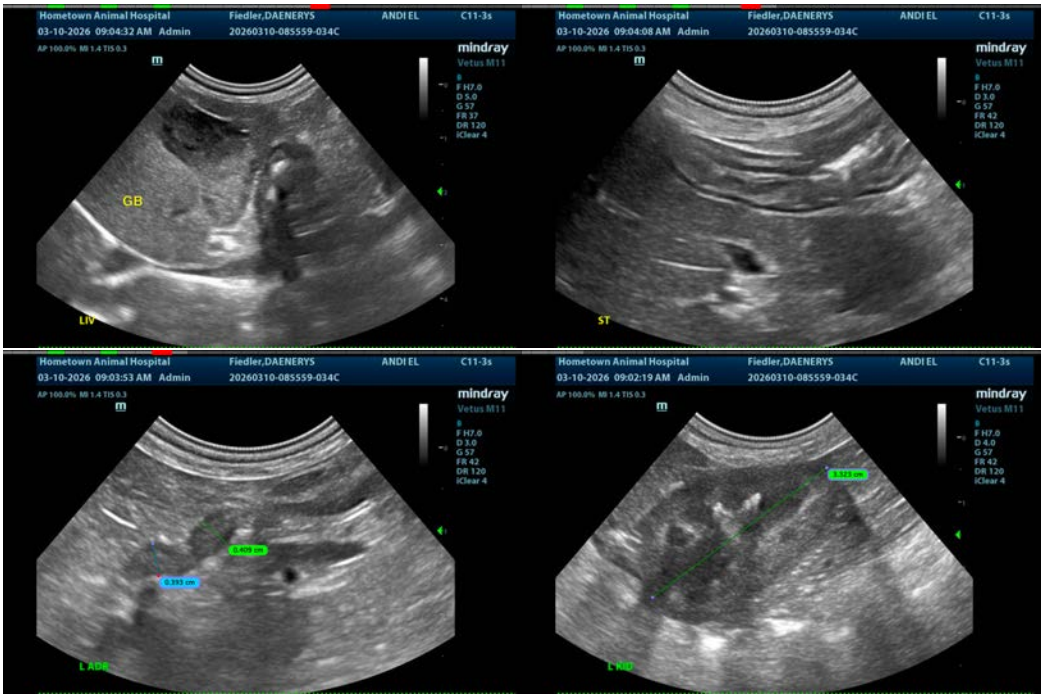
Dr. Gavin Casper

INVOICE

73540

DATE

3/10/26



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