



PATIENT

Sora Claudio

SPECIES

Canine

BREED

Siberian Husky

SEX

Intact Male

AGE

12 years

WEIGHT

39.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Gilberto Zambrana

INVOICE

11441

DATE

3/10/2026

PRESENTING CLINICAL SIGNS

- Px presented as a referral for an abdominal ultrasound due to elevation of the hepatic enzyme values
- Px originally visited rDVM due to a rash at the base of the tail
- rDVM performed bloodwork and noticed the significant elevation of the hepatic enzyme values
- Owner indicates that there was a change in diet
- Owner indicates that Px has had no episodes of vomiting or diarrhea
- rDVM performed abdominal radiographs, but Px was not fasted
- Px has also been losing weight as per owner

Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiographs attached below for your reference.

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 large (2.46 cm x 4.0 cm in transverse view), hyperechoic, and mottled.

The left kidney has a normal shape and size (6.97 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 (6.67 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/borderline flat in size measuring 0.32 cm at the cranial pole and 0.38 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 0.56 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 (1.41 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.



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Liver

The liver is subjectively 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. There is a hyperechoic mixed echogenicity mass effect visualized dorsal to the gallbladder measuring 3.24 cm x 2.96 cm. A second poorly defined hyperechoic nodule is visualized on the right side of the liver measuring 1.92 cm x 1.33 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is slightly prominent and hyperechoic in some views measuring up to 0.3 cm. There is a moderate amount of non-organized echogenic debris. At the level of the duodenal papillae, the common bile duct is prominent and mildly dilated measuring 0.36 cm.

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. The duodenum measured as normal (0.49 cm in wall thickness) and the jejunum measured as normal (0.41 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 prominent and mottled in the right limb. 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.

Other

Both testicles are visualized. No parenchymal lesions are noted. Size comparison is not possible. Recommend gross evaluation to evaluate for symmetry.

PRIMARY FINDINGS

- Large, hyperechoic, mottled prostate. Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.
- Heterogenous liver with a hyperechoic mixed echogenicity mass effect and a second poorly defined hyperechoic nodule. The diffuse hepatic changes are non-specific and could be



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consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy. The hyperechoic mass effect could represent a primary hepatic lesion such as an adenoma, carcinoma, other. Metastatic lesion is thought less likely. The smaller hyperechoic lesion could represent the same process or a regenerative nodule, etc.

- Moderate gallbladder debris with a slightly prominent/dilated bile duct. 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. The bile duct dilation is mild and could be incidental or due to mild cholecystitis or similar.

SECONDARY FINDINGS

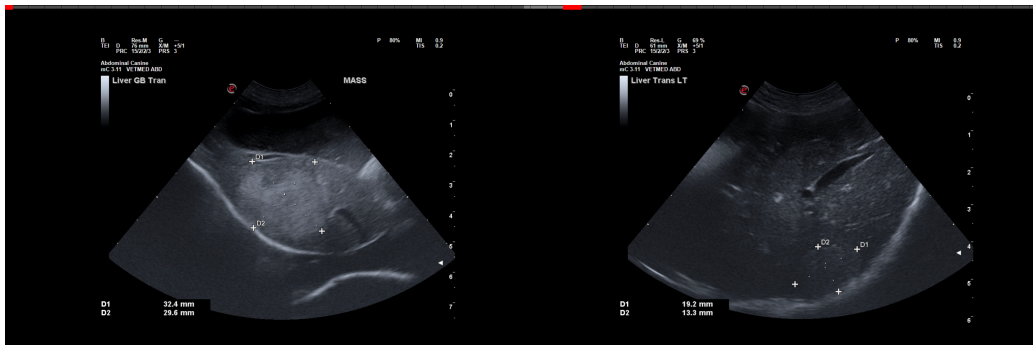
- Pancreatic changes most consistent with chronic pancreatic remodeling.

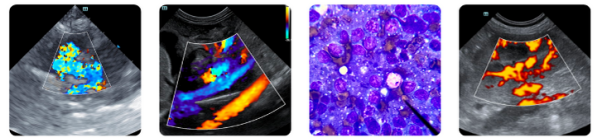
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is subjectively large and mildly heterogenous. This could be secondary to a vacuolar hepatopathy or other hepatopathy. Additionally, there is a hyperechoic mixed echogenicity mass effect visualized dorsal to the gall bladder, which has the appearance most consistent with a small primary hepatic mass lesion such as an adenoma, or a carcinoma. Based on the location, sampling would likely be very challenging. Recommend continued monitoring (recheck in 2-4 months to assess for rapid growth or significant change.)

Additionally, the gall bladder has a moderate amount of debris with a slightly prominent wall and a slightly dilated distal common bile duct. This could be incidental or could be associated with a mild cholangiohepatitis. You could consider empirical therapy with ursodiol to see if this improves the levels. Unfortunately, today's findings could be supportive of either a primary hepatopathy, a small primary hepatic mass lesion, or cholangiohepatitis. Consider following over time, and you could consider a fine needle aspirate of the liver looking for evidence of a vacuolar hepatopathy.

The left adrenal appears flat and small. The significance of this is uncertain. The cranial pole of the right adrenal is slightly prominent, and should be monitored, but no obvious pathology is noted.





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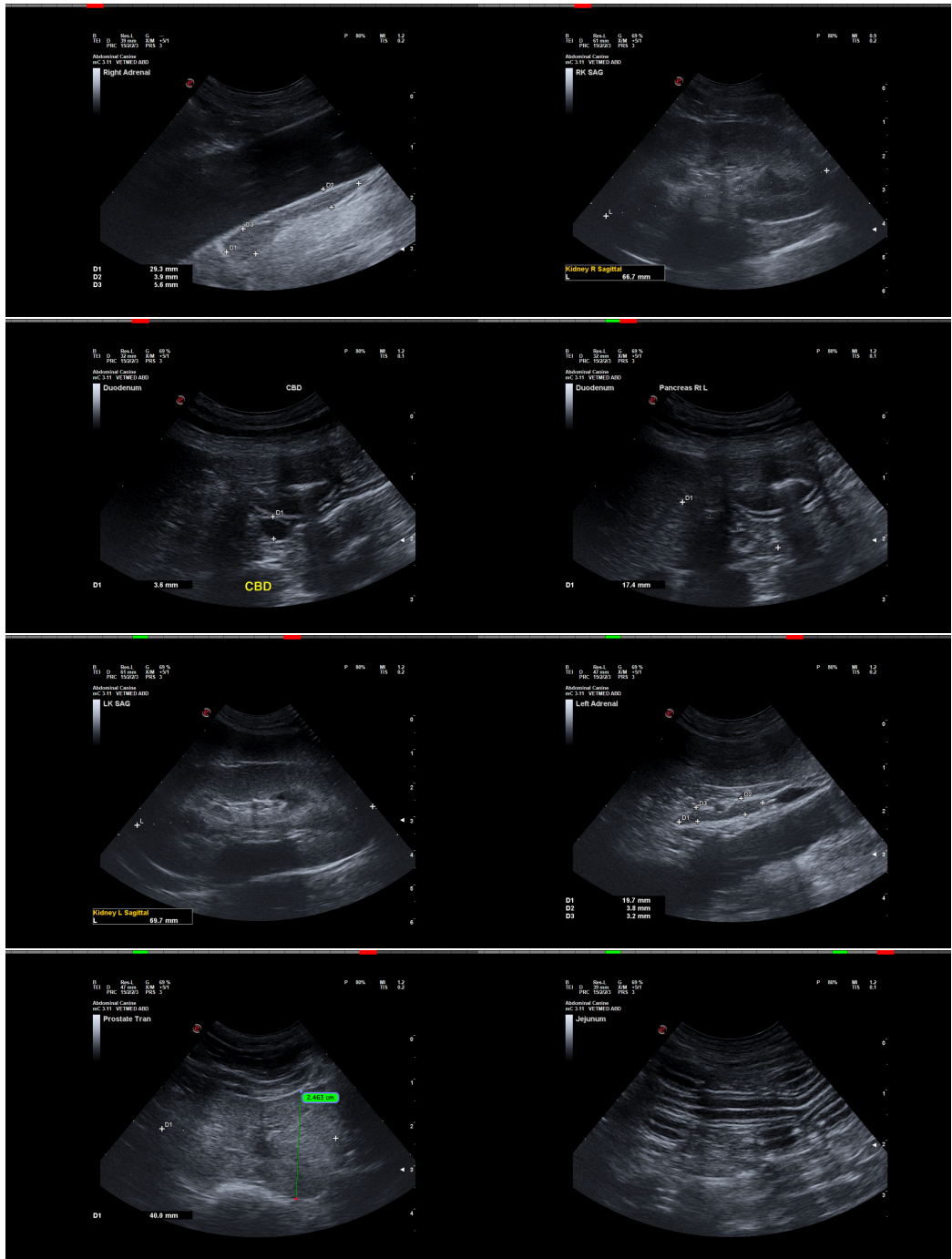
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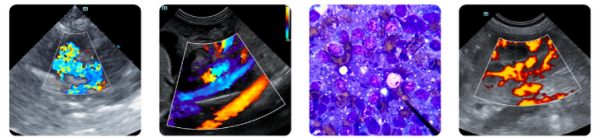
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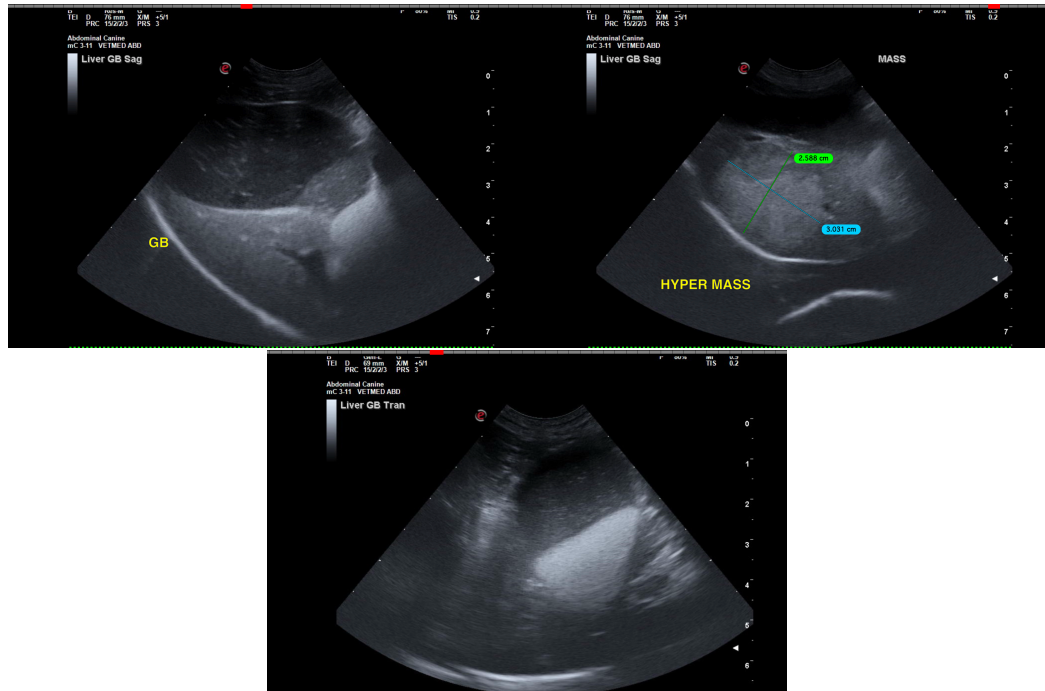
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com