

PATIENT

Rowena Rabago

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

1 Year

WEIGHT

18.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessica Bailes

HOSPITAL NAME

All Creatures Great &
Small Veterinary Clinic

REFERRING VET

Dr. Jessica Bailes

INVOICE

73603

DATE

3/12/26

PRESENTING CLINICAL SIGNS

Hx of mildly elevated ALT prior spay surgery. No concerns @ home; no hx of neurologic issues or GI concerns. Did well under anesthesia for OVH. Bloodwork 1 month after spay showed progressive increase in ALT.

Abnormal PE/Chem/CBC/UA Results: BOAS, otherwise NSF on PE Initial pre - op BW; increased ALT (130 BW 1 month post - OVH: increased ALT (177), increased AST (83), otherwise 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 (4.43 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 (3.49 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 0.47 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 0.35 cm at the cranial pole and 0.56 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.

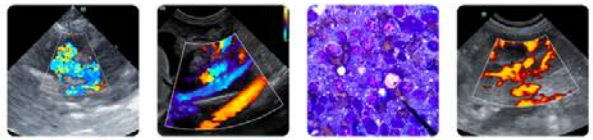
Spleen

The spleen is subjectively normal in size (1.37 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 homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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 mild/moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.



PATIENT

Rowena Rabago

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

1 Year

WEIGHT

18.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessica Bailes

HOSPITAL NAME

All Creatures Great &
Small Veterinary Clinic

REFERRING VET

Dr. Jessica Bailes

INVOICE

73603

DATE

3/12/26

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.50 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.64 cm. Jejunum wall measures 0.49 cm. Visualized peristalsis appears appropriate. The small intestine appears diffusely thickened with mild/moderate mucosal speckling and striations visualized associated with the duodenum.

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 left limb of the pancreas is prominent and hypoechoic as compared to the surrounding isoechoic 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.

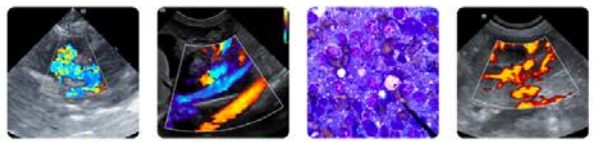
ULTRASONOGRAPHIC FINDINGS

- Prominent, hypoechoic left limb of the pancreas – Findings could be consistent with mild active pancreatitis or resolving pancreatitis.
- Mild/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.
- Diffusely thickened small intestine with mucosal speckling and striations of the duodenum – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver to explain the elevation in ALT reported. No evidence of a portosystemic shunt was clearly visualized, although this cannot be definitively ruled out by today's ultrasound. Consider the following:

- Recommend pre- and post-prandial bile acids to assess liver function.
- If clinically appropriate, consider screening for Leptospirosis.



PATIENT

Rowena Rabago

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

1 Year

WEIGHT

18.5

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Jessica Bailes

HOSPITAL NAME

All Creatures Great &
Small Veterinary Clinic

REFERRING VET

Dr. Jessica Bailes

INVOICE

73603

DATE

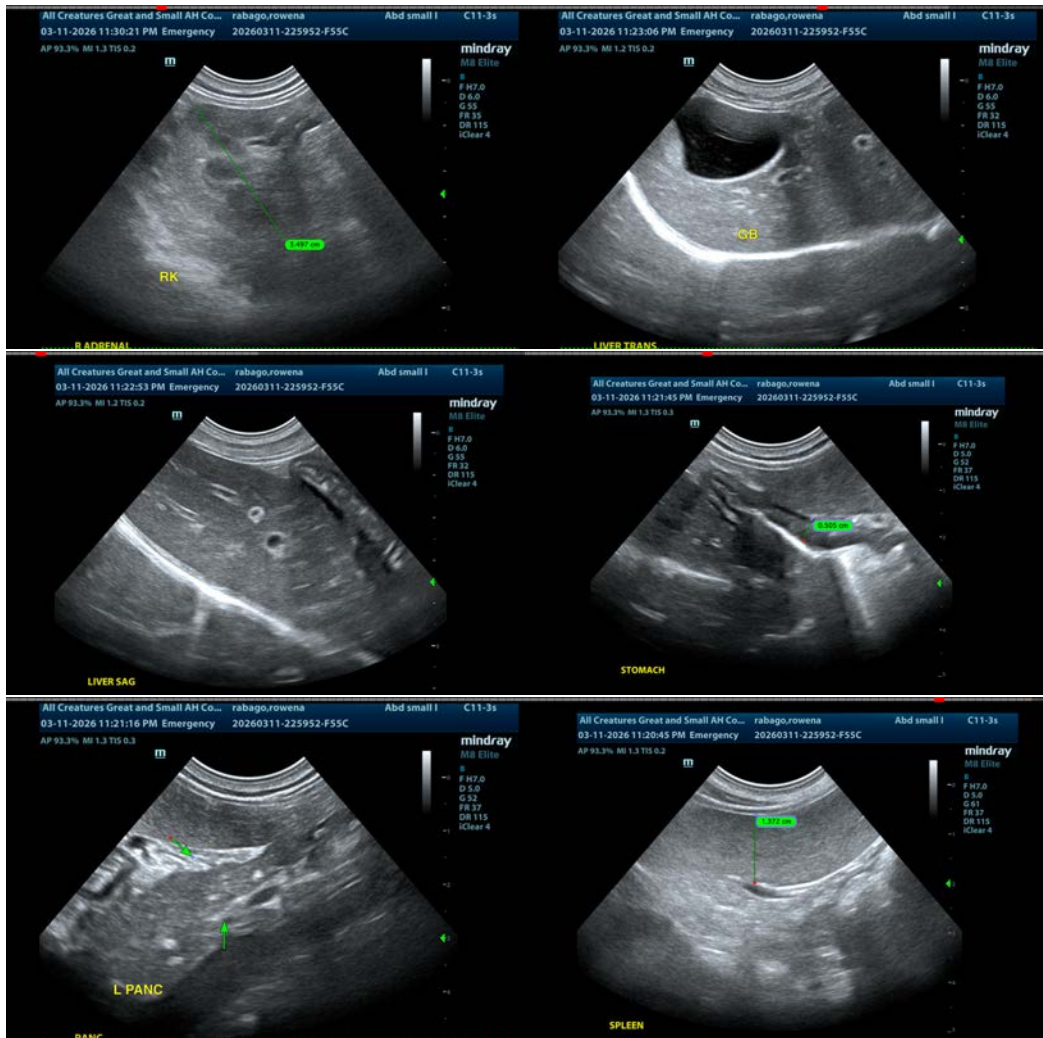
3/12/26

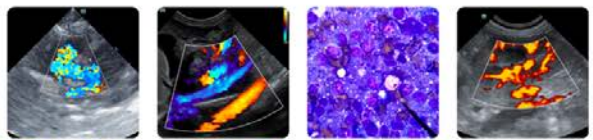
- Recommend a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate to further evaluate for a possible primary enteropathy.

The elevation in ALT could be secondary to a small shunt, microvascular dysplasia, primary hepatitis or similar. Additionally, there could be an elevation secondary to a reactive hepatopathy secondary to concurrent gastrointestinal disease.

The small intestine appears thickened and there is some mucosal speckling. Is there a history of diarrhea or GI upset in this individual? If so, further evaluation (typically GI biopsies) could be considered. Additionally, the aforementioned GI panel may be helpful. Additionally, if the PLI is significantly elevated, this would support the potential for mild pancreatitis.

If bile acids are significantly elevated (typically >80 post), then consider a contrast CT scan to further evaluate for an unseen shunt.





PATIENT

Rowena Rabago

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed Female

AGE

1 Year

WEIGHT

18.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessica Bailes

HOSPITAL NAME

All Creatures Great &
Small Veterinary Clinic

REFERRING VET

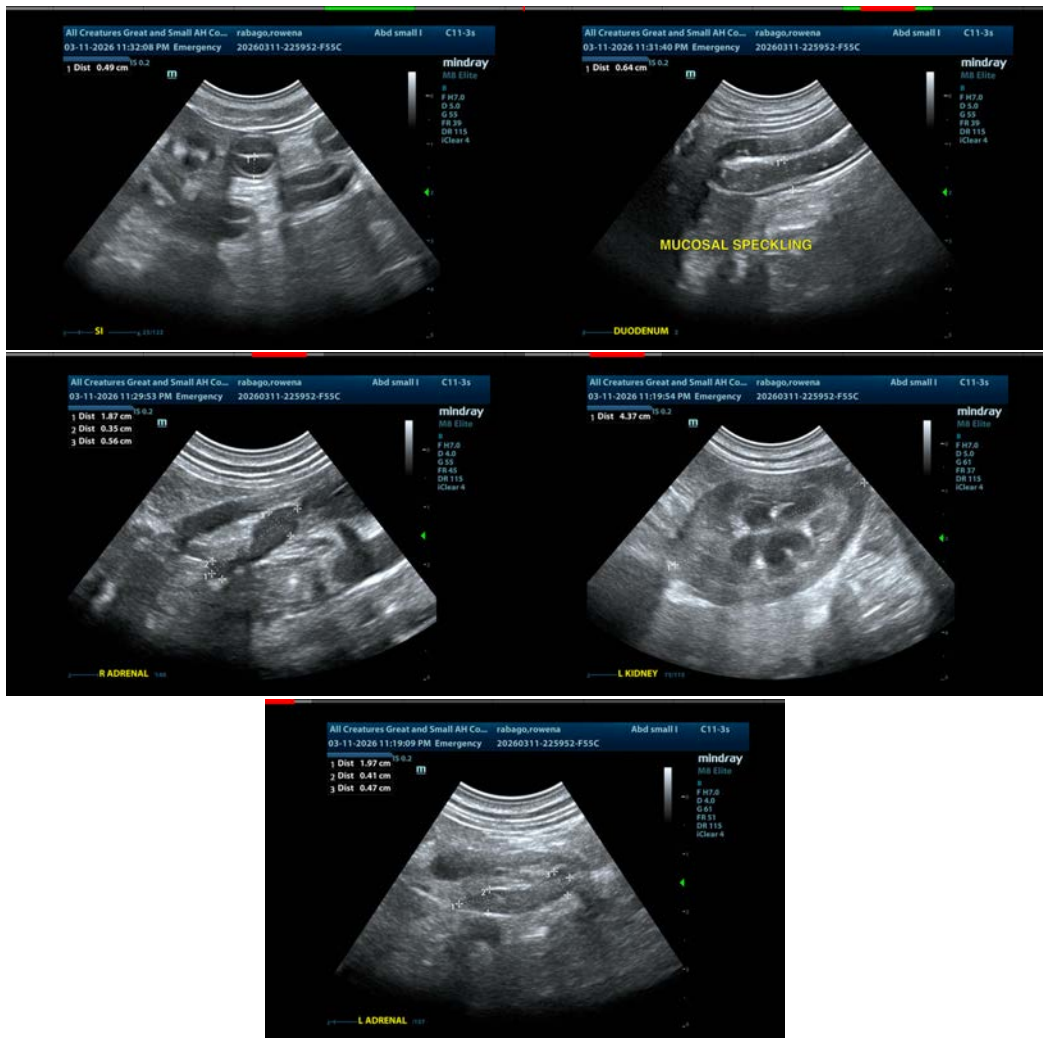
Dr. Jessica Bailes

INVOICE

73603

DATE

3/12/26



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