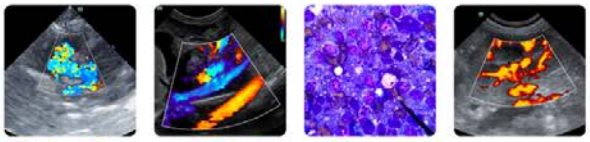


PATIENT

Roxy Rodriguez

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

10 Years

WEIGHT

10.6 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. Felix Matos

INVOICE

73756

DATE

3/17/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to chronic elevations of hepatic enzyme values. Hepatic enzyme values have been elevated since December 2025, as per owner. Px recently visited rDVM due to inappetence and lethargy. Px has sporadic episodes of watery to mucous diarrhea. Px has been prescribed RC Hepatic diet, but Px is not fond of this diet therefore, owner supplements it with home foods, such as turkey. Px is currently taking the following Mx: Famotidine, Sucralfate, Denamarin, Lixotinic, and probiotics. A Fine Needle Aspirate of the liver was collected and results are currently pending

Abnormal PE/Chem/CBC/UA Results: Bloodwork 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 left kidney has a normal shape and size (3.95 cm) with a small cortical cyst measuring 0.34 cm and occasional small cortical mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.23 cm) with occasional small cortical mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

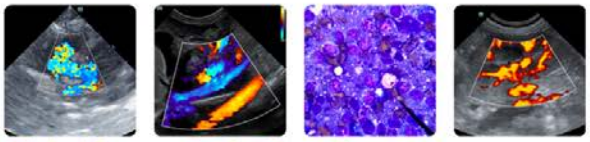
The left adrenal gland is normal in size measuring 0.51 cm at the cranial pole and 0.57 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.51 cm at the cranial pole and 0.52 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 (0.98 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



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The liver is large in size, and normal in echogenicity with rounded margins. The parenchyma is 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 moderately distended. The wall of the gall bladder appears slightly prominent and hyperechoic, measuring at 0.22 cm. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild fluid. It measures at a normal thickness of 0.35 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 0.34 cm. Jejunum wall measures 0.38 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with non-formed fecal material and gas shadowing distally. The descending colon wall appears slightly prominent with intact wall layering, measuring at 0.18 cm.

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. There is no evidence of a significant lymphadenopathy. There are prominent portal lymph nodes visualized measuring 0.59 cm and 0.51 cm. The left iliac lymph node is prominent measuring 0.42 cm x 0.74 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Heterogeneous rounded 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 echogenic debris in the gallbladder with a prominent hyperechoic gallbladder wall – Findings could be consistent with mild cholecystitis.
- Prominent descending colon wall with intact wall layering – Findings could be consistent with mild colitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions were visualized associated with the liver to explain the elevations in liver enzymes reported. The parenchyma generally has a somewhat heterogeneous appearance. This is a non-specific

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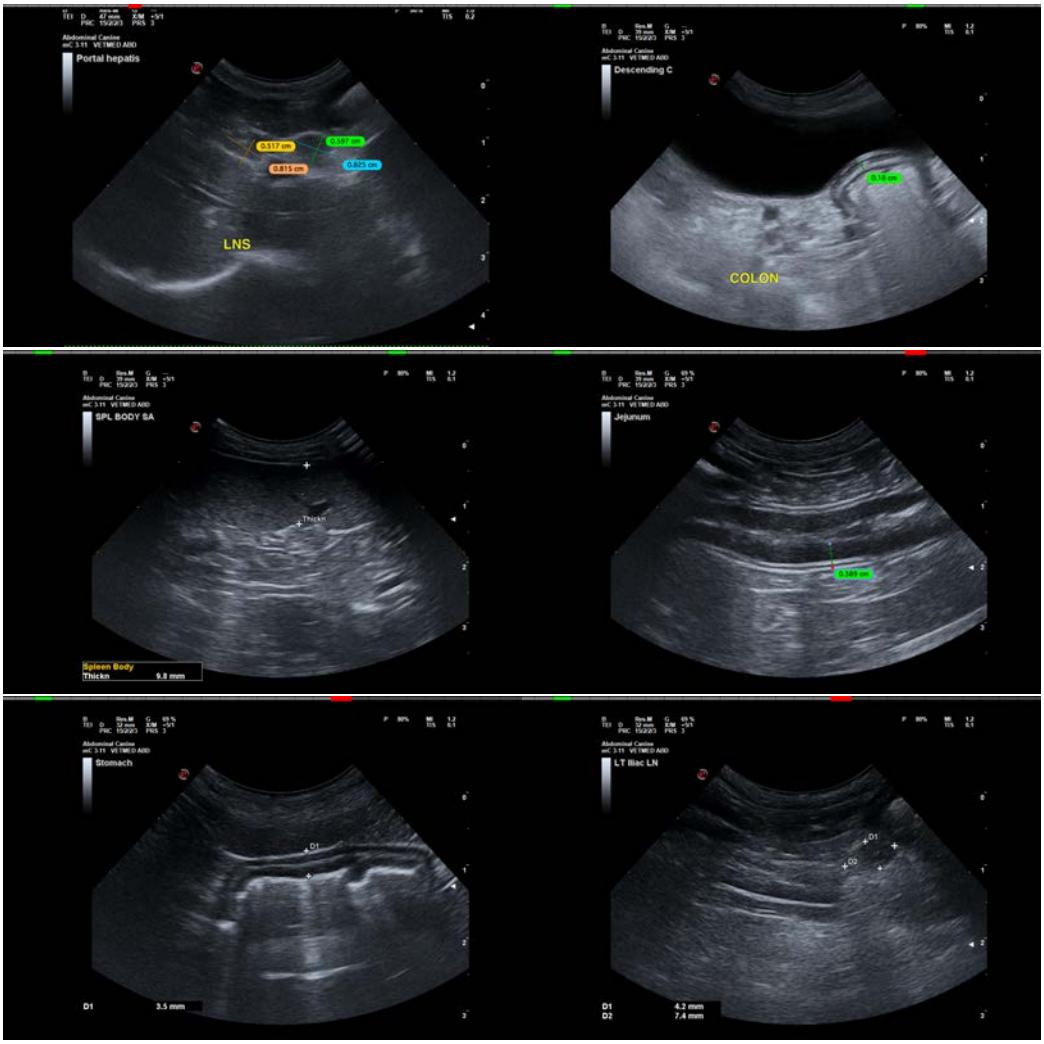
finding possibly consistent with a primary hepatopathy such as a vacuolar hepatopathy or similar. Consider a fine needle aspirate to further evaluate (I believe this was done during today's exam). Additionally, the gallbladder has some echogenic dependent debris, and the gallbladder wall appears slightly prominent/mildly thickened, possibly consistent with cholecystitis. You could consider a course of Ursodiol, Denamarin, and antibiotics, and reassessment of the liver values and the appearance of the gallbladder in 4-6 weeks.

No significant lesions are visualized associated with the GI tract, although the distal colon wall is slightly prominent, possibly consistent with mild colitis. Further workup for primary gastrointestinal disease could be considered, possibly starting with a screening GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate. If significant abnormalities are present, further evaluation for underlying intestinal disease could be considered.

If liver function is abnormal and abnormalities are persisting despite taking these steps, ultimately biopsies of the liver and/or further evaluation of the gallbladder (cholecentesis with cytology and culture of the bile?) may be warranted.



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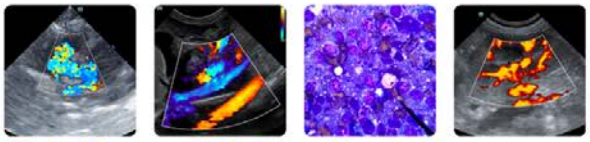

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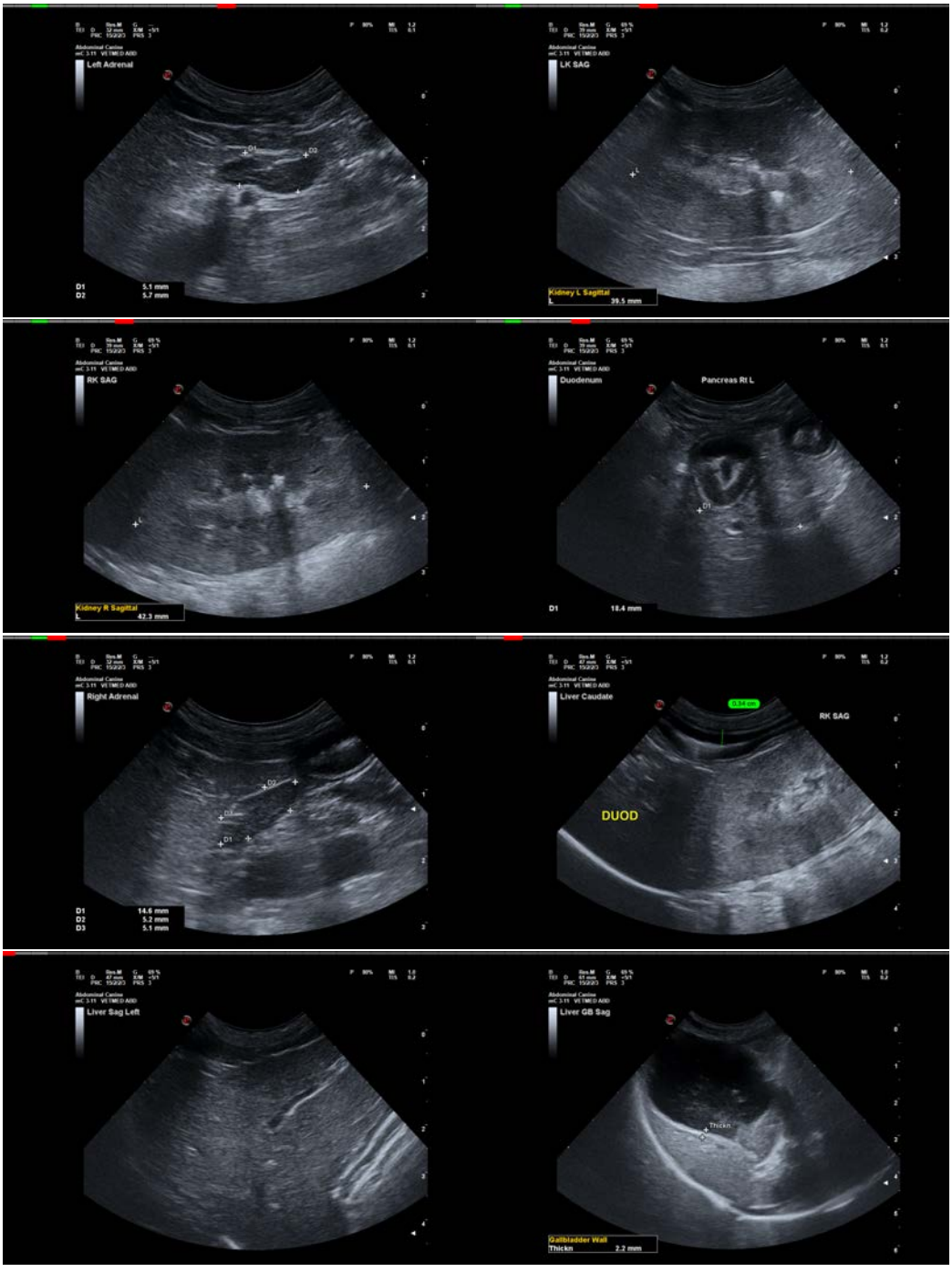

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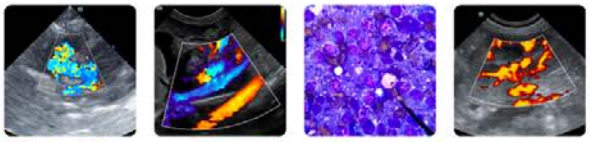

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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