



PATIENT

Kirby Moniz

SPECIES

Canine

BREED

Maltese x

SEX

Neutered Male

AGE

14 Years

WEIGHT

13.9 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Pamela Harrigan,
RDCS, Certified Vet
Sonographer

HOSPITAL NAME

Fall River Animal
Hospital

REFERRING VET

Charlene Keegan, DVM

INVOICE

73835

DATE

3/19/26

PRESENTING CLINICAL SIGNS

Presented favoring LHL, ran lab work to Rx. a NASID. Chem: mild azotemia with elevations in SDMA 16, BUN 54, and creat 1.7. IRIS stage 2 CKD. Dilute urine. ALT 469, ALP 579, GGT 54.

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 normal in size (0.61 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (3.86 cm) with occasional small cortical cysts, and pyelectasia measuring 0.15 cm. Overall echogenicity is slightly hyperechoic with poor 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.83 cm) with occasional small cortical cysts, and pyelectasia measuring 0.13 cm. Overall echogenicity is slightly hyperechoic with poor 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline "plump", measuring 0.58 cm at the cranial pole and 0.58 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 0.54 cm at the cranial pole and 0.55 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 (0.61 cm in width at the level of the hilus) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

Liver

The liver is large in size and rounded. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The left lobe of the liver appears particularly rounded, but no discrete mass effect is observed.



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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. Some of the debris is hyperechoic with a soft shadow, most consistent with mildly mineralized/sandy debris. There is no evidence of bile duct dilation.

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. Duodenum wall measures 0.48 cm. Jejunum wall measures 0.26 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.

ULTRASONOGRAPHIC FINDINGS

- Borderline "plump" left adrenal gland with a normal right adrenal gland – Findings are most consistent with anatomic variation. Early hyperplasia is possible.
- Bilateral renal changes and mild pyelectasia consistent with chronic age renal disease – Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Large, heterogeneous, rounded liver – Findings are most suggestive of a vacuolar hepatopathy. Other hepatopathies cannot be ruled out.
- Large debris visualized within the gallbladder with some mineralization – 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.



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SECONDARY FINDINGS

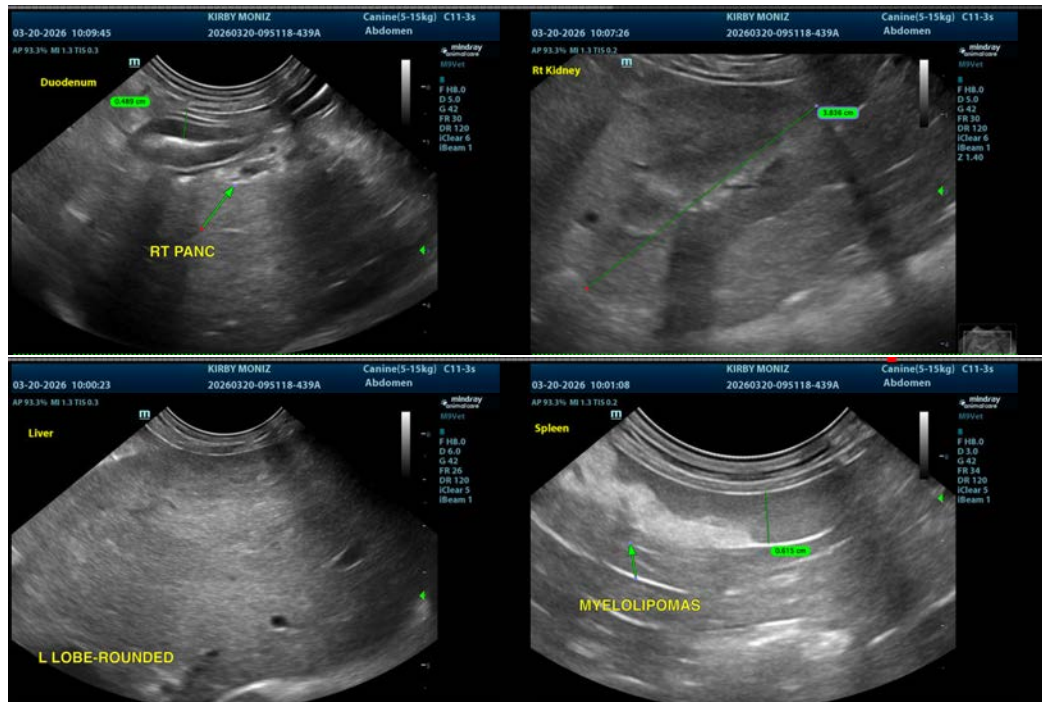
- Hyperechoic nodules/lesions visualized associated with the periphery of the spleen – Findings are most consistent with benign myelolipomas.
- Pancreatic changes most consistent with chronic pancreatic remodeling.

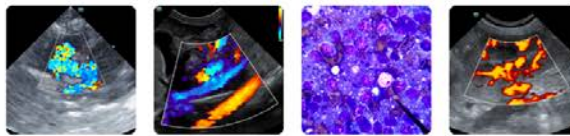
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both kidneys have changes consistent with chronic renal disease. Recommend a blood pressure, urinalysis, culture +/- urine protein to creatinine ratio as a baseline, and treatment for early renal disease (renal diet, etc.).

The liver is large, heterogeneous, and the left lobe in particular is rounded and prominent. No discrete mass effects are visualized. Findings are suggestive of a possible vacuolar hepatopathy, although other hepatopathies are possible, and very subtle adenoma or other mass effect cannot be ruled out. If desired, a fine needle aspirate of the liver could be considered +/- a liver function test.

There is a large amount of debris visualized within the gallbladder with no evidence of significant inflammation or wall thickening at this time. Recommend starting chronic Ursodiol therapy and continued monitoring of the gallbladder for progression to a more significant lesion or cholecystitis.





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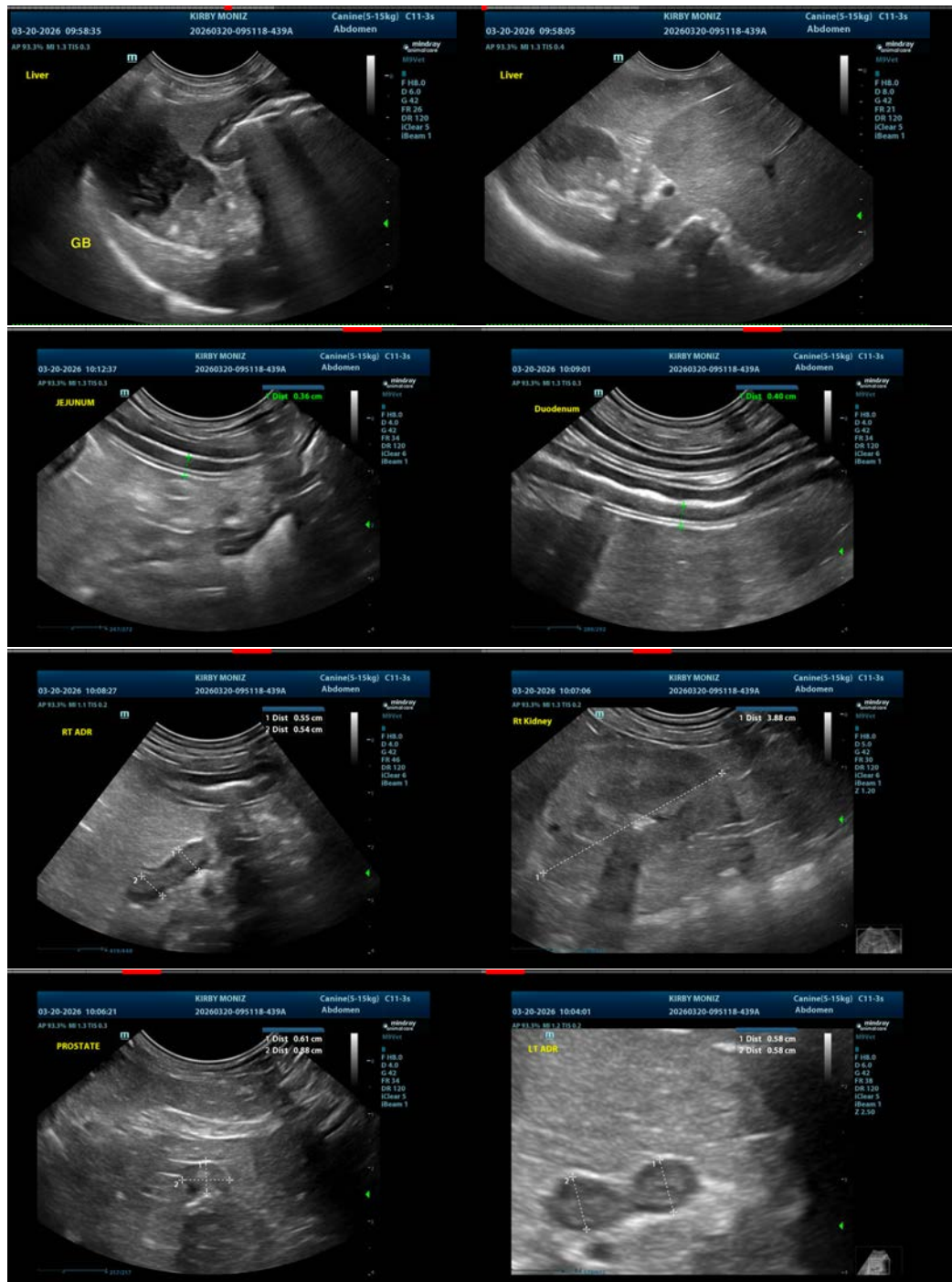
Charlene Keegan, DVM

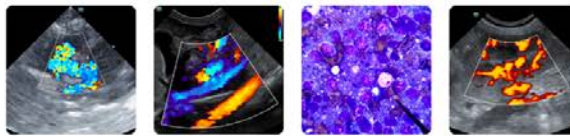
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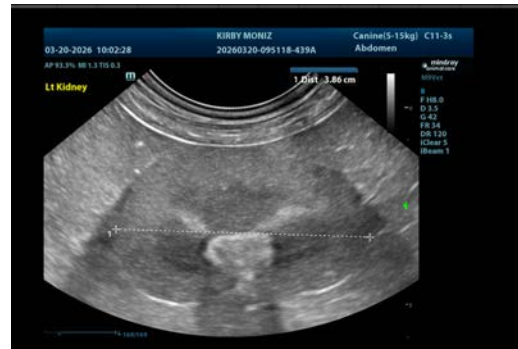
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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