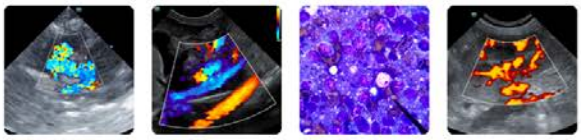


DATE

3/26/26

PATIENT

Lily Calagno

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

9/30/16

WEIGHT

19.6 lbs

INTERPRETED BY

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

HOSPITAL NAME

Docside Veterinary Medical Center

REFERRING VET

Dr. Vaughan

INVOICE

74066

PRESENTING CLINICAL SIGNS

Patient History: Appt in early March, ran labs because levels were increasing since the last few visits, suspicion for cushing esp if alp progressive- Lab work run to assess possible causes for proteinuria and to assess for any progressive liver enzyme elevations previously noted on lab work six months ago. Lab work shows moderate to marked progression in all liver enzymes, more notably ALP, which is markedly elevated over ALT. Concern for steroid hepatopathy versus cholestatic hepatopathy versus mixed cholestatic disease and hepatocellular disease of the liver.

Current Medications: Probiotics and preventatives only
Labwork Results: Labwork attached, reported as: CBC - Monocytes: 1056 (normal 0-840). Mild monocytosis, consistent with a stress leukogram. - Platelet count: 448 (normal 170-400). Consistent with inflammation. Chemistry Panel - ALP: 3503 (normal 5-131). Was 255 in October of 2025, and 56 in June of 2025. - ALT: 521. Was 227 in October. - Moderate to marked progression in ALT and ALP. - Calcium: 11.5 (normal < 11.4). - Cholesterol: 549 (normal 92-324). Was 295 in October. Moderately progressive. - Magnesium: 2.8 (normal < 2.5). - Total Bilirubin: 0.5 (normal < 0.3). Mild elevation. - Triglycerides: 1329 (normal < 291). Was 893 in October. LDDS will be run on March 19 will send results
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Torb/Midaz IV.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

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 focus visualized suspended in the urinary bladder, most consistent with hyperechoic debris or small mineralization measuring 0.24 cm.

The left kidney has a normal shape and size (4.96 cm) with pyelectasia at 0.30 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 (4.67 cm) with pyelectasia at 0.36 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 normal in size measuring 0.40 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 0.43 cm at the cranial pole and 0.57 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 (1.73 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver
The liver is large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. There are two hypo/anechoic structures visualized on the right side of the liver. One measures 0.60 cm. The other is intercostal measuring 0.68 cm. These are most consistent with small cystic structures. A hypoechoic nodule cannot be ruled out.

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. There is no evidence of bile duct dilation.

Gastrointestinal
The stomach contains minimal luminal contents. It measures at a normal thickness of 0.27 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 0.39 cm. Jejunum wall measures 0.32 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 (right limb > then left) is prominent and mottled 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. There is no significant lymphadenopathy. Occasional prominent mesenteric lymph nodes are visualized, an example measures 0.42 cm x 1.4 cm. The omentum is normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild suspended hyperechoic debris visualized in the urinary bladder – Correlate with urinalysis +/- culture results.

- Age related changes and bilateral pyelectasia noted associated with the kidneys – Pyelectasia of the kidney(s)could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.

- Large, hyperechoic liver with two hypo/anechoic structures on the right side – Findings are most consistent with a vacuolar hepatopathy, although other hepatopathies (inflammatory, neoplastic, etc.) are possible. The hypoechoic structures are most consistent with small cystic lesions. Hypoechoic nodules cannot be ruled out. Recommend continued monitoring.

- 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.

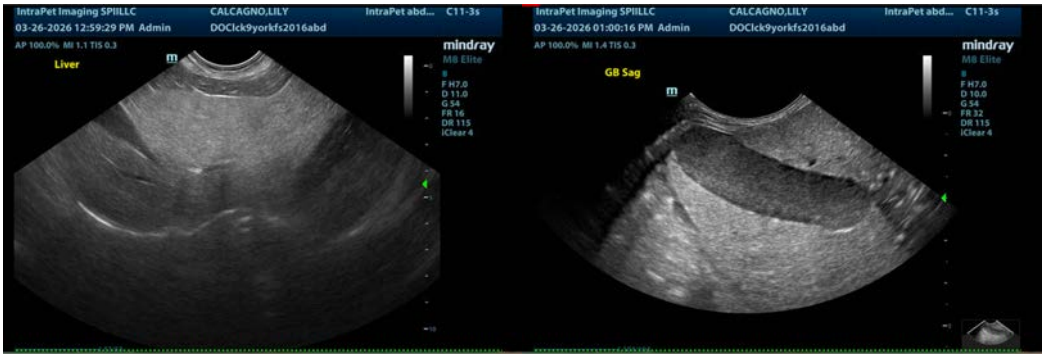
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

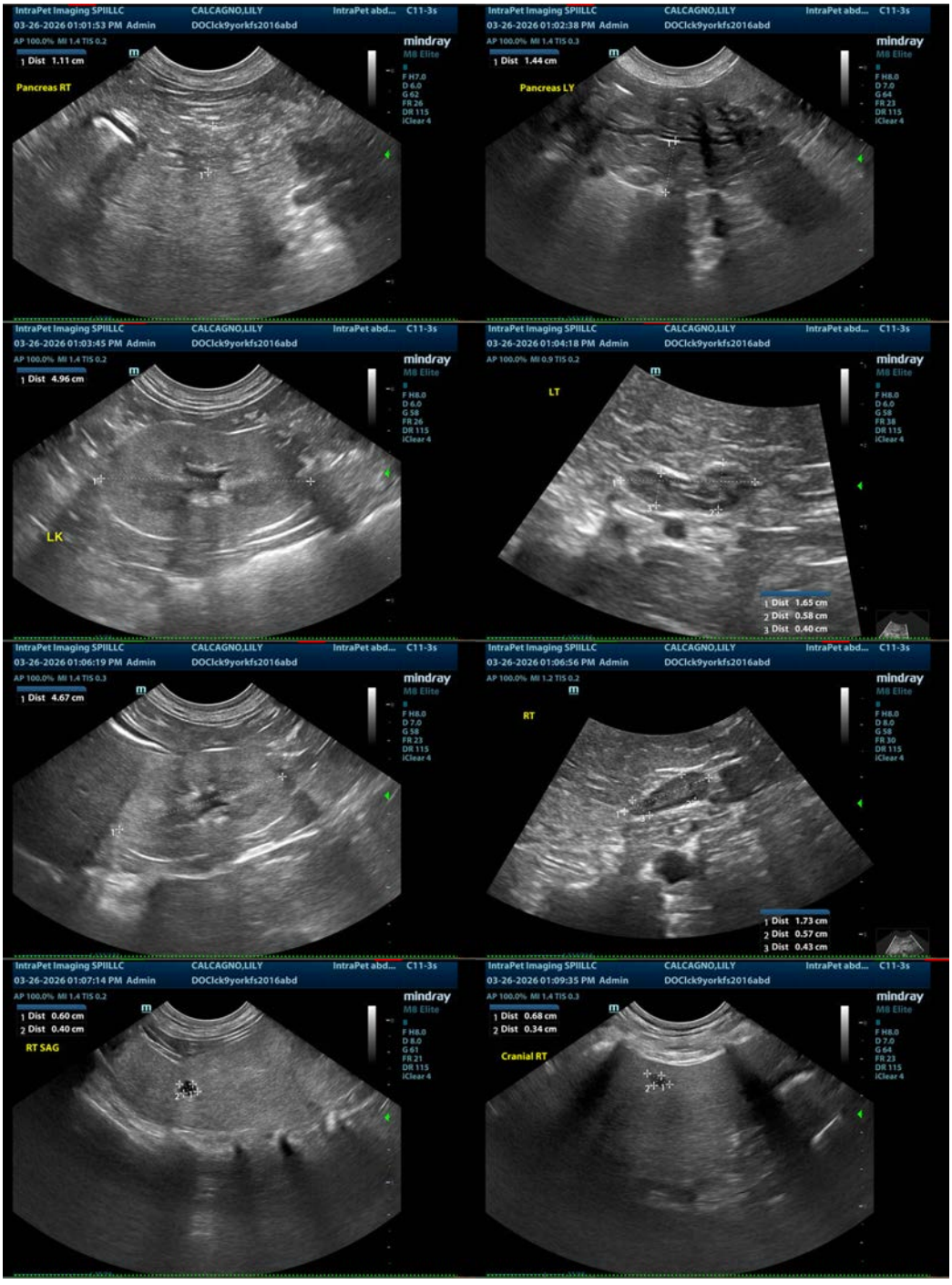
The liver is large and hyperechoic. This generally has an appearance most consistent with a vacuolar hepatopathy, although other hepatopathies are possible. Consider a fine needle aspirate of the liver (provided coagulation parameters are normal), and pre- and post-prandial bile acids to assess liver function. If liver function is abnormal and/or fine needle aspirates are not supportive of a vacuolar hepatopathy, consider biopsies of the liver with samples for histopathology, culture and copper levels.

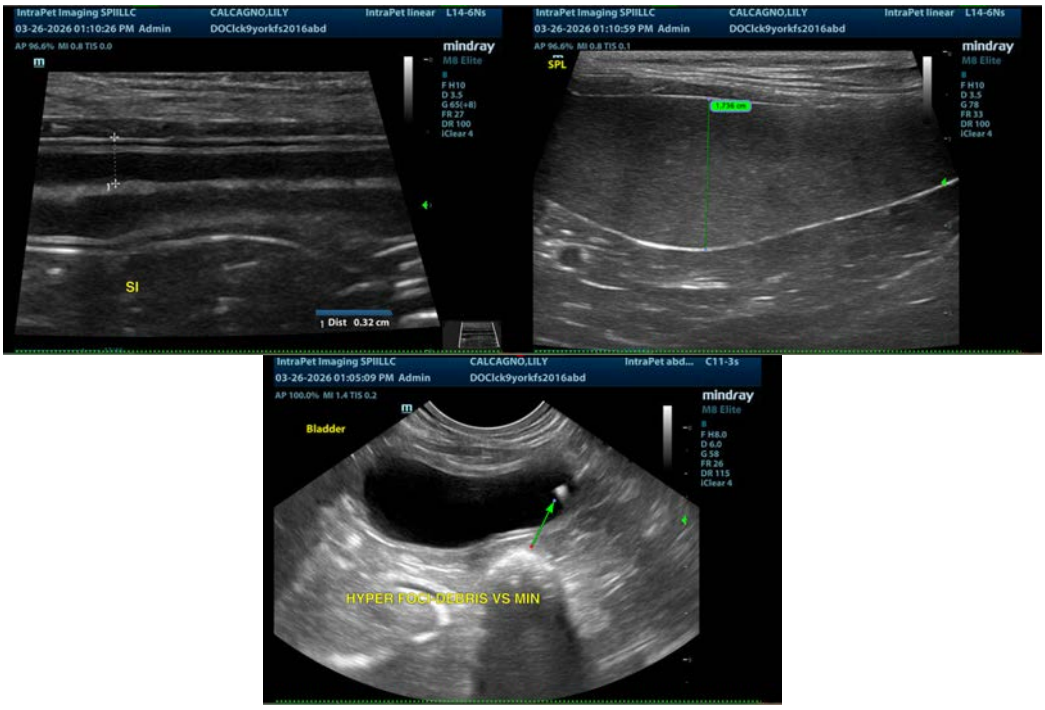
There is a large amount of debris visualized within the gallbladder with no evidence of significant wall thickening or inflammation. Consider chronic Ursodiol therapy and continued monitoring of the gallbladder.

There are bilateral renal changes consistent with chronic age related changes and pyelectasia. Recommend a urinalysis, culture and a blood pressure for further evaluation.

The adrenals appear relatively normal. This does not definitively rule out Cushing's disease. If classic symptoms are present, you could consider adrenal function testing.




IntraPet Imaging SPIILLC
CALCAGNO,LILY
IntraPet abd... C11-3s
03-26-2026 01:01:53 PM Admin
DOClck9yorkfs2016abd
mindray
M8 Elite
1 Dist 1.11 cm
Pancreas RT
IntraPet Imaging SPIILLC
CALCAGNO,LILY
IntraPet abd... C11-3s
03-26-2026 01:02:38 PM Admin
DOClck9yorkfs2016abd
mindray
M8 Elite
1 Dist 1.44 cm
Pancreas LY
IntraPet Imaging SPIILLC
CALCAGNO,LILY
IntraPet abd... C11-3s
03-26-2026 01:03:45 PM Admin
DOClck9yorkfs2016abd
mindray
M8 Elite
1 Dist 4.96 cm
LK
IntraPet Imaging SPIILLC
CALCAGNO,LILY
IntraPet abd... C11-3s
03-26-2026 01:04:18 PM Admin
DOClck9yorkfs2016abd
mindray
M8 Elite
LT
1 Dist 1.65 cm
2 Dist 0.58 cm
3 Dist 0.40 cm
IntraPet Imaging SPIILLC
CALCAGNO,LILY
IntraPet abd... C11-3s
03-26-2026 01:06:19 PM Admin
DOClck9yorkfs2016abd
mindray
M8 Elite
1 Dist 4.67 cm
IntraPet Imaging SPIILLC
CALCAGNO,LILY
IntraPet abd... C11-3s
03-26-2026 01:06:56 PM Admin
DOClck9yorkfs2016abd
mindray
M8 Elite
RT
1 Dist 1.73 cm
2 Dist 0.57 cm
3 Dist 0.43 cm
IntraPet Imaging SPIILLC
CALCAGNO,LILY
IntraPet abd... C11-3s
03-26-2026 01:07:14 PM Admin
DOClck9yorkfs2016abd
mindray
M8 Elite
1 Dist 0.60 cm
2 Dist 0.40 cm
RT SAG
IntraPet Imaging SPIILLC
CALCAGNO,LILY
IntraPet abd... C11-3s
03-26-2026 01:09:35 PM Admin
DOClck9yorkfs2016abd
mindray
M8 Elite
1 Dist 0.68 cm
2 Dist 0.34 cm
Cranial RT



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