



## PATIENT

Griffin Williamson

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Neutered Male

## AGE

13 Years

## WEIGHT

5.05 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Loetitia Saint-Jacques,  
LVT

## HOSPITAL NAME

Alpine Animal Hospital

## REFERRING VET

Dr. Burbank

## INVOICE

73343

## DATE

3/3/26

## PRESENTING CLINICAL SIGNS

Patient presented on 2/9 for increased respiratory rate at home. No coughing. Acting normal otherwise. Mild increase in respiratory effort noted. MM pink. No murmur noted on exam, however, a murmur was noted on 11/15/26. Lungs clear. Chest radiographs showed mild cardiomegaly and minimal left atriomagalgy. No pulmonary or pleural space findings. Mild hepatomegaly. 2/6 left sided heart murmur

Working diagnosis- Suspect cardiac or pulmonary hypertension. Client reports p is still breathing abnormally at home, but otherwise everything is normal. The breathing has not worsened

Abnormal PE/Chem/CBC/UA Results: 2/13/2026 CBC: WBC 15.8 (4.0 - 15.5) Lymphocytes 5530 (690 - 4500) Platelet Count 458 (170 - 400) Chem: SDMA 17.5 UG/dL (<14.0) T4: T4 0.5 mg/dL (0.8 - 3.5) UA: USG 1.023

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall appears mildly thickened and slightly irregular, measuring at 0.56 cm in the apical region. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi.

The prostate is normal in size (0.71 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 (3.4 cm) with pyelectasia at 0.41 cm. Overall echogenicity is slightly hyperechoic with mildly reduced 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 (3.65 cm) with pyelectasia at 0.12 cm. Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.39 cm at the cranial pole and 0.45 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 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 normal in size and shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a small hypoechoic nodule visualized measuring 0.60 cm (nodule #1). A smaller hypoechoic nodule is visualized near the 1<sup>st</sup> nodule measuring 0.47 cm.



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## Liver

The liver is subjectively normal in size, and 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 poorly defined hyperechoic nodule visualized measuring 0.81 cm.

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

## 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 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 0.41 cm. Jejunum wall measures 0.27 cm. There is mild mucosal speckling visualized associated with the duodenum. 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

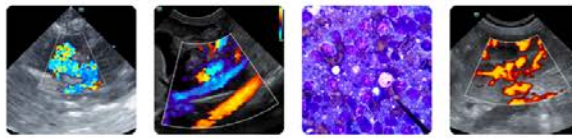
The pancreas is visible/mildly mottled in the right limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

## 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.

## ULTRASONOGRAPHIC FINDINGS

- Mildly thickened/irregular apical wall of the urinary bladder – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Age related changes visualized associated with both kidneys and mild pyelectasia – Pyelectasia of the kidney(s) could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Two small hypoechoic nodules in the spleen – There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.



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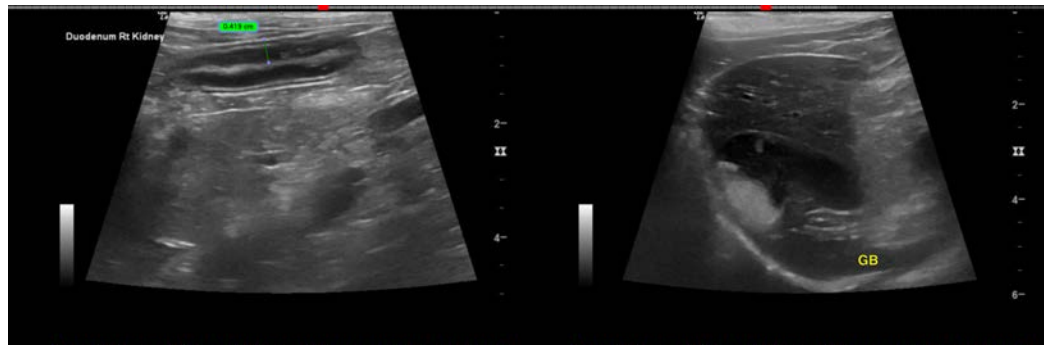
- Pancreatic changes most consistent with chronic pancreatic remodeling.
- Mildly heterogeneous liver with a hyperechoic nodule – The significance of this non-specific appearance is uncertain in the absence of liver enzyme elevations. Recommend continued monitoring of values for possible primary hepatopathy. The hyperechoic nodule currently has the appearance most consistent with a benign nodule, and continued monitoring is warranted.
- 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.
- Prominent duodenum with mild mucosal speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts. The significance of this is uncertain in the absence of underlying gastrointestinal symptoms.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Both kidneys have mild changes most consistent with age related renal disease. Additionally, some pyelectasia is present. Recommend a urinalysis and culture for further evaluation, and continued monitoring, particularly of the left kidney. Consider a blood pressure +/- urine protein to creatinine ratio as a baseline.

Two small hypoechoic nodules are visualized in the spleen. This could represent benign or neoplastic lesions. Options include continued monitoring with ultrasound or a fine needle aspirate.

There is mild mucosal speckling visualized associated with the duodenum. The significance of this is uncertain in the absence of underlying gastrointestinal symptoms. If a history of chronic gastrointestinal disease is present, further workup may be warranted.



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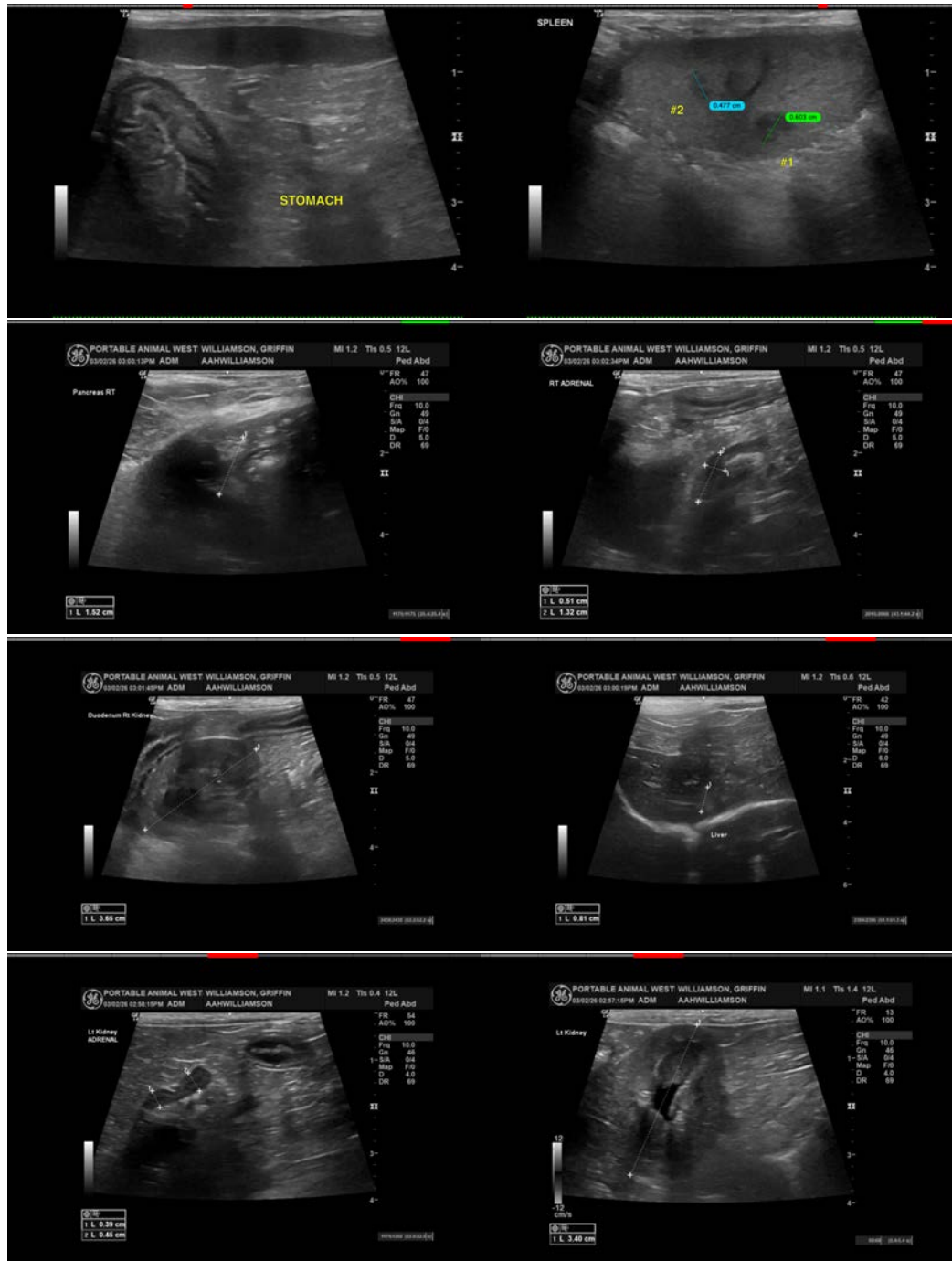
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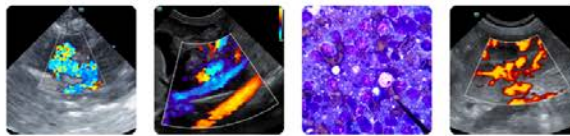
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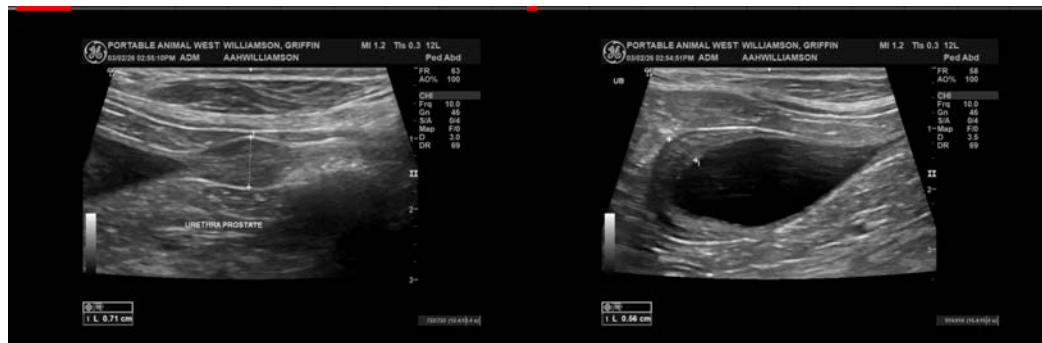
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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