

**PATIENT**

Luna Maniar

PRESENTING CLINICAL SIGNS

Intermittent lethargy, intermittent HGE, increased LE's Last abd u/s was 2/24/25

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: TP 9.9 ALB 5.0 Glob 4.9 ALP 17 T bili 4.6

BREED

Maltese

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. In the dependent portion of the urinary bladder there is hyperechoic shadowing debris most consistent with sandy mineralizations/small stones.

SEX

Spayed Female

The left kidney has a normal shape and size (2.55 cm) with numerous non-obstructive nephroliths. 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 pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

AGE

13

The right kidney has a normal shape and size (3.24 cm) with numerous non-obstructive nephroliths. 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 pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

13

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.38 cm at the cranial pole and 0.38 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.

IMAGING PERFORMED BY

Jenn

The right adrenal gland is normal in size measuring 0.51 cm at the cranial pole and 0.58 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.

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Spleen

The spleen is subjectively normal in size (1.01 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.

REFERRING VET

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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly 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.

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

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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.

SPECIES

Canine

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. Jejunum wall measures 0.27 cm.

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Maltese

Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Sections of colon are visualized with non-formed fecal material and gas shadowing distally. The descending colon appears normal with intact wall layering, measuring at 0.21 cm.

Spayed Female

Pancreas

AGE

The area of 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.

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Free Abdomen

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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.

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ULTRASONOGRAPHIC FINDINGS

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- Dependent mineralized debris/small stones visualized in the urinary bladder – Recommend urinalysis +/- culture and radiographs.
- Age related changes visualized associated with both kidneys as well as non-obstructive nephroliths – The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.
- Mildly heterogeneous 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.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver or the gallbladder to explain the liver enzyme elevations reported. It is somewhat unusual to see a significant elevation in bilirubin without an elevation in ALT and ALP. Consider possible hemolysis as a differential (is the red blood cell count normal and stable?). Additionally, consider recheck of the bilirubin value and confirm there is no lipemia or hemolysis in the sample. Additionally, you could consider pre- and post-prandial bile acids to further assess liver function. If a primary hepatopathy is strongly suspected, you could consider screening for Leptospirosis, a fine needle aspirate (if coagulation parameters are normal), and/or eventually a biopsy of the liver with samples for histopathology, culture, and copper levels. Additionally, you could consider empirical treatment for acute liver injury with a course of Ursodiol, Denamarin, and antibiotics.

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There are changes to both kidneys consistent with chronic renal disease and bilateral nephroliths.

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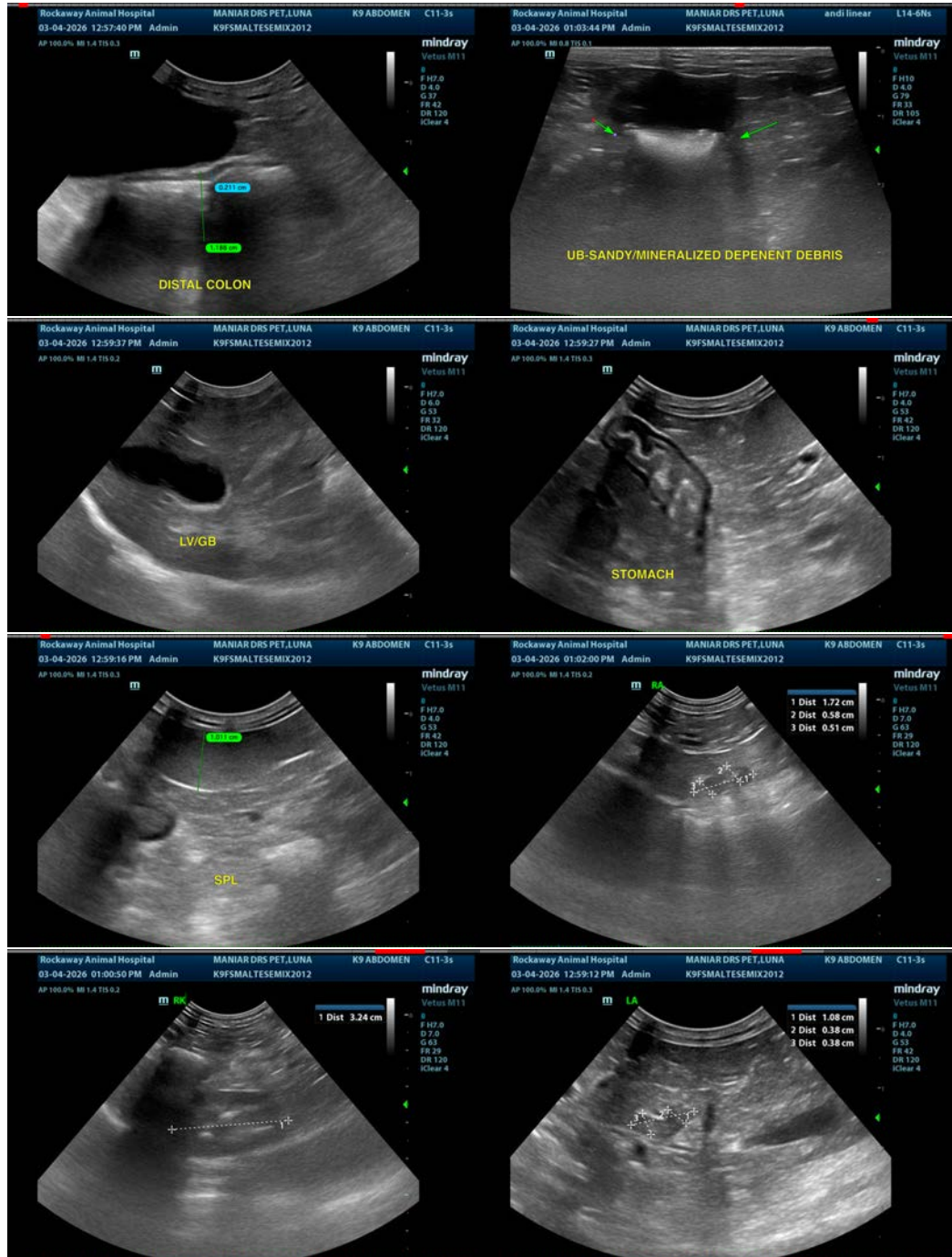
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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