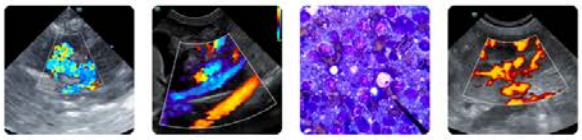

PATIENT

Kiki Byg

SPECIES

Canine

BREED

Chihuahua x

SEX

Spayed Female

AGE

15 Years 6 Months

WEIGHT

7.14 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Four Paws Animal Clinic

REFERRING VET

Dr. Sue Lester

INVOICE

73420

DATE

3/5/26

PRESENTING CLINICAL SIGNS

Recheck GB. AUS performed Oct 2025, rec recheck AUS 2-3m. Distended gallbladder with thickening and debris; Follow left caudal adrenal enlargement with repeat AUS in 3 months along with rechecking gallbladder size. Started Ursodiol 75 mg (0.75 cc) PO q 24 hours starting 10.29.25. Working diagnosis. Distended gallbladder with thickening and debris; Follow left caudal adrenal enlargement. IVDD. Ursodiol 75 mg (0.75 cc) PO q 24. Heartgard and Nexgard q 30 days.

Abnormal PE/Chem/CBC/UA Results: 1.19.25: ALT 443 (10 - 125 U/L) ALP 1,155 (23 - 212 U/L) GGT 110 (0 - 11 U/L) Cholesterol 367 (110 - 320 mg/dL)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Image sets received were from two studies performed on two different dates – 10/2025 and 2/25/26.

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 (3.85 cm) with pyelectasia at 0.33 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 (3.96 cm) with pyelectasia at 0.43 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 large and slightly irregular in appearance, measuring 0.53 cm at the cranial pole and 0.82 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. There is no evidence of a distinctive mass effect or vascular invasion. (Previous measurement 10/2025 was 0.58 cm at the cranial pole and 0.93 cm at the caudal pole.)

The right adrenal gland is normal in size measuring 0.53 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 (1.25 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 and rounded. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There

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are two hyperechoic nodules visualized on the left side measured 1.45 cm and 0.88 cm. Previous measurements were 1.5 cm x 1.28 cm and appears stable. There is a poorly defined hypoechoic mass effect visualized in the mid caudal region of the liver measuring 2.38x2.26cm (sag)/3.14X2.78 (tv view) this is suspected to be the same "mass effect" previously measured at 1.8X2.87cm. This is slightly larger than the previous measurement.

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 mild gas and fluid. 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 0.49 cm. Jejunum wall measures 0.25 cm. Visualized peristalsis appears appropriate. The mucosal layer of the duodenum appears thickened and hyperechoic with some changes consistent with mild fogging and speckling. This appearance is stable from the previous exam.

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.

PRIMARY FINDINGS

- Age related changes visualized associated with both kidneys as well as bilateral pyelectasia – Pyelectasia of the kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Large, heterogeneous liver with rounded margins and two hyperechoic nodules on the left side – 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. The hyperechoic nodules have an appearance most consistent with benign lesions.
- Hypoechoic irregular mass effect in the mid caudal regon of the liver-this has the appearance most consistent with a primary hepatic mass lesion such as a carconioma/adenoma other

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differentials (regenerative nodule, rounded lobe, etc..) are possible.

- 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, smoldering cholecystitis etc... Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. The appearance of the gallbladder is similar to the previous exam 10/2025.

- Thickened, hyperechoic duodenal mucosa with mucosal fogging and speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

SECONDARY FINDINGS

- Stable left adrenal gland with an enlarged caudal pole – Findings could represent anatomic variation, mild hyperplasia, etc. Recommend continued monitoring.

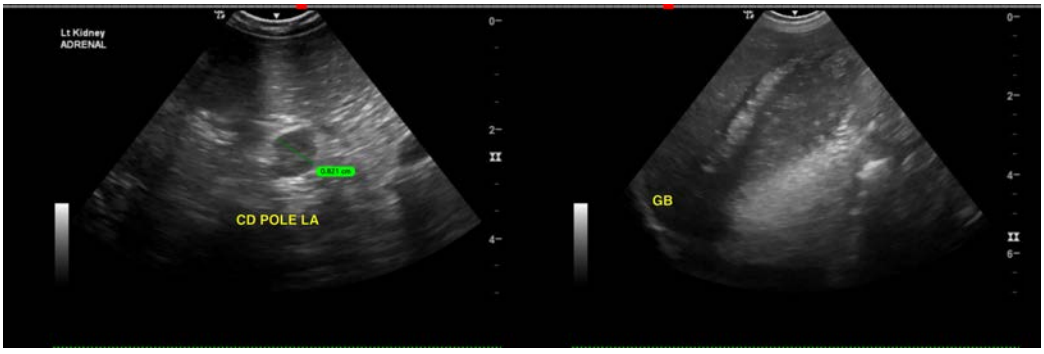
- Mild pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed associated with the left adrenal, gallbladder liver and small intestine appear stable. The gallbladder changes are still significant but do not appear to have significantly progressed. Recommend lifelong Ursodiol therapy and close monitoring. Options include cholecystectomy or continued monitoring with ultrasound.

The renal changes are significant and relatively stable. Periodic monitoring of renal values, blood pressure and urine culture is recommended as a baseline.

The duodenum appears abnormal with a thickened, hyperechoic mucosa and some mucosal fogging and speckling. This appearance is similar to the previous exam. Provided no significant GI symptoms have developed, continued monitoring is warranted.



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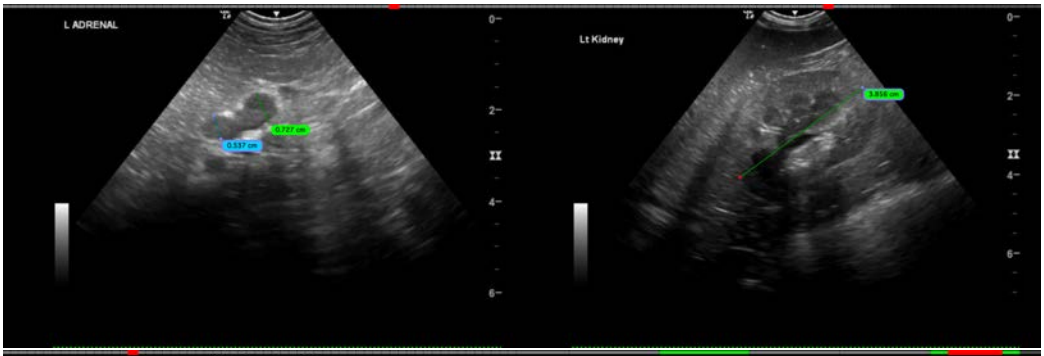

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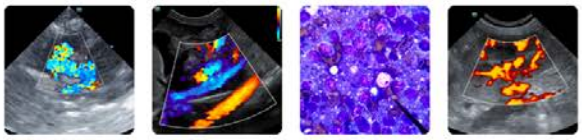

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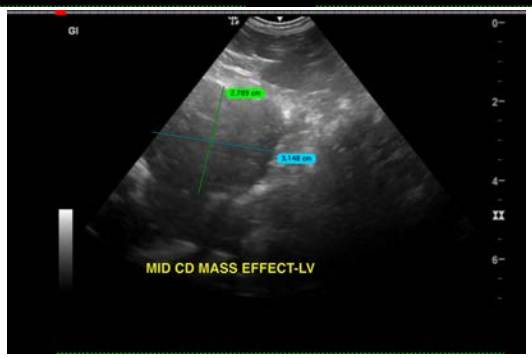

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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