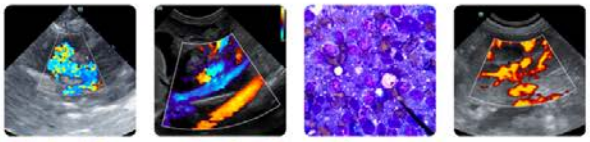

PATIENT

Coco Kozyniak

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

9 Years

WEIGHT

6.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Iacovides

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Lameg

INVOICE

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PRESENTING CLINICAL SIGNS

Coco may have had a focal seizure on October 22, 2025. May have had a partial complex seizure, it is hard to know for sure but hx is consistent -did not appear to have a syncopic or heart disease related episode -no further episodes have been seen. Emerg clinic bloodwork liver and kidney numbers were a bit abnormal and recommended follow up in 3 months. Recheck bloods urea returned to normal and further increase in alt has not been seen. Double cavity ultra sound to evaluate abdomen and try and determine etiology of ALT and workup heart murmur

Abnormal PE/Chem/CBC/UA Results: Exam is normal other than heart murmur Grade 3/6 systolic murmur CHEM: ALT 205 u/l (10-125) Was 235u/l 3/10/25 and 207 u/l 1/26/24

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 (0.85 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 (3.93 cm). Overall echogenicity is normal with adequate 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.22 cm). Overall echogenicity is normal with adequate 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, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

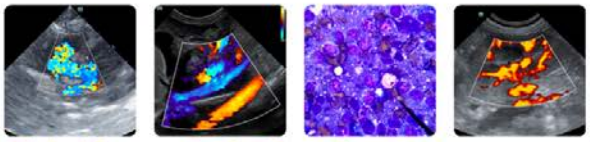
Adrenal Glands

The left adrenal gland is normal in size measuring 0.36 cm at the cranial pole and 0.34 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 0.59 cm at the cranial pole and 0.48 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 (1.07 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.



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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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 <0.7cm 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 0.42 cm. Jejunum wall measures 0.33 cm. There is rare 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 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

- Large, non-organized gallbladder debris visualized within the gallbladder lumen with some mild debris adhered to the gallbladder wall.
- Subjectively mildly thickened small intestine with rare mucosal speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver to explain the elevation in ALT reported. However, the gallbladder does appear to have a large amount of non-organized debris, and some debris appears mildly adhered to the gallbladder wall. The significance of this is uncertain, but given the chronic ALT elevation, there could be mild cholecystitis present. Consider starting Ursodiol therapy +/- a course of antibiotics and continued monitoring of the gallbladder and liver values. If further evaluation for a possible primary hepatopathy is desired, you could consider pre- and post-prandial bile acids to

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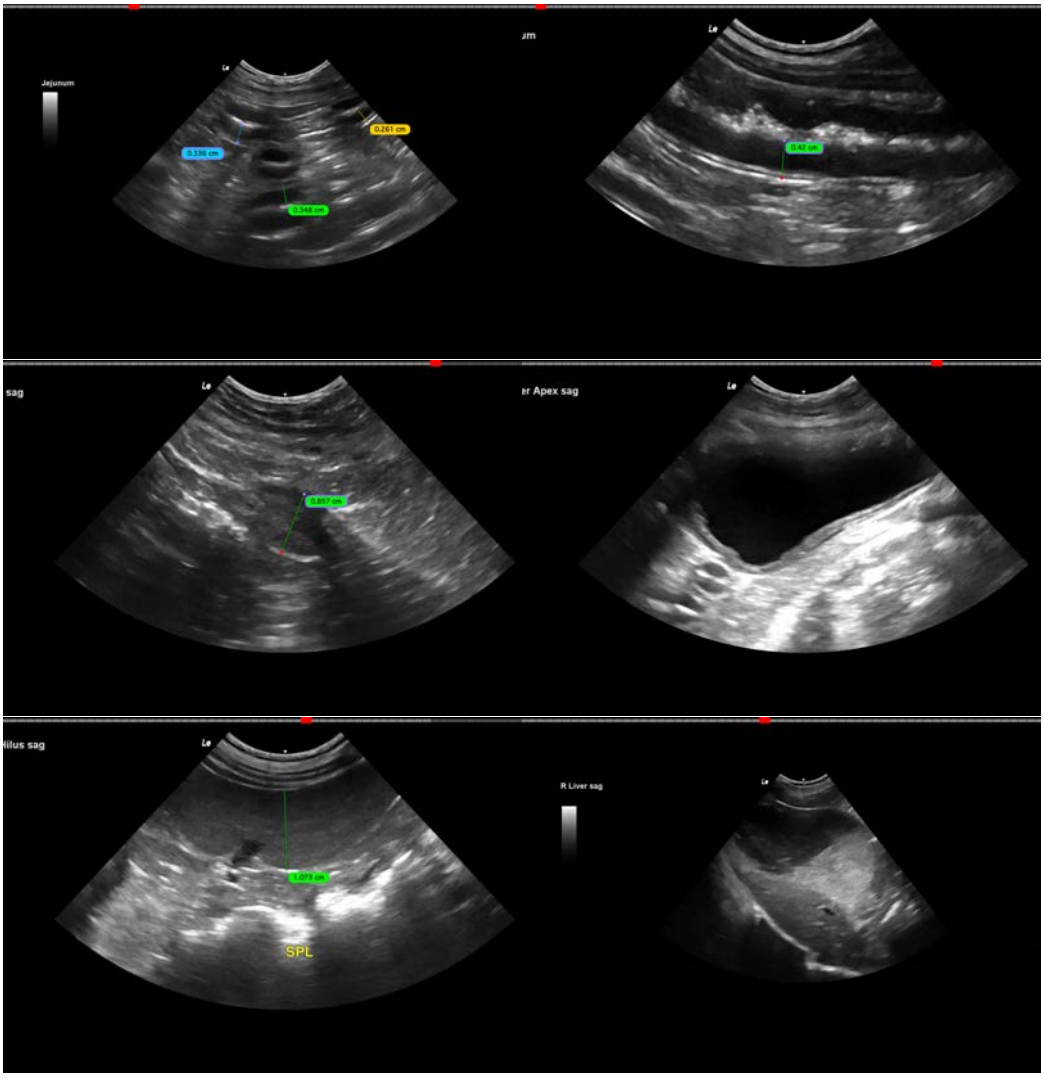
assess liver function, and a fine needle aspirate of the liver (provided coagulation parameters are normal.

The duodenum in particular appears subjectively mildly thickened with some rare mucosal speckling. The significance of this is uncertain in the absence of gastrointestinal symptoms. If there is a history of chronic gastrointestinal disease, you could consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate for further evaluation, as you could seen an ALT elevation from a reactive hepatopathy.



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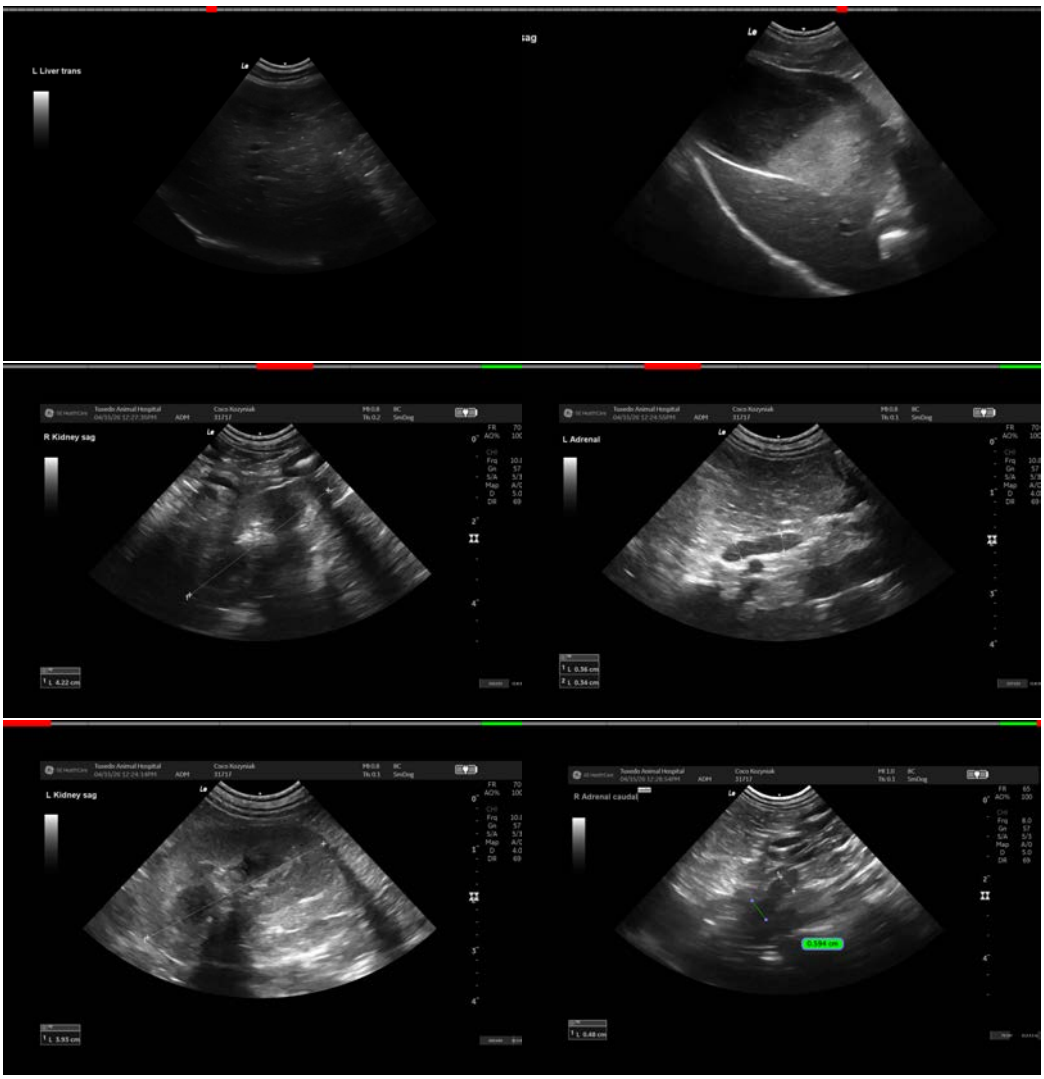

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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