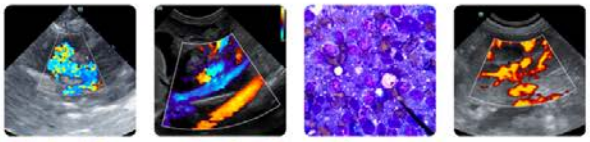


PATIENT

Mauro Perez Fernandez

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

6 Years

WEIGHT

11.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Julimar Garcia

INVOICE

74183

DATE

4/2/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to elevated hepatic enzymes. Px visted rDVM for routine wellness check ad bloodwork showed an elevation of ALKP. Bile Acids test was performed, and the results were the following: Pre - 8.7umol/L, Post - 67.5umol/L. Px is BAR, no vomiting, no diarrhea, no inappetence, no coughing, no lethargy, no episodes of syncope

Abnormal PE/Chem/CBC/UA Results: rDVM records attached for your reference

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 (0.69 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 (3.68 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 (3.82 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 0.42 cm at the cranial pole and 0.54 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.

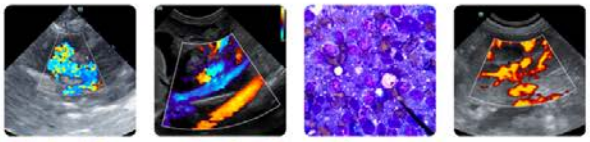
The right adrenal gland is normal in size measuring 0.44 cm at the cranial pole and 0.47 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.52 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 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. No focal nodules or cystic lesions are observed.



PATIENT

Mauro Perez Fernandez

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

6 Years

WEIGHT

11.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Julimar Garcia

INVOICE

74183

DATE

4/2/26

The gall bladder lumen is moderately distended. The wall of the gall bladder appears hyperechoic and prominent, measuring 0.18 cm in thickness. There is a small amount of hyperechoic debris visualized at the gallbladder neck measuring 0.62 cm x 0.56 cm. Soft tissue structure is thought unlikely (polyp) but this cannot be definitively ruled out.

Gastrointestinal

The stomach contains mild/moderate fluid, measuring 0.30 cm. 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 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 0.40 cm. Jejunum wall measures 0.36 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. Descending colon wall measures 0.18 cm.

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. There is no evidence of a diffuse lymphadenopathy. A prominent iliac lymph node is visualized measuring 0.47 cm. A mesenteric lymph node is visualized measuring 0.37 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- 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.

- Prominent, hyperechoic gallbladder wall with a small amount of hyperechoic debris at the gallbladder neck – These findings are likely within normal limits. The slightly prominent gallbladder wall could be consistent with mild cholecystitis.

- Occasional prominent mesenteric lymph nodes – Findings are most consistent with reactive lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause for the elevation in ALP is not identified. No focal lesions are visualized associated with the liver, but it is slightly heterogeneous, which is a non-specific finding. Further evaluation of the liver would likely require liver biopsies with samples submitted for histopathology, culture and copper

PATIENT

Mauro Perez Fernandez

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

6 Years

WEIGHT

11.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Julimar Garcia

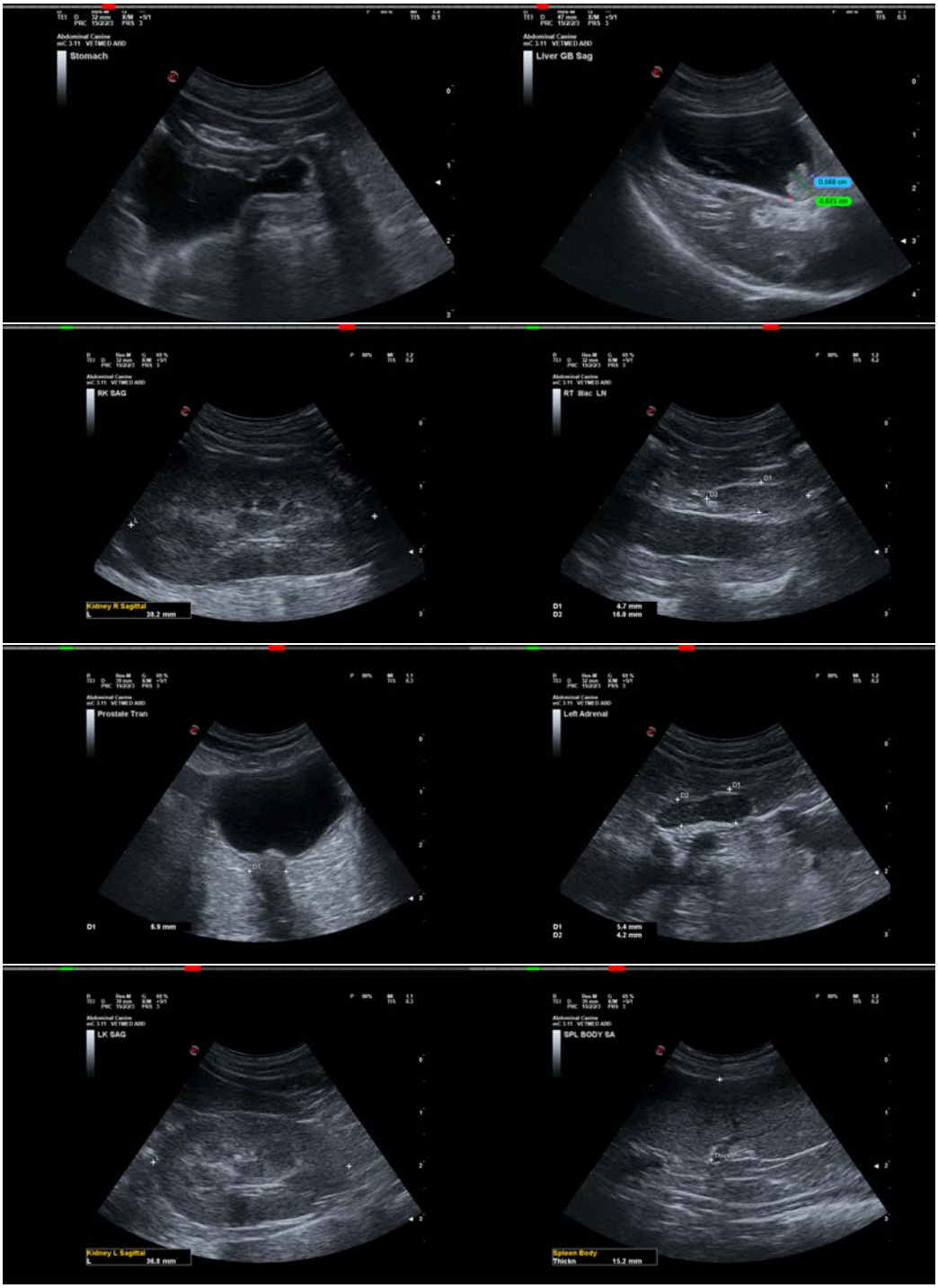
INVOICE

74183

DATE

4/2/26

levels. A portosystemic shunt is thought very unlikely based on the mild bile acid elevation and the appearance of the liver. A contrast CT scan would be necessary to definitively rule out an atypical shunt.



PATIENT

Mauro Perez Fernandez

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

6 Years

WEIGHT

11.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

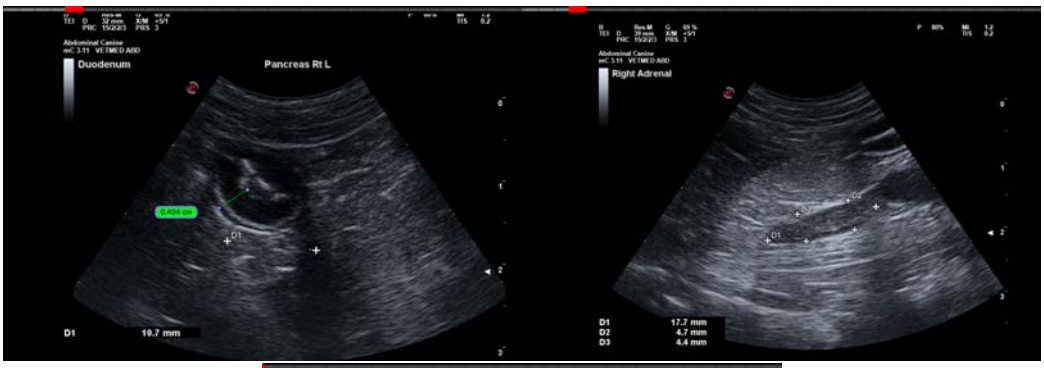
Dr. Julimar Garcia

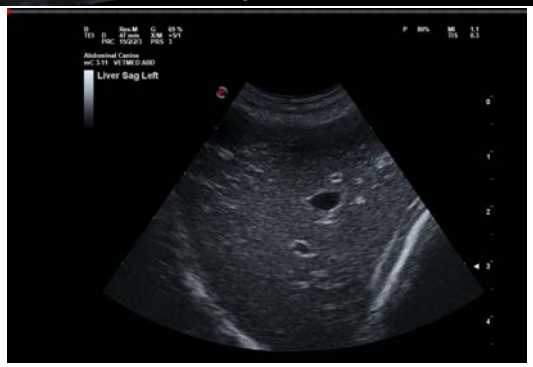
INVOICE

74183

DATE

4/2/26





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