



PATIENT

Mr. Pickles Pierre-Louis

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

6 Years

WEIGHT

5.82 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Megan Cassels-Conway, DVM

HOSPITAL NAME

Central Broward
Animal Hospital

REFERRING VET

Janeen Lezcano, DVM

INVOICE

74193

DATE

4/2/26

PRESENTING CLINICAL SIGNS

P has hx of elevated BA and portal vein hypoperfusion, mild phenotype (dx by liver bx in 2020). P also has hx of unilateral cryptorchid, malocclusion and overbite. P has hx of elevated ALT (on and off) since , 1yr of age. Greatly improved with hypoallergenic diet. P has been on multiple hypoallergenic diets (Hill's d/d salmon, Rayne Kangaroo LF, Purina HA, Hill's z/d (caused diarrhea) and currently on JFFD fish and sweet potato. Clinically doing well since on last diet (no v/d). Recent hx of mild persistent elevated ALT. Hx of renal medullary mineralization.

Abnormal PE/Chem/CBC/UA Results: 4/1: UA: SG: 1.034, 2+ prot, pyuria, bacteruria (cocci), UCS: pending 3/20/26: CBC: mild monocytosis, miniChem: ALT: 197H, creat: 0.9 3/3/2026: CBC: WBC: 22.2H, neut: 18646H, monos: 1332H, Chem: creat: 0.9, ALT: 125, ALP: 188, T4: 2.5, fecal PCR: ALL undetected 11/2025: CBC: WNL, Chem: creat: 0.7, ALT: 75, UA: SG: 1.032, trace prot, bacteruria (f/c sample) 1/2025: BA: pre: 1.1, post: 67.6H 4/2021: pre BA: 7.4, post BA: 118.4 10/2020: CBC: WNL, miniChem: ALT: 910H, ALP: 157H

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with urine. There is a large amount of suspended and dependent hyperechoic mineralized debris most consistent with sandy debris/small stones. The urinary bladder wall appears of normal thickness with a smooth mucosal surface. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (3.34 cm) with numerous pinpoint hyperechoic mineralized foci in the cortex. 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.

The right kidney has a normal shape and size (3.2 cm) with numerous pinpoint hyperechoic mineralized foci in the cortex. 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.24 cm at the cranial pole and 0.20 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 0.32 cm at the cranial pole and 0.32 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 (0.81 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 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 moderately distended. The gallbladder wall appears slightly prominent and hyperechoic, measuring at 0.11 cm with some mineralized/sandy debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild/moderate fluid. The gastric wall is prominent with intact wall layering, measuring at 0.70 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 0.35 cm. Jejunum wall measures 0.29 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.

Pancreas

The pancreas is visible/mildly mottled. 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 significant lymphadenopathy. Occasional prominent mesenteric lymph nodes are visualized. An example measures 0.18 cm.

ULTRASONOGRAPHIC FINDINGS

- Large amount of mineralized suspended and dependent debris visualized in the urinary bladder – Correlate with urinalysis, culture +/- radiographs.
- Age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with chronic pancreatic remodeling.



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- Prominent/mildly thickened gallbladder wall with some mineralized debris.
- Prominent/thickened gastric wall with intact wall layering – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal changes are visualized associated with the liver to explain the elevation in ALT reported. The gallbladder has a slightly prominent, hyperechoic wall with some mineralized debris. Findings could be incidental or consistent with mild cholecystitis. Consider starting chronic Ursodiol therapy +/- a course of antibiotics and continued monitoring.

The gastric wall appears slightly prominent with intact wall layering. Findings could be consistent with mild gastritis. Correlate with clinical findings.

The pancreas is visible but does not appear overtly inflamed. Correlate with a PLI level. If this is significantly elevated, consider concurrent treatment for mild chronic pancreatitis.

There is a large amount of mineralized sandy debris visualized in the urinary bladder. Consider agitation and collection of a free catch sample for urinalysis in hopes that some representative debris is obtained to better determine if dietary therapy is an issue. If the patient has a urinary tract infection, these could represent small struvite stones/crystals, and dissolution may be an option.

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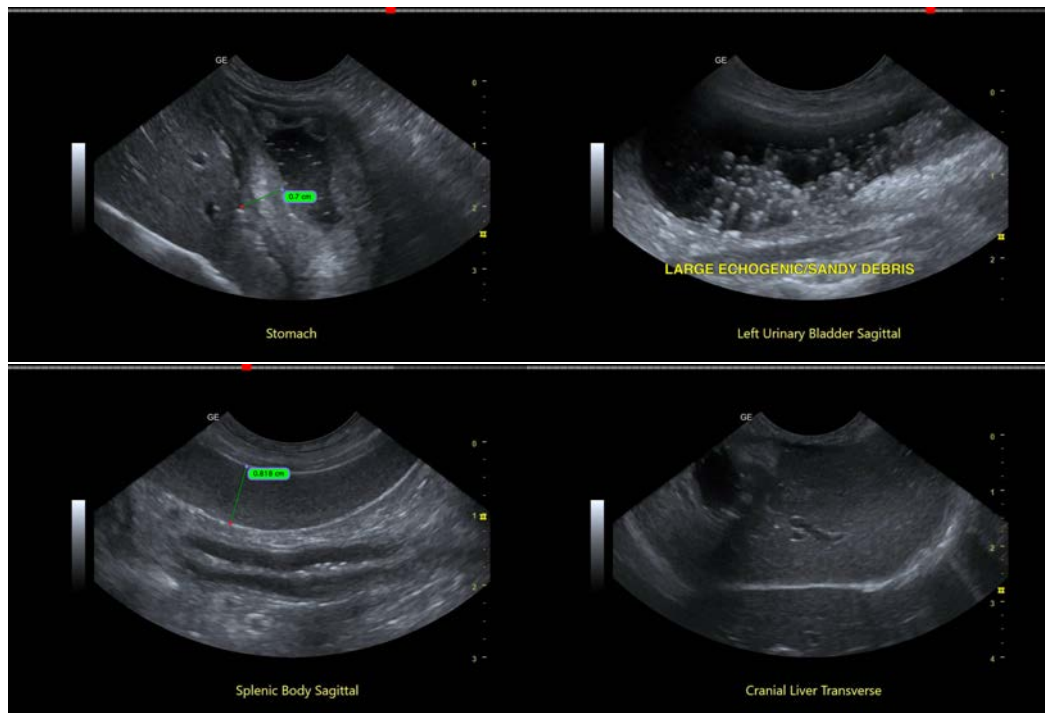
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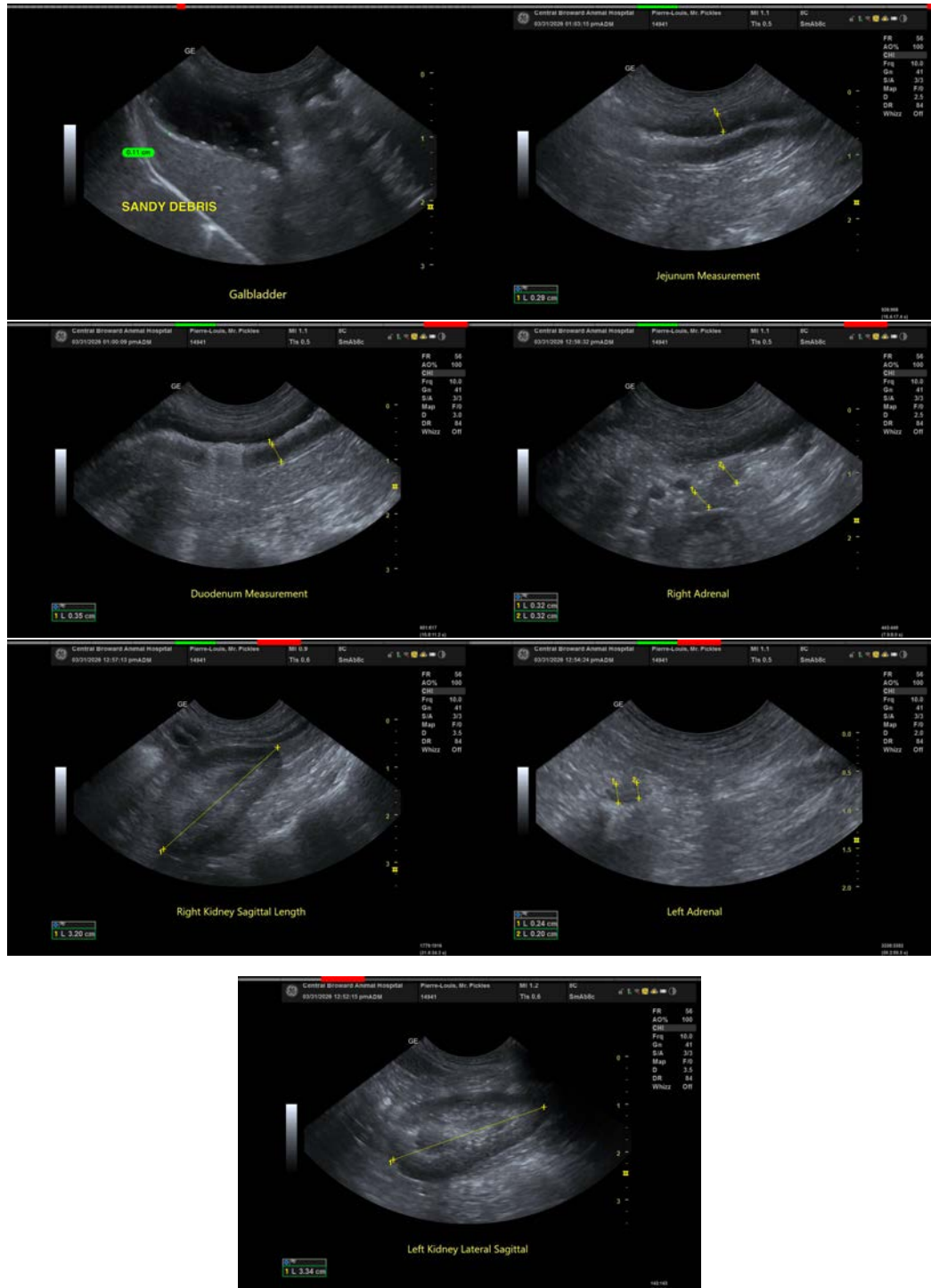
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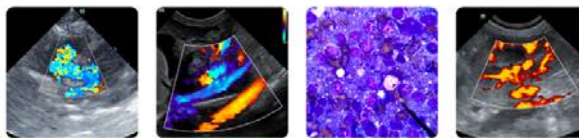
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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