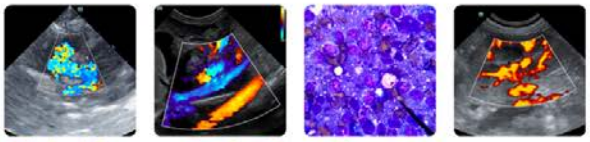


PATIENT

Chia Jackson

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

14 Years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Milligan, DVM

HOSPITAL NAME

Dockside Veterinary Imaging

REFERRING VET

Ronald Bell, DVM

INVOICE

74653

DATE

4/21/26

PRESENTING CLINICAL SIGNS

ACTH uncontrolled (known Cushings patient). Echo performed at same time as abdominal scan.

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 left kidney has a normal shape and size (3.48 cm) with mild pyelectasia at 0.14 cm. Overall echogenicity is slightly hyperechoic with mildly reduced 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 (3.2 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is borderline “plump”, measuring 0.53 cm at the cranial pole and 0.60 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 borderline “plump” measuring 0.74 cm at the cranial pole and 0.49 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.

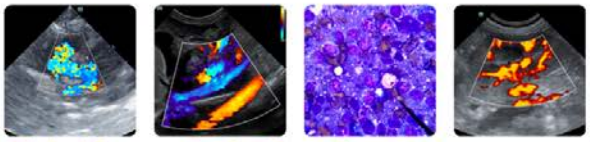
Spleen

The spleen is subjectively normal in size (0.63 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 and slightly irregular in shape. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. In the region of the caudate lobe on the right liver there is an isoechoic, rounded “bulge” most consistent with a rounded liver lobe or an isoechoic mass effect measuring 3.43 cm x 3.52 cm. Occasional ill-defined hypoechoic nodules are visualized in the parenchyma. An example measures 0.92 cm.

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 debris. The debris is hyperechoic and irregular with a soft shadow, concerning for a large amount of mineralized debris/poorly defined choleliths. There is no evidence of bile duct dilation.



PATIENT

Chia Jackson

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

14 Years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Milligan, DVM

HOSPITAL NAME

Dockside Veterinary Imaging

REFERRING VET

Ronald Bell, DVM

INVOICE

74653

DATE

4/21/26

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 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 0.29 cm. Jejunum wall measures 0.24 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/mottled in both limbs. 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

- Age related changes visualized associated with both kidneys.
- Borderline “plump” adrenal glands.
- Pancreatic changes most consistent with mild pancreatic remodeling.
- Large, heterogeneous, rounded liver with ill-defined hypoechoic nodules and an isoechoic “mass effect” in the right side – Findings could be consistent with a vacuolar hepatopathy or other hepatopathy. The rounded liver lobe could represent primary hepatic mass lesion (adenoma, carcinoma, etc.) or an anatomically rounded liver lobe.
- Large, distended gallbladder with a large amount of hyperechoic soft shadowing debris – 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, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered. Correlate with radiographs, as the material is concerning for possible mineralized debris/irregular choleliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder is very distended with a large amount of hyperechoic soft shadowing material. Findings could be concerning for early cholecystitis, etc. The shadow is fairly subtle, so it is uncertain if this represents mineralized debris. Correlate with radiographs and recommend starting Ursodiol therapy

PATIENT

Chia Jackson

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

14 Years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Milligan, DVM

HOSPITAL NAME

Dockside Veterinary Imaging

REFERRING VET

Ronald Bell, DVM

INVOICE

74653

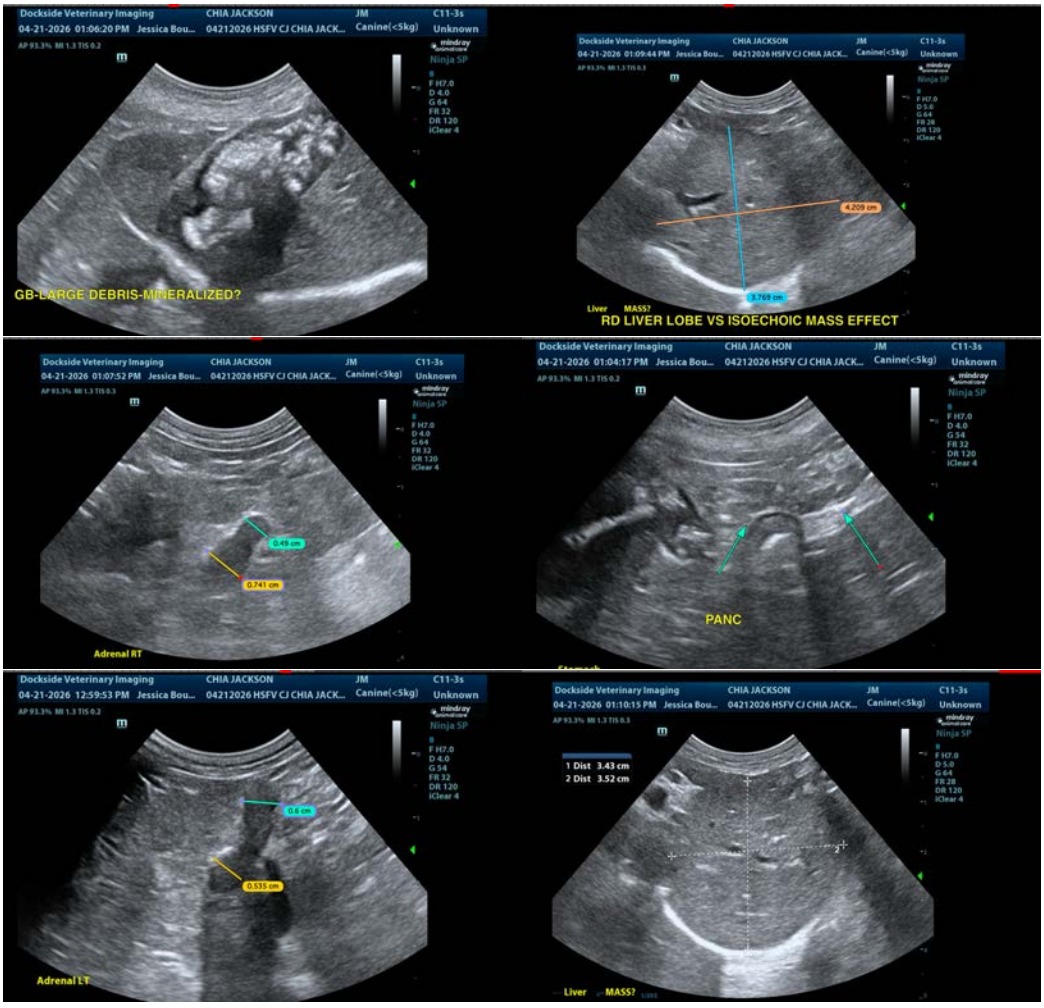
DATE

4/21/26

with close monitoring of the gallbladder, as removal could be considered if there is inflammation or symptoms associated with the gallbladder.

There is an isoechoic rounded area on the right side of the liver possibly consistent with an isoechoic mass effect. The significance of this is uncertain, as this could be an incidental finding. Options for further evaluation would include a fine needle aspirate and a contrast CT scan to evaluate for possible surgical removal (the gallbladder could be further evaluated as well).

The changes described associated with the kidneys, pancreas, and adrenals are most consistent with an older pet with Cushing's disease.



PATIENT

Chia Jackson

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

AGE

14 Years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Milligan, DVM

HOSPITAL NAME

Dockside Veterinary Imaging

REFERRING VET

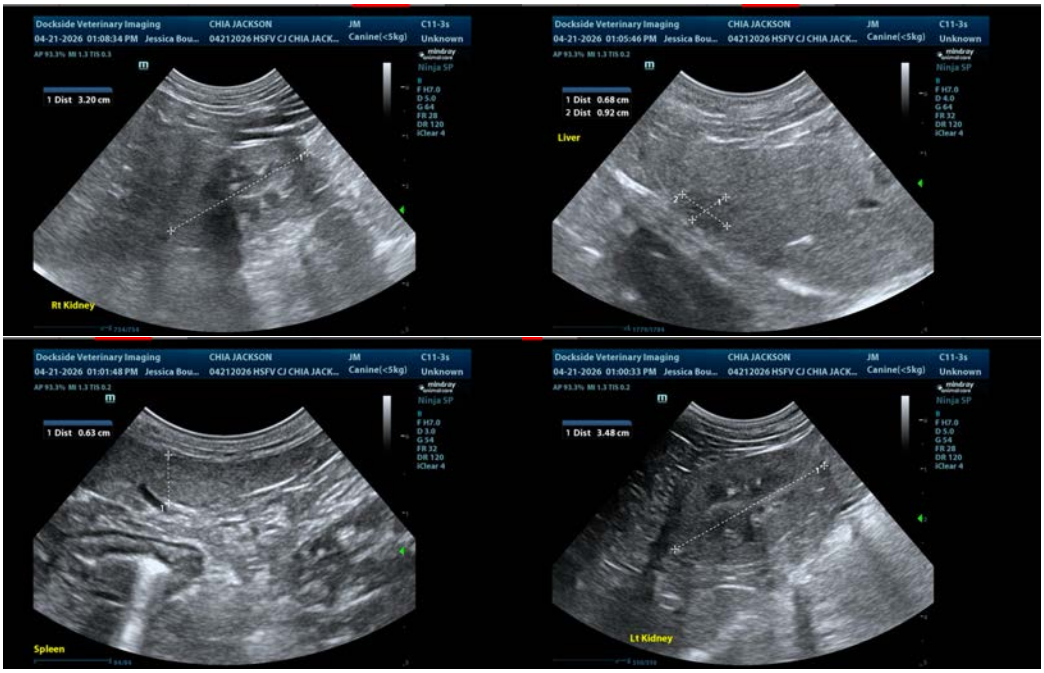
Ronald Bell, DVM

INVOICE

74653

DATE

4/21/26



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