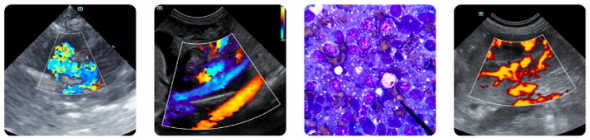


PATIENT

Luna Burrus

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

10 years

WEIGHT

32 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Southwood Vet Hospital

REFERRING VET

Dr. Harris

INVOICE

11824

DATE

4/29/2026

PRESENTING CLINICAL SIGNS

Presented to ER April 1st after possibly ingesting something at park (GI signs)
Clinically normal now but repeat labs showed liver enzyme elevations.

Abnormal PE/Chem/CBC/UA Results: ALT 314 ALT 296 AST 222 Bilirubinuria and mild proteinuria on dipstick.

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 (6.03 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 (6.4 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, slightly irregular in shape, measuring 0.91 cm at the cranial pole and 0.64 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is slightly abnormal in appearance in that there is a poorly defined hyperechoic nodule in the cranial pole measuring 0.59 cm x 0.92 cm, which does not deform the adrenal capsule.

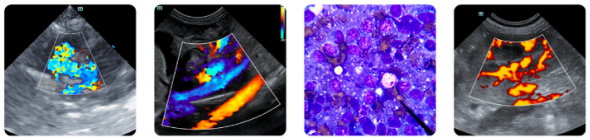
The right adrenal gland is normal in size measuring 0.64 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.19 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is normal in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly 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

Luna Burrus

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

10 years

WEIGHT

32 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Southwood Vet Hospital

REFERRING VET

Dr. Harris

INVOICE

11824

DATE

4/29/2026

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

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. The duodenum measured as normal (0.49 cm in wall thickness) and the jejunum measured as normal (0.38 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 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. There are occasional prominent isoechoic mesenteric lymph nodes. An example measures 0.65 cm in width. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic nodule in the cranial pole of the left adrenal gland. At this time this has the appearance most consistent with benign lesion (focal hyperplasia, an adenoma, etc.) Continued monitoring is warranted as an early neoplastic lesion cannot be ruled out.
- Heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy.
- Occasional prominent mesenteric lymph nodes. The appearance is most consistent with reactive lymph nodes. Continued monitoring is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver to explain the elevation in ALT reported. A primary hepatopathy is suspected. Consider the following:

- Recommend pre- and post-prandial bile acids to assess liver function.
- If clinically appropriate, consider screening for leptospirosis.
- If further revaluation is desired, consider a fine needle aspirate of the liver (provided

PATIENT

Luna Burrus

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

10 years

WEIGHT

32 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Southwood Vet Hospital

REFERRING VET

Dr. Harris

INVOICE

11824

DATE

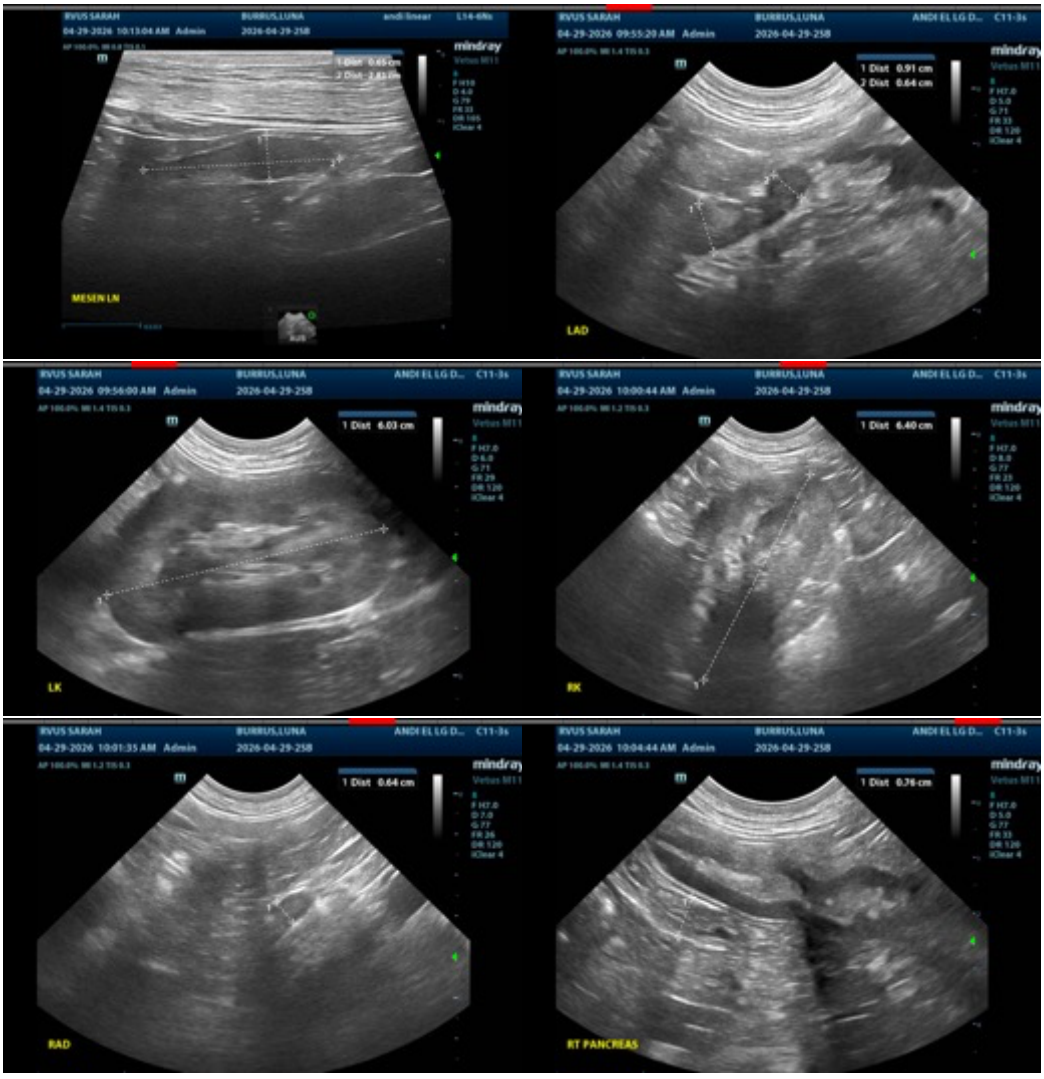
4/29/2026

coagulation parameters are normal.)

If liver values continued to rise, and/or the liver function is abnormal, biopsies of the liver with samples for histopathology, culture, and copper levels should be considered.

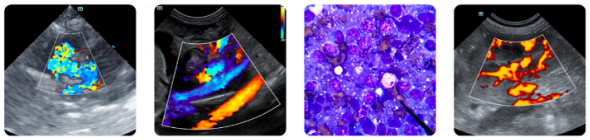
There's a hyperechoic nodule in the cranial pole of the left adrenal. This has the appearance most consistent with a benign lesion at this time. Recommend continued monitoring looking for growth (recheck in 3-4 months.) Additionally, consider a blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels looming for an early pheochromocytoma.

Additionally, you could consider empirical for acute liver injury secondary to dietary indiscretion with a course of ursodiol, denamarin, and antibiotics to see if liver enzymes improve.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Luna Burrus

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

10 years

WEIGHT

32 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Southwood Vet Hospital

REFERRING VET

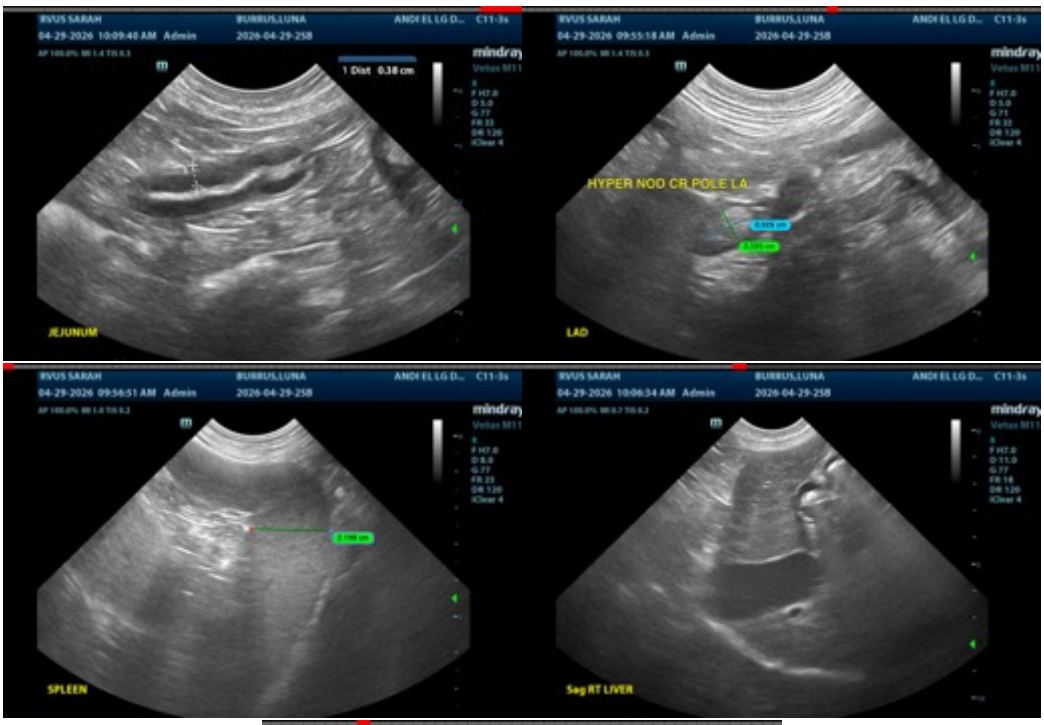
Dr. Harris

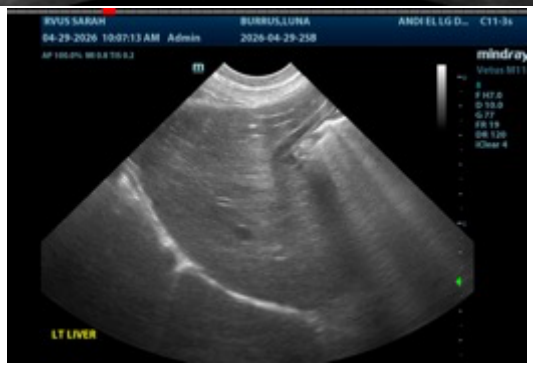
INVOICE

11824

DATE

4/29/2026





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