PATIENT

Keio Saunders

SPECIES

Canine

BREED

Maltese Mix

SEX

MN

AGE

12 years

WEIGHT

25.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView Animal Hospital

REFERRING VET

Dr. Ashlie Brown

INVOICE

11840

DATE

4/30/2026

PRESENTING CLINICAL SIGNS

Reason for Ultrasound: Elevation of ALT and ALP, with low USG (R/O hepatic vs extrahepatic disease vs Cushing's disease vs Neoplasia vs others. Relevant Medical History: BW on 10/1/2025: elevation of ALT and ALP, with low USG (R/O hepatic vs extrahepatic disease vs Cushing's disease vs neoplasia vs others). P was started on a liver supplement: a recheck BW on 04-09-2026: Elevated TP, Globulin, ALT, ALP and total Bilirubin. ALT and ALP values have increased since last recheck.
Recent Diagnostics: BW on 10/1/2025: elevation of ALT and ALP, with low USG (R/O hepatic vs extrahepatic disease vs Cushing's disease vs neoplasia vs others). P was started on a liver supplement: a recheck BW on 04-09-2026: Elevated TP, Globulin, ALT, ALP and total Bilirubin. ALT and ALP values have increased since last recheck. LDDS test: Pending.

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 (0.71 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 (5.29 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. Pinpoint cortical mineralizations, most consistent with dystrophic mineralization, are noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.03 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. Pinpoint cortical mineralizations, most consistent with dystrophic mineralization, are noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.43 cm at the cranial pole and 0.6 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 0.61 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 and shape. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There is a subtle/poorly defined hypoechoic nodule in the parenchyma, measuring 0.73 cm in diameter.

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Liver

The liver is large in size, and normal in 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. There is a small cystic lesion visualized measuring 0.49 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 echogenic debris. Some of the dependent debris is hyperechoic and shadowing, most consistent with mineralized/small choleliths. 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 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 (0.48 cm in wall thickness) and the jejunum measured as normal (0.39cm.) 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's a visible/slightly prominent isoechoic iliac lymph node measuring 0.85 cm. A prominent portal lymph node is visualized measuring 0.56 cm x 0.91 cm. A mesenteric lymph node measures 0.56 cm. The omentum is of normal uniform echogenicity.

Other

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Subtle ill-defined hypoechoic nodule in the spleen. There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

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- Pancreatic changes most consistent with mild pancreatic remodeling.
- Subjectively large, heterogenous liver with a small cystic lesion. 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. The cystic lesion is most consistent with a benign hepatic cyst.
- Large dependent gallbladder debris with small mineralization/choleliths. 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.
- Occasional prominent mesenteric lymph nodes. Findings are most consistent with reactive lymph nodes. Early neoplastic lymph nodes cannot be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

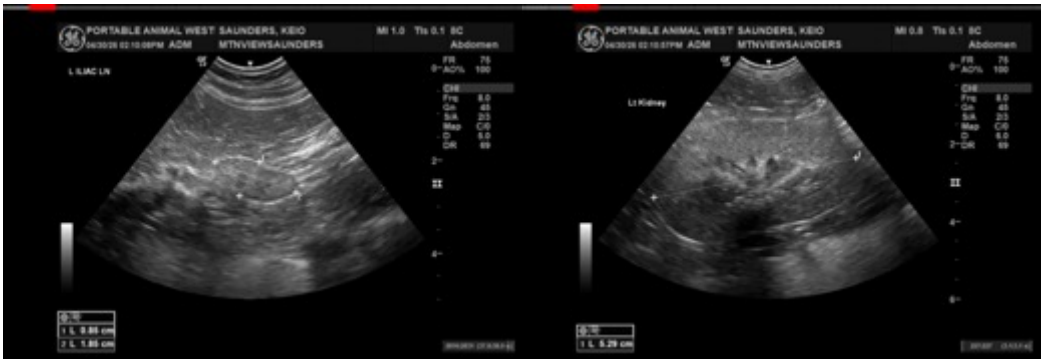
The liver subjectively appears large and heterogenous. No significant focal lesions are observed, findings could be consistent with a primary hepatopathy such as a vacuolar hepatopathy or similar. Although other inflammatory, infectious, even neoplastic differentials are possible.

The gallbladder has a moderate to large amount of debris and some mineralized debris. There's no evidence of significant wall thickening or inflammation, although mild cholecystitis is possible. Consider starting ursodiol therapy and denamarin therapy +/- a course of antibiotics with continued monitoring of liver values.

Recommend a fine needle aspirate of the liver (provided coagulation parameters are normal.) If liver values do not improve, consider reevaluation of the gallbladder and a biopsy of the liver with samples for histopathology, culture, and copper levels.

Both kidneys have age related changes. Correlate with renal values, urine concentrating ability, etc.

There's a subtle hypoechoic nodule in the spleen. Options moving forward would include continued monitoring with ultrasound or a fine needle aspirate.



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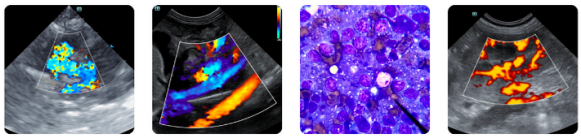
530-786-8340



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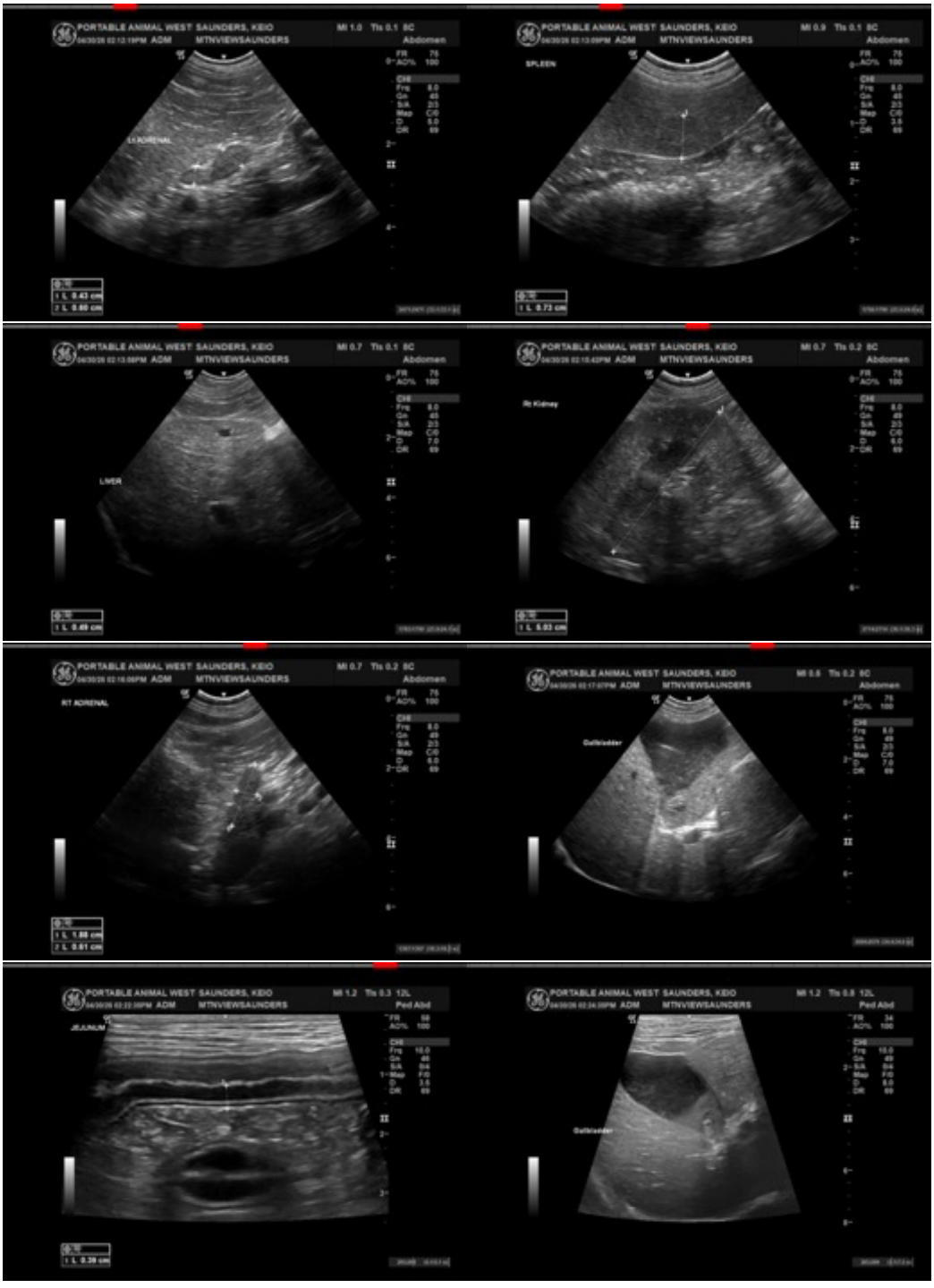

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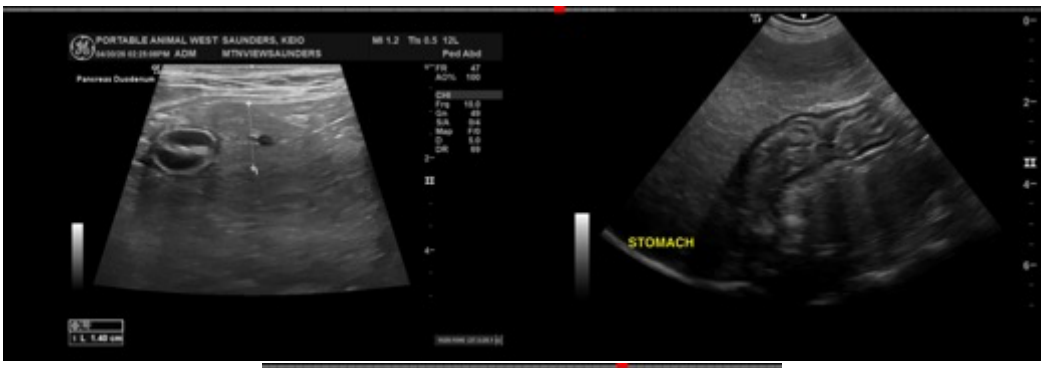

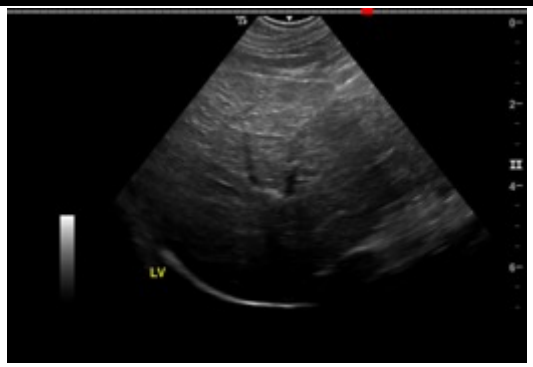

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com