PATIENT

Gemma May

SPECIES

Canine

BREED

Beagle Mix

SEX

FS

AGE

14 years

WEIGHT

10.18 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Brighton Greens Veterinary Hospital

REFERRING VET

Dr. Jill Hopfenbeck

INVOICE

11658

DATE

4/9/2026

PRESENTING CLINICAL SIGNS

Recently diagnosed with mitral valve disease (no heart failure), started on Vetmedin. O reports episodes of possible nausea (particularly floor licking) in the last few months. Elevated liver enzymes noted on labwork, increasing despite treatment with Denamarin/Ursodiol.

Working diagnosis: Hepatopathy, hepatic mass/neoplasia.

MEDS: Vetmedin 2.5mg po bid, ursodiol 250mg 1/2 po sid, Denamarin 225mg po sid.

Abnormal PE/Chem/CBC/UA Results: BP Systolic 140 LABS attached.

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 (4.94 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. Numerous pinpoint cortical mineralizations noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.98 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. Numerous pinpoint cortical mineralizations noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal/borderline small in size measuring 0.26 cm at the cranial pole and 0.33 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 plump in size measuring 1.12 cm at the cranial pole and 0.67 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 (1.49 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. There are numerous, irregular, hyperechoic foci/nodules in the spleen, most consistent with benign myelolipomas.

Liver

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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. No focal nodules or cystic lesions are observed.

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. 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 (0.38 cm in wall thickness) and the jejunum measured as normal (0.35 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 prominent and 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, 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

- Plump right adrenal and difficult to visualize/borderline small left adrenal. The significance of this is uncertain. Recommend continued monitoring of the right adrenal for progressive enlargement.
- Age related changes visualized associated with both kidneys.
- Pancreatic changes consistent with mild pancreatic remodeling in the right limb.
- Large, 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.
- Large gallbladder with a large amount of gallbladder debris with some very mild early organization at the gallbladder wall and some hyperehoic mineralized debris. A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated

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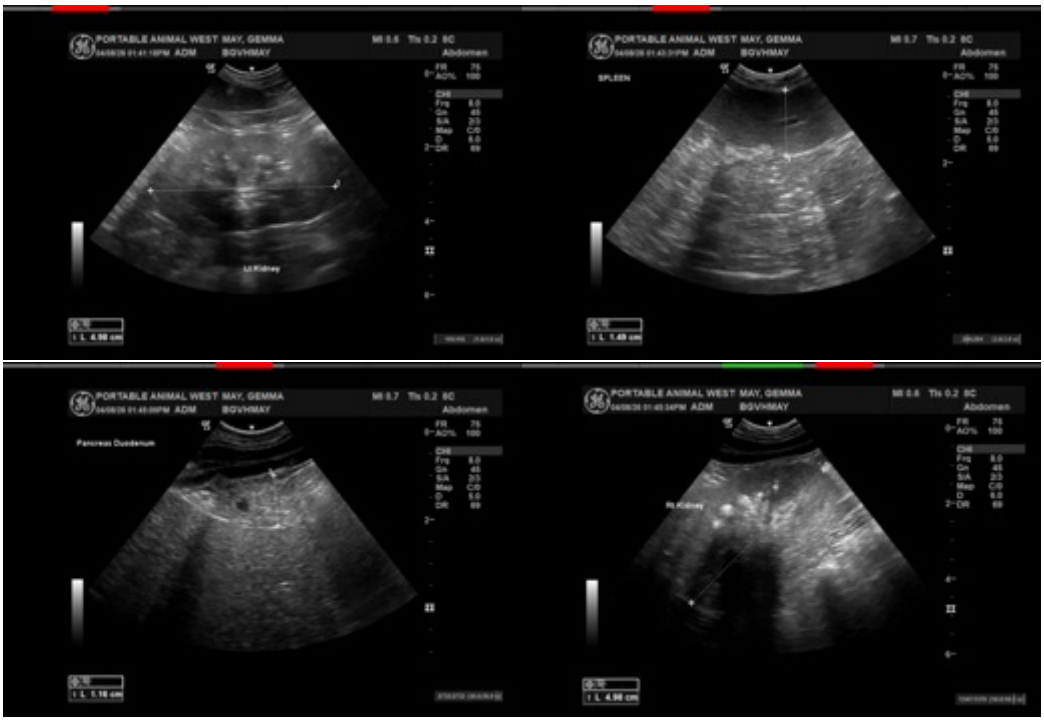
inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and heterogenous, and the gallbladder has a large amount of debris with some mild organization potentially consistent with very early mucocele formation. Generally, the liver changes have the appearance most consistent with a vacuolar hepatopathy, although other hepatopathies are possible. Consider pre- and post-prandial bile acids and a fine needle aspiarate of the liver. Additionally, consider a course of antibiotics for possible cholangitis/cholangiohepatitis. The gallbladder changes are not definitively surgical at this time but continued monitoring for progression of these changes is warranted.

The right adrenal is large and hypoechoic, with slightly irregular cranial pole. The left adrenal is difficult to visualize. The significance of this is uncertain but there could be concern for emerging right adrenal changes, which could be causing some degree of involution of the left adrenal. Recommend continued monitoring of the right adrenal for progressive changes.

Both kidneys have changes consistent with chronic renal disease. Recommend a blood pressure, urinalysis and culture as a baseline (if not already done.)



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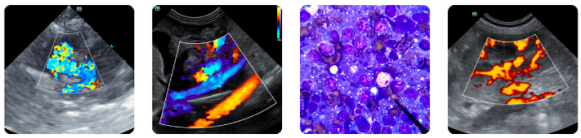

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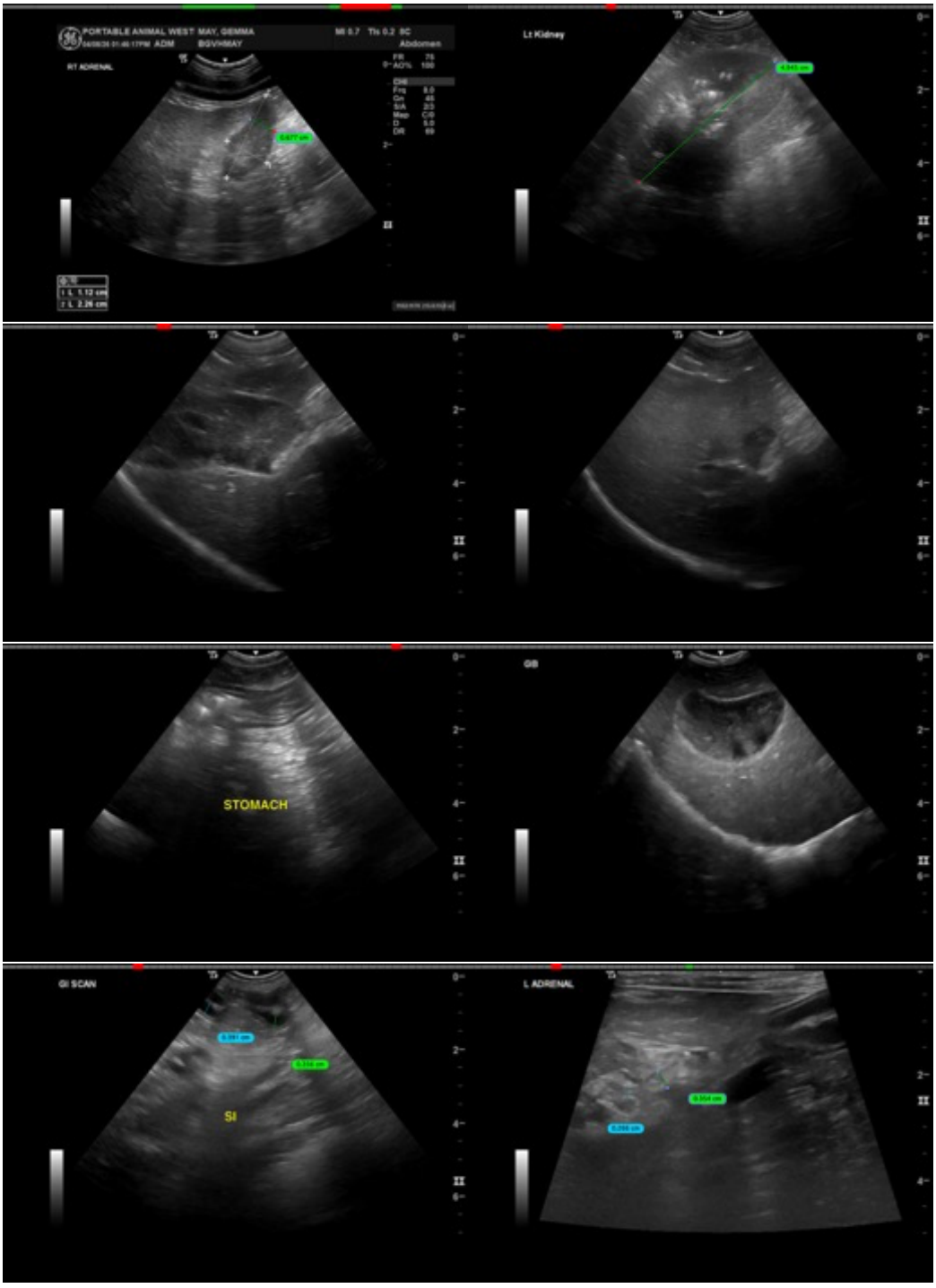

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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