



## PATIENT

Marcelo Botero

## SPECIES

Canine

## BREED

Mini Schnauzer

## SEX

MN

## AGE

8 years

## WEIGHT

15.4 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gabriel Ferrer

## HOSPITAL NAME

Pulse Pet Ultrasound  
Services

## REFERRING VET

Dr. Jose Barrera

## INVOICE

11662

## DATE

4/9/2026

## PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to Hx of Pancreatitis and elevated hepatic enzymes. Due to Px's condition it was recommended to undergo a sonographic evaluation every 6 months. No vomiting, diarrhea, coughing, sneezing, or abnormal food/water intake reported by owner. No recent bloodwork presented, rDVM reports ALT 177, ALKP 365.

Abnormal PE/Chem/CBC/UA Results: Previous report attached for your reference.

## 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 (0.6cm) 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 (4.45 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. Small pinpoint cortical mineralizations are noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.39 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. Occasional 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 in size measuring 0.53 cm at the cranial pole and 0.53 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 0.62 cm at the cranial pole and 0.56 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 (1.11 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 large in size, hyperechoic and rounded. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear



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normal. There is a hypoechoic nodule visualized dorsal to the gallbladder measuring 0.7 cm. Most consistent with the previously described nodule measuring 1.3 cm x 0.6 cm. Additionally, there's a anechoic rounded structure visualized adjacent to the diaphragm most consistent with a cystic lesion measuring 0.74 cm.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

### **Gastrointestinal**

The stomach contains mild fluid. It measures at a normal thickness of 0.32 cm 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 (0.52 cm in wall thickness) and the jejunum measured as normal (0.36 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. The descending colon wall measures 0.21 cm with intact wall 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**

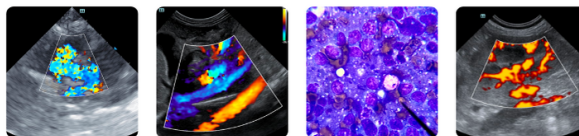
Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no significant lymphadenopathy (a visible mesenteric lymph node measures 0.19 cm.) The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

### **PRIMARY FINDINGS**

- Large, hyperechoic, heterogenous, rounded liver with an ill-defined hypoechoic nodule and a suspected anechoic cyst. Findings are most consistent with a vacuolar hepatopathy. The previously described hypoechoic nodule appears stable. The suspected cystic lesion is likely a benign hepatic cyst.
- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

### **SECONDARY FINDINGS**

- Visible/mildly mottled pancreas. Findings could be consistent with mild pancreatic remodeling.



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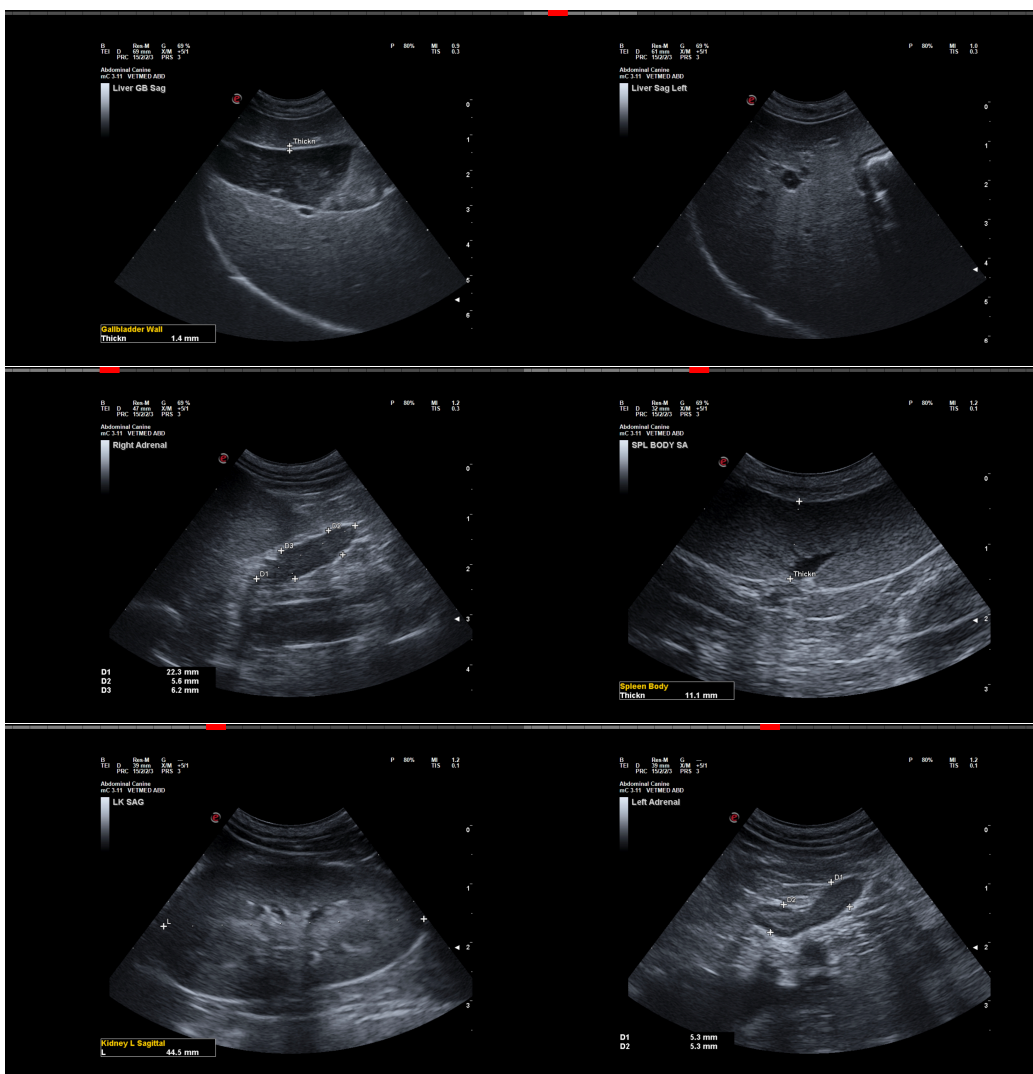
4/9/2026

- Mild age-related changes visualized associated with both kidneys.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears very similar to the scan described 03/2025. There have been no significant changes in the focal hepatic nodule. The hepatic changes are most consistent with a primary vacuolar hepatopathy. If signs of Cushing's are present, you could consider adrenal function testing. Although the adrenals appear relatively normal in size. No significant/active pancreatic lesions are observed.

There's a moderate amount of debris visualized in the gallbladder. If desired you could consider chronic ursodiol therapy to help with possible cholestatic disease.





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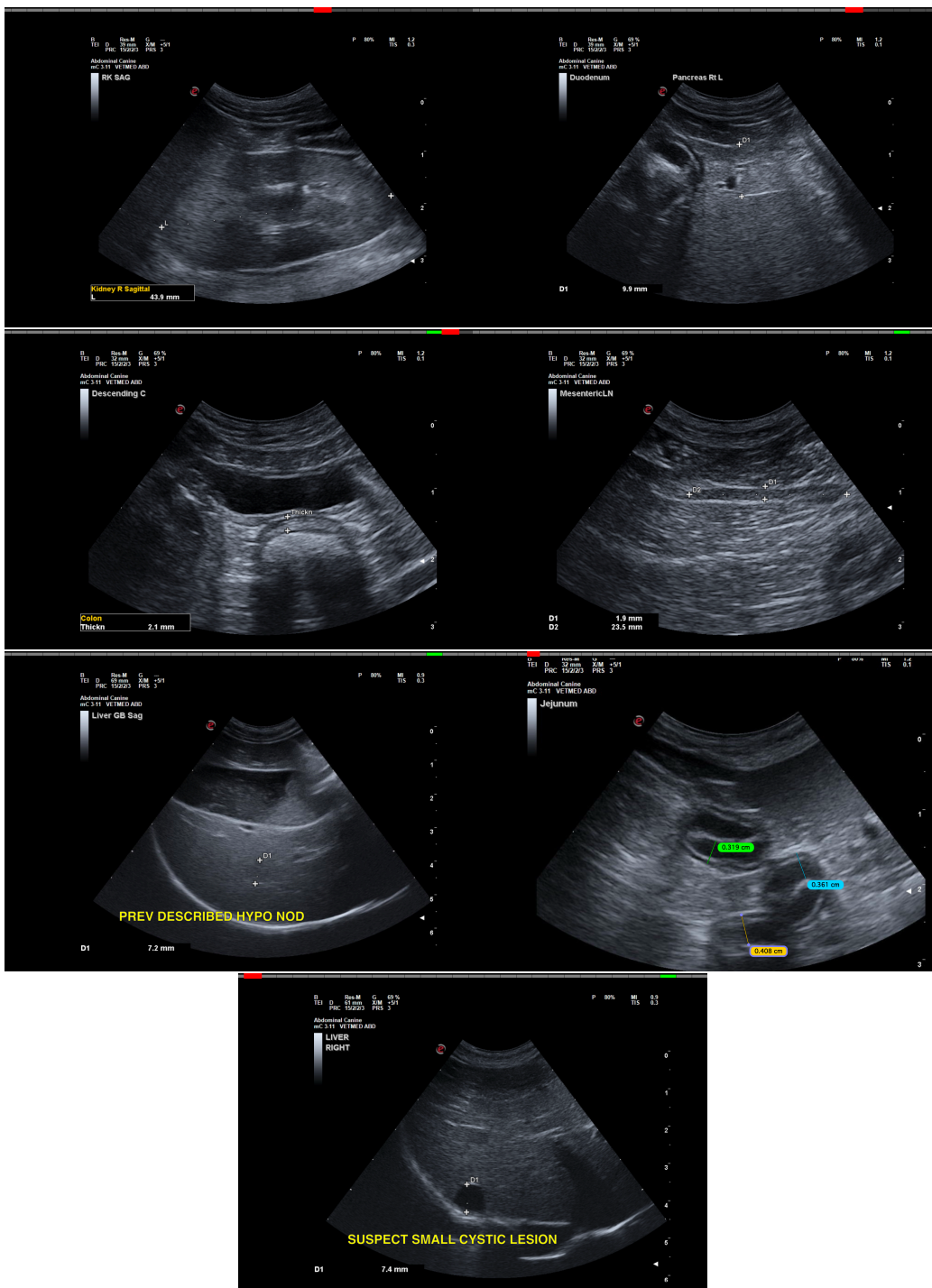
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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](mailto:info@sonopath.com)