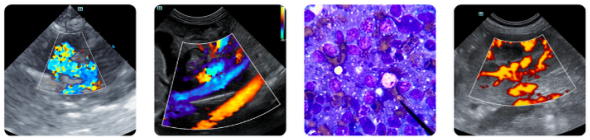


PATIENT

Maximus Magus

SPECIES

Canine

BREED

Pomeranian Mix

SEX

MN

AGE

12 years

WEIGHT

5.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Signal Hill Vet

REFERRING VET

Dr. Liz Cumyn

INVOICE

11936

DATE

5/12/2026

PRESENTING CLINICAL SIGNS

Pre COHAT ultrasound due to elevation of liver enzymes.

Abnormal PE/Chem/CBC/UA Results: Elevated ALP (1800 range), other liver values are normal, noted on pre-anesthetic bloodwork for a dental. Started on zentonil and ursodiol for one month, no marked improvement on repeat bloodwork.

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, or masses. In the dependent portion of the urinary bladder there is a pile of hyperechoic shadowing small stones (at least 6) this mineralization and sandy debris extends into the pre-prostatic urethra and prostatic urethra.

The prostate is normal measuring 0.46 cm. There are some small stones visualized in the prostatic urethra.

The left kidney has a normal shape and size (4.54 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. Too numerous to count, variably sized (some large cortical cysts), small pinpoint non-obstructive nephroliths noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.61 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. Too numerous to count, variably sized (some large cortical cysts), small pinpoint non-obstructive nephroliths noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

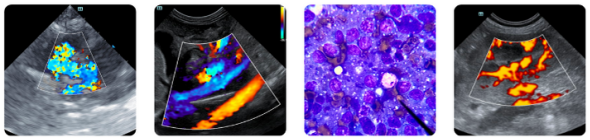
The left adrenal gland is normal in size measuring 0.41 cm at the cranial pole and 0.4 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.45 cma the cranial pole and 0.43 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 (0.78 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 is a somewhat poorly defined hyperechoic nodule visualized in the region of the hilus measuring 1.27 cm x 0.97 cm.

Liver



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The liver is subjectively large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. 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 (0.25 cm in wall thickness) and the jejunum measured as normal (0.22 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, 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

- Shadowing stones visualized in the dependent portion of the urinary bladder, the pre-prostatic and prostatic urethra.
- Decreased corticomedullary distinction, large cortical cysts, and non-obstructive nephroliths visualized associated with both kidneys. Findings are suggestive of chronic renal disease and benign renal cysts.
- Hyperechoic nodule in the spleen. This generally has a benign appearance although an early neoplastic process cannot be ruled out. Recommend continued monitoring or a fine needle aspirate.
- The diffuse hepatic changes are non-specific and can be seen with vacuolar hepatopathy, reactive change, nodular hyperplasia or less likely, inflammatory/immune-mediated disease, infiltrative neoplasia, or other hepatopathy.
- Large gallbladder debris. A large amount of debris is evident in the gall bladder with no

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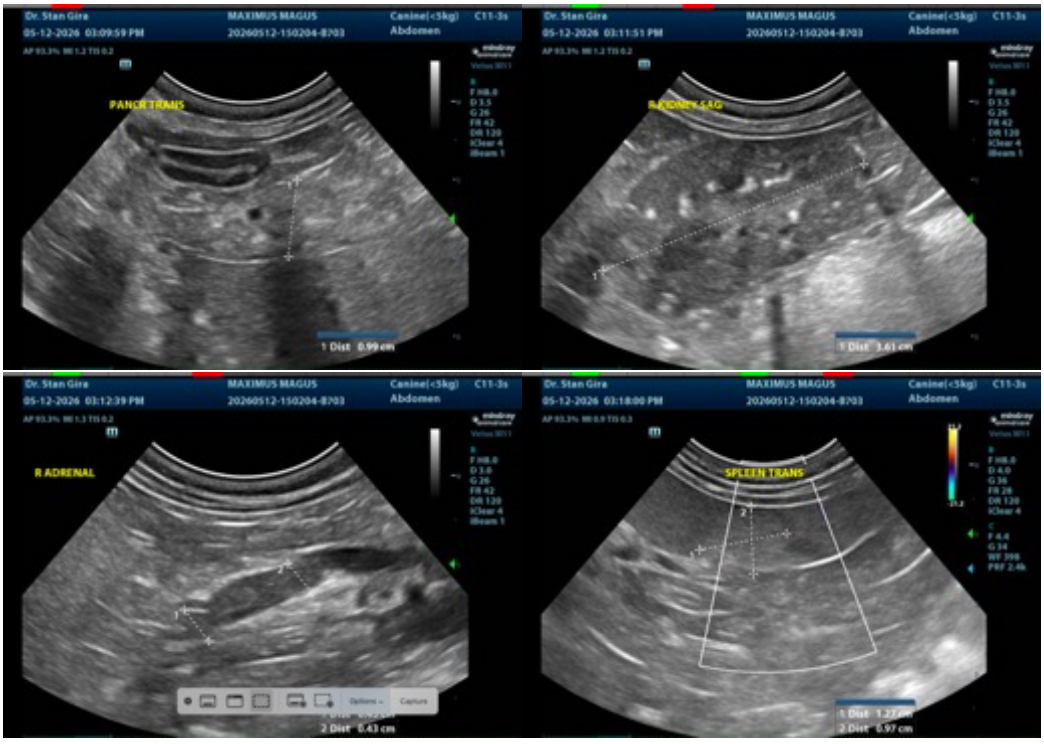
evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of lab work and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and hyperechoic with no significant focal lesions. The appearance is most consistent with a vacuolar hepatopathy, although other hepatopathies are possible. Additionally, the gallbladder has a large amount of debris with no evidence of significant inflammation, wall thickening, etc. Recommend starting ursodiol therapy and continued monitoring of the gallbladder.

Both kidneys have changes consistent with chronic renal disease. Recommend a blood pressure, urinalysis, culture +/- urine protein-creatinine ratio to further assess.

There are numerous stones and sandy debris visualized in the pre-prostatic urethra and the urinary bladder. Correlate with a urinalysis and culture. Recommend close continued monitoring for obstruction. A cystotomy with retropulsion into the urinary bladder could be considered. Correlate with radiographs to better assess the number and size of stones present.



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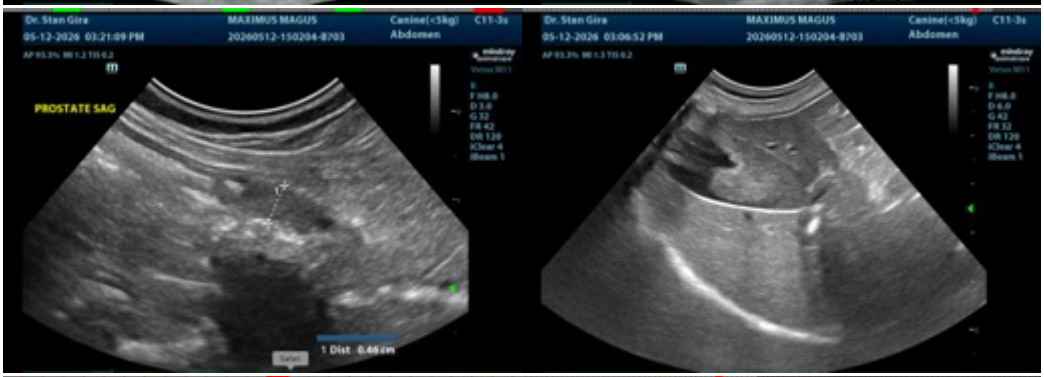

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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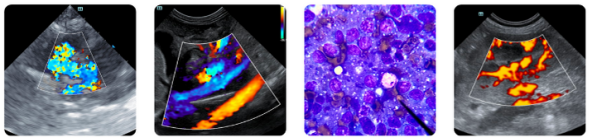

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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

info@sonopath.com