



## PATIENT

Annie McIntosh

## SPECIES

Canine

## BREED

Min Pin

## SEX

Spayed Female

## AGE

13 Years 6 Months

## WEIGHT

4.74 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Brian Barnes

## HOSPITAL NAME

Westview Veterinary  
Hospital

## REFERRING VET

Dr. Brian Barnes

## INVOICE

75159

## DATE

5/14/26

## PRESENTING CLINICAL SIGNS

1) Colitis 2) Pancreatitis, chronic 3) Hepatopathy, benign? 4) Gallbladder debris, developing early Mucocele 5) Chronic renal changes with mild medullary mineral 6) Gastroesophageal reflux secondary to cough 7) Allergic bronchitis 8) DMVD Stage B1 9) Trace TR 1) Coughing on and off

Abnormal PE/Chem/CBC/UA Results: Blood work pending, Dog is BAR/H Pink MM. Hyper Eyes aging changes lens. Ears bilateral otitis externa, more debris in right canal. Grade 1-2 dental disease, no halitosis, and no gingivitis. LN palpate normal, Heart is reg/reg with grade 2-3/6 holosystolic murmur, PMI left hemithorax murmurs and no Arrhythmias. Lungs are clear with no adventitial sounds. Easily induced tracheal cough with digital palpation Abdomen NAF with palpation. Coat and skin look good, No limping

## 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 (4.13 cm) with occasional pinpoint cortical mineralizations. 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. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.07 cm) with pinpoint cortical mineralizations. 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. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

### Adrenal Glands

The left adrenal gland is normal in size measuring 0.58 cm at the cranial pole and 0.48 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 0.90 cm at the cranial pole and 0.41 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 (1.56 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.



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## Liver

The liver is large and rounded. 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. Duodenum wall measures 0.32 cm. Jejunum wall measures 0.27 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/mottled in both limbs. 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

- Age related changes visualized associated with both kidneys.
- Large, heterogeneous, rounded liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Moderate/large gallbladder debris – 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.



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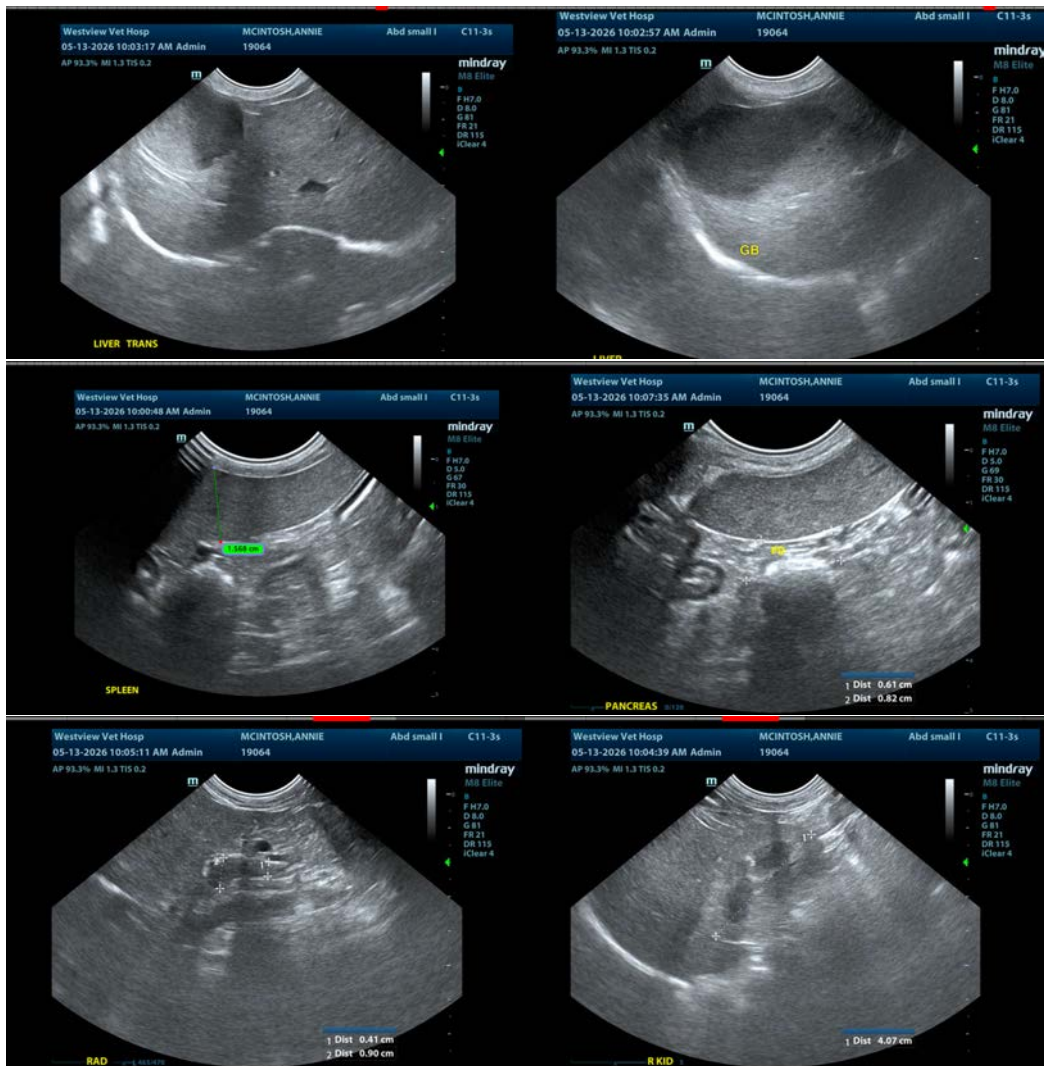
5/14/26

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes observed on today's scan are relatively similar to the previous exam from 10/2025. The liver is large and heterogeneous, possibly consistent with a vacuolar hepatopathy, although other hepatopathies are possible. Additionally, there is a moderate to large amount of debris in the gallbladder but no evidence of gallbladder wall thickening or significant inflammation. If not already done, recommend Ursodiol therapy and continued monitoring of the gallbladder.

Both kidneys have changes consistent with mild chronic age related renal disease.

If further evaluation of the hepatopathy is desired, you could consider pre- and post-prandial bile acids to assess liver function +/- a fine needle aspirate.





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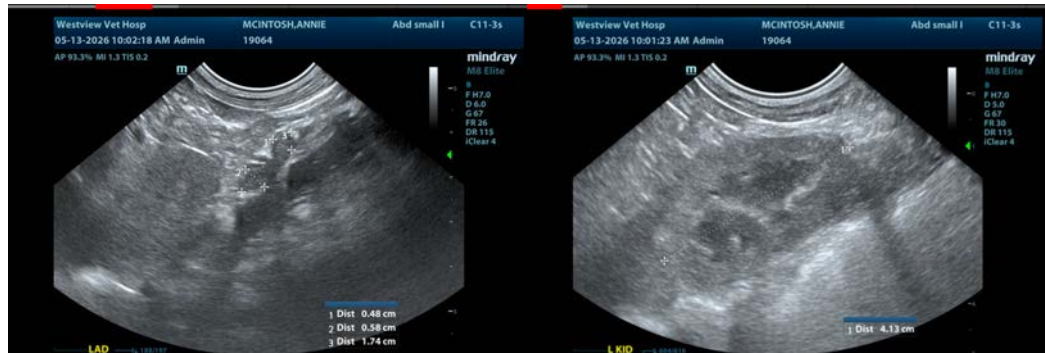
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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