



## PATIENT

Buddy Sanchez

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Neutered Male

## AGE

8 Years

## WEIGHT

10.8 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Casper

## HOSPITAL NAME

Hometown Animal  
Hospital (Florida)

## REFERRING VET

Dr. Casper

## INVOICE

75149

## DATE

5/14/26

## PRESENTING CLINICAL SIGNS

Recheck AUS for recurrent inc in ALT. Bile acids WNL. Taking Denamarin Adv  
Abnormal PE/Chem/CBC/UA Results: Cbc- mild monocytosis (0.85), thrombocytosis (524) Chem-  
inc BUN (34), inc Alb (4.0), inc ALT (143), dec amylase (320)

## 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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (4.3 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.61 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### Adrenal Glands

The left adrenal gland is normal in size measuring 0.56 cm at the cranial pole and 0.55 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 0.44 cm at the cranial pole and 0.45 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 surgically absent.

### Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous 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 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.



## PATIENT

Buddy Sanchez

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Neutered Male

## AGE

8 Years

## WEIGHT

10.8 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Casper

## HOSPITAL NAME

Hometown Animal  
Hospital (Florida)

## REFERRING VET

Dr. Casper

## INVOICE

75149

## DATE

5/14/26

## ***Gastrointestinal***

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.29 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. Jejunum wall measures 0.26 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 normal and isoechoic to surrounding mesentery. 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**

- Mild suspended echogenic debris in the urinary bladder – The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus.
- 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.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No significant focal lesions are visualized associated with the liver to explain the elevation in ALT reported. A mild primary hepatopathy would be suspected. Options for further evaluation would include a fine needle aspirate and/or a liver biopsy with samples for histopathology, culture and copper levels. If the patient is asymptomatic and bile acids are normal, continued monitoring would be an option. There is a moderate amount of debris visualized in the gallbladder with no significant gallbladder wall thickening or similar. Options would include continued monitoring or Ursodiol therapy.



**PATIENT**

Buddy Sanchez

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

10.8 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Casper

**HOSPITAL NAME**

Hometown Animal  
Hospital (Florida)

**REFERRING VET**

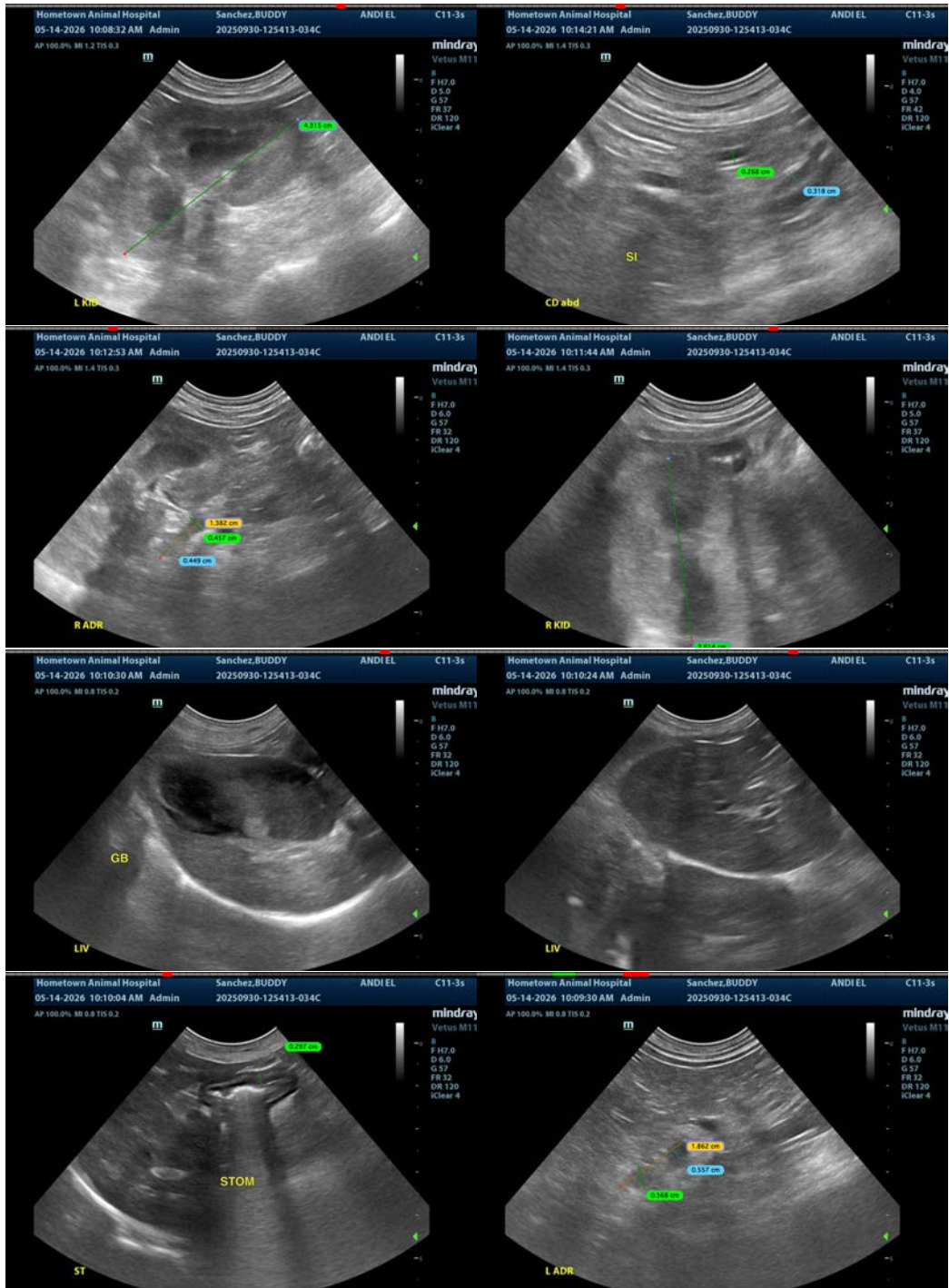
Dr. Casper

**INVOICE**

75149

**DATE**

5/14/26





## PATIENT

Buddy Sanchez

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Neutered Male

## AGE

8 Years

## WEIGHT

10.8 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Casper

## HOSPITAL NAME

Hometown Animal  
Hospital (Florida)

## REFERRING VET

Dr. Casper

## INVOICE

75149

## DATE

5/14/26



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