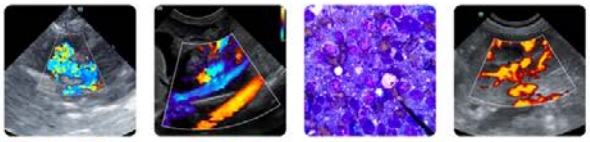


PATIENT

Happy Barreto

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

14 Years

WEIGHT

14.0 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Marilyn Davila

INVOICE

75157

DATE

5/14/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to Hx of elevated hepatic enzyme values. Px originally visited rDVM last year for a dental cleaning procedure and bloodwork showed an elevation in the hepatic enzyme values, and so Denamarin was prescribed. Owner reports that they saw improvement after the Denamarin was prescribed, as Px had some vomiting and diarrhea at the moment, but then stopped. Owner reports that there has been no more vomiting or diarrhea, and that Px is active and appetent.

Abnormal PE/Chem/CBC/UA Results: Bloodwork attached below 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 left kidney has a normal shape and size (3.94 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 (4.18 cm). Overall echogenicity is slightly hyperechoic with mildly reduced 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 0.50 cm at the cranial pole and 0.54 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.

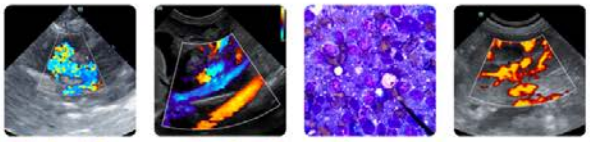
The right adrenal gland is normal in size measuring 0.58 cm at the cranial pole and 0.52 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.12 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.

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. There are occasional ill-defined hypoechoic nodules in the parenchyma. An example measures 0.40 cm.



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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 0.38 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. There is an isoechoic rounded structure visualized just proximal to the pyloric antrum, concerning for a possible polypoid gastric lesion, measuring 0.58 cm x 0.44 cm. Adhered gastric material cannot be definitively ruled out.

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 0.46 cm. Jejunum wall measures 0.41 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 is slightly prominent, measuring at 0.31 cm with intact wall layering.

Pancreas

The pancreas is mottled, irregular and hypoechoic. In the right limb the pancreas appears somewhat irregular almost creating a poorly defined mass effect measuring 1.11 cm x 1.46 cm in the region of the cranial duodenum. 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 are occasional prominent mesenteric lymph nodes. A lymph node near the pancreas measures 1.28 cm x 0.97 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Irregular, heterogeneous, hypoechoic pancreas – Findings are most consistent with chronic pancreatic remodeling +/- mild chronic pancreatitis. An underlying neoplastic process is less likely.
- Large, heterogeneous, rounded liver – Findings are most consistent with a vacuolar hepatopathy. Other hepatopathies are possible.
- Large, non-organized 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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- Mucosal irregularity/polypoid lesion visualized in the stomach – Findings are most consistent with a polyp. Gastric debris or a neoplastic lesion cannot be ruled out.
- Mildly prominent/thickened descending colon wall – Findings could be consistent with mild colitis or anatomic variation.

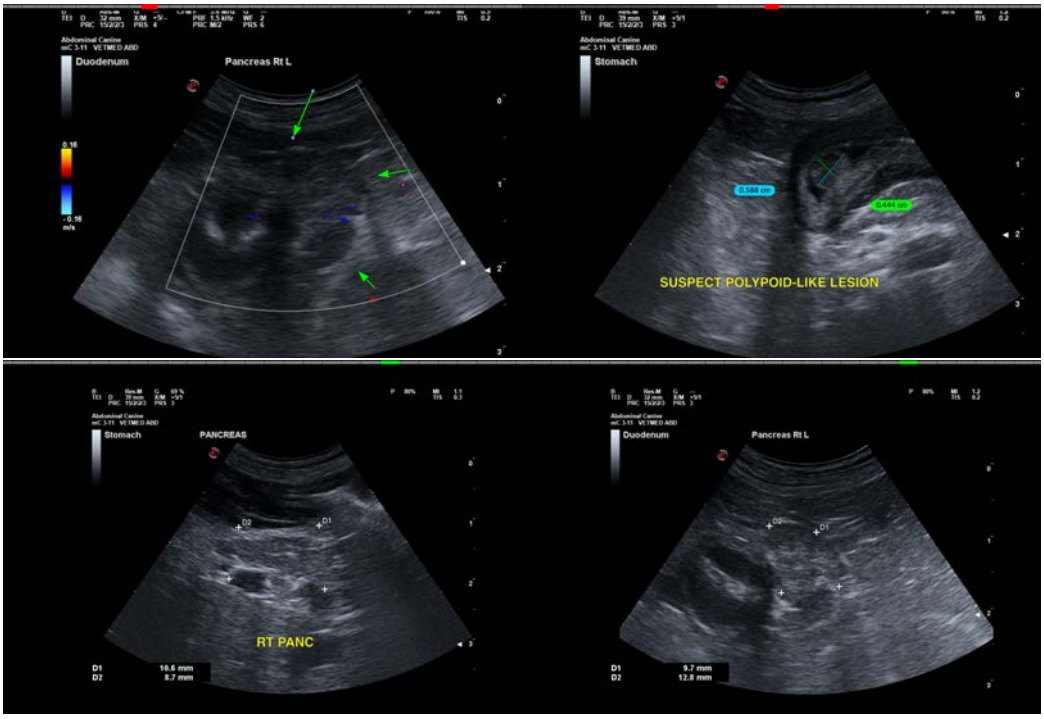
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large, heterogeneous and rounded with occasional ill-defined hypoechoic nodules. These changes are non-specific, but considering the elevation in ALP, a vacuolar hepatopathy would be most likely. Further evaluation could include pre- and post-prandial bile acids to assess liver function and a fine needle aspirate of the liver.

The right limb of the pancreas in particular has significant pancreatic remodeling and is somewhat irregular, in some views almost a poorly defined mass effect, but this is thought less likely. Consider continued monitoring with ultrasound.

There is a moderate to large amount of gallbladder debris with no evidence of surrounding inflammation. Recommend starting chronic Ursodiol therapy and continued monitoring of the gallbladder.

There is a small mucosal irregularity in the stomach, possibly consistent with a polypoid like lesion. If there are any GI signs consistent with gastritis, this could be treated, and the lesion could be reevaluated. If no evidence of gastritis is present, consider reevaluation of this region in 4-6 weeks. Ultimately, upper GI endoscopy may be necessary to further evaluate if this is persistent.



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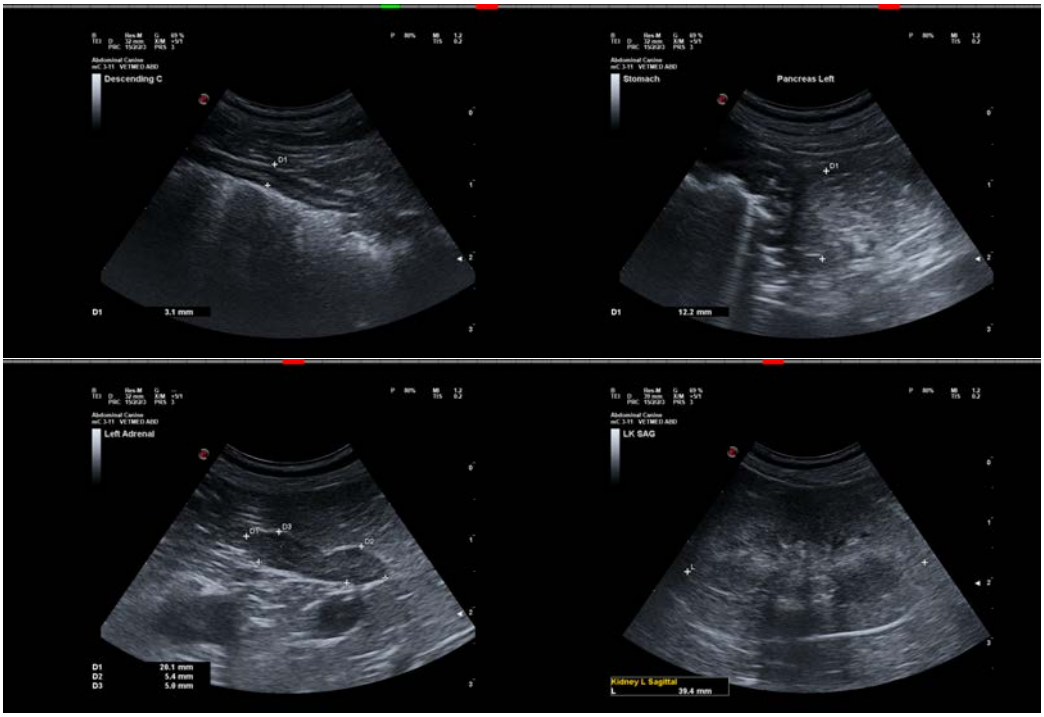

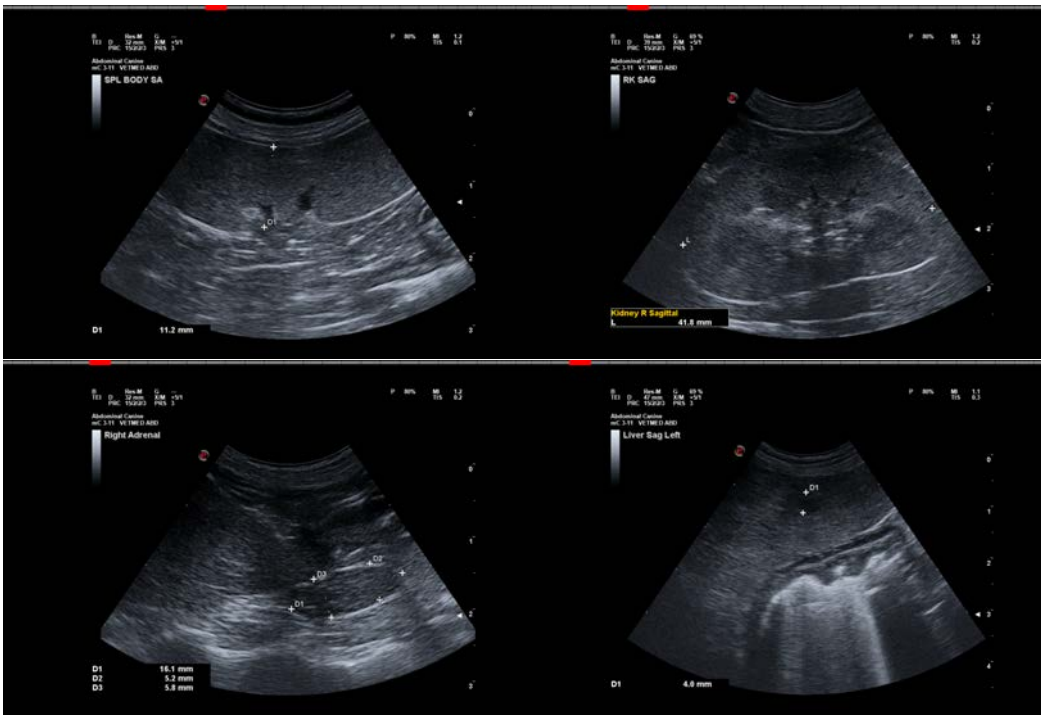

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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