PATIENT

Britney Elliot

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

14 years 10 months

WEIGHT

1.59 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

VCA Baring Blvd Vet

REFERRING VET

Dr. Parke

INVOICE

12012

DATE

5/27/2026

PRESENTING CLINICAL SIGNS

Newly diagnosed heart murmur 4/6. Weight loss. Blood Pressure- HR: 128, 100, 108. BP: 158, 148, 148. P laid right lateral with head level to heart. P was given 0.6ml Gabapentin 50mg/ml and ¼ trazadone 50 mg last night and this morning at 6:50am. P did well. Base line HR was 104.

Abnormal PE/Chem/CBC/UA Results: CBC – Plts 465 (170-400) Chem – ALT 511 (12-118) AST 147 (15-66) BUN 67 (6-31) T4 – normal UA – trace protein, USG 1.022.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The region of the trigone generally appears normal. There's some mild irregularity at the cystourethral junction suspected to be normal variation, but an early mass lesion cannot be definitively ruled out.

The left kidney has a normal shape and size (2.88 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. Numerous cortical cysts noted with examples measuring 0.57 cm, 0.55 cm, and a non-obstructive nephrolith visualized measuring 0.14 cm, There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.14 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. Numerous small cortical cysts noted. 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 0.49 cm at the cranial pole and 0.46 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 0.46 cm at the cranial pole and 0.38 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 (1.18 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 poorly defined hyperechoic region/lesion visualized in the mid body of the spleen most consistent with a benign myelolipoma. Recommend continued monitoring.

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.

PATIENT

Britney Elliot

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

14 years 10 months

WEIGHT

1.59 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

VCA Baring Blvd Vet

REFERRING VET

Dr. Parke

INVOICE

12012

DATE

5/27/2026

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 minimal luminal contents. It measures at a normal thickness of 0.43 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 (0.32 cm in wall thickness) and the jejunum measured as normal (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. The descending colon wall appears somewhat prominent measuring 0.25 cm with intact wall layering.

Pancreas

The pancreas is prominent and 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. There is no significant lymphadenopathy. The iliac lymph nodes are slightly prominent. The left measures 0.32 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Slight irregularity at the cystourethral junction. This likely represents anatomic variation. An early lesion cannot be ruled out. Recommend reevaluation in 2-3 months (with a full bladder.)
- Decreased corticomedullary distinction in both kidneys with numerous cortical cysts. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Ill-defined hyperechoic lesion visualized in the spleen. The appearance is most consistent with benign lesion. Recommend continued monitoring.
- Pancreatic changes most consistent with chronic pancreatic remodeling. Mild chronic pancreatitis cannot be ruled out.
- 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.
- Mild colonic wall thickening with intact wall layering. Findings could be consistent with mild colitis.

PATIENT

Britney Elliot

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

14 years 10 months

WEIGHT

1.59 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

VCA Baring Blvd Vet

REFERRING VET

Dr. Parke

INVOICE

12012

DATE

5/27/2026

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

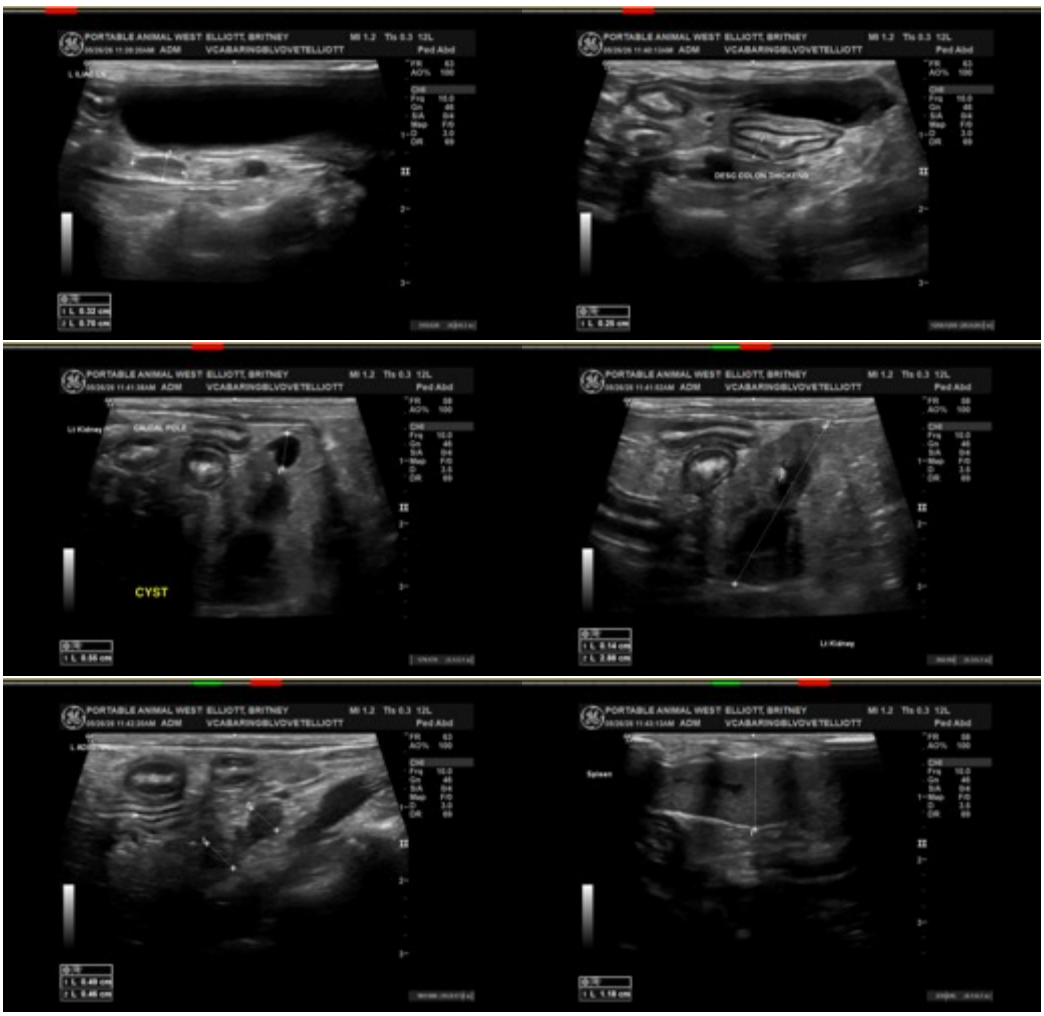
A large focal lesion responsible for the weight loss reported is not clearly visualized. No significant focal lesions are visualized associated with the liver. Unfortunately, a primary hepatopathy cannot be ruled out. Consider further evaluation with pre- and post-prandial bile acids and a fine needle aspirate the liver (provided coagulation parameters are normal.)

There are chronic changes visualized associated with both kidneys, consistent with chronic renal disease. Consider a urine protein:creatinine ratio to further evaluate.

If underlying gastrointestinal disease or pancreatic disease is suspected based on the symptoms reported consider a GI panel to Texas A&M for a qualitative PLI/TLI, cobalamin, and folate.

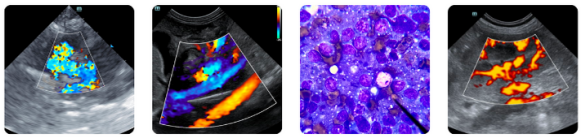
There's some moderate gallbladder debris with no evidence of inflammation or wall thickening. Ursodiol therapy could be considered as a general hepatic therapy.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



Imaging performed by

pawsonography@gmail.com
530-786-8340



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Britney Elliot

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

14 years 10 months

WEIGHT

1.59 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

VCA Baring Blvd Vet

REFERRING VET

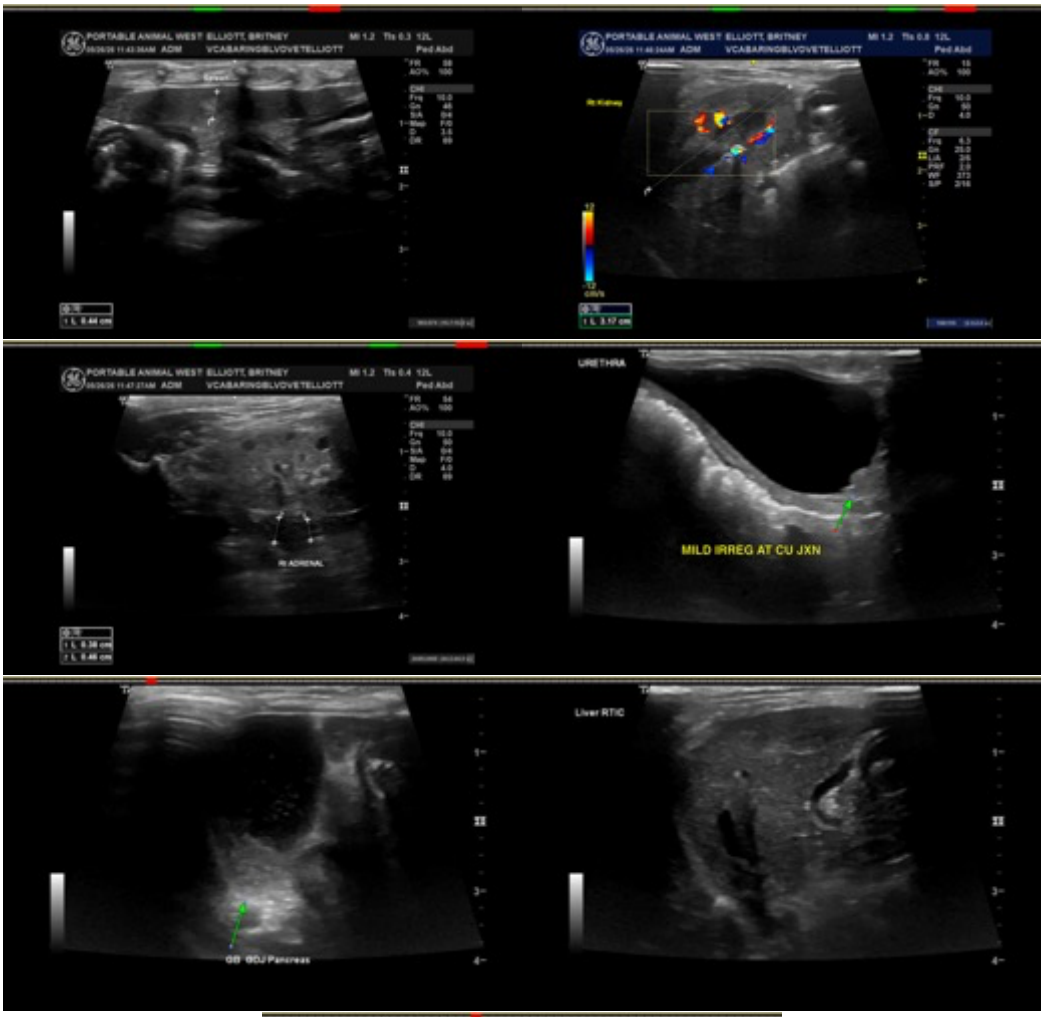
Dr. Parke

INVOICE

12012

DATE

5/27/2026



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.

PATIENT

Britney Elliot

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

14 years 10 months

WEIGHT

1.59 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

VCA Baring Blvd Vet

REFERRING VET

Dr. Parke

INVOICE

12012

DATE

5/27/2026

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

info@sonopath.com