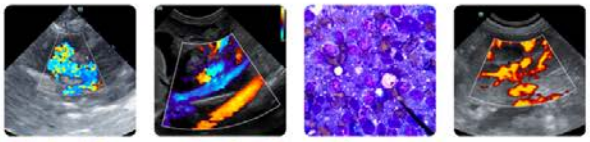


PATIENT

Nani Rojas

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

11 Years

WEIGHT

8.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Xavier

INVOICE

75446

DATE

5/27/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to vomiting, pyrexia, and inappetence. Px originally visited emergency vet last week due to vomiting, px also had a slight fever and was hospitalized for 2 days. IV fluids and Cerenia was administered, and there was a diet change to a hepatic diet, due to bloodwork showing an increase in the hepatic enzyme values. A few days later Px was hospitalized in rDVM's clinic due to Px still being pyrexic and vomiting. Px was discharged yesterday due to no longer exhibiting a fever, but owner reports that Px is still inappetent, lethargic, and hasn't had a bowel movement since Friday.

Abnormal PE/Chem/CBC/UA Results: Radiographs and 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 appears normal in thickness with a smooth mucosal surface. In the dependent portion of the urinary bladder there is some small hyperechoic shadowing foci most consistent with small stones/mineralized debris, examples measure 0.22 cm and 0.12 cm. The region of the trigone, ureteral papillae and proximal urethra appear free of any mass lesions or calculi at this time.

The prostate is normal in size (0.93 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

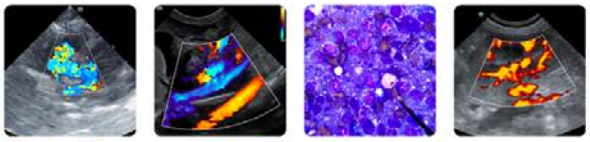
The left kidney has a normal shape and size (4.03 cm) with mild pyelectasia at 0.21 cm. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.35 cm) with pyelectasia at 0.20 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 nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is large (0.67 cm at the cranial pole and 0.80 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 large and irregular in appearance, measuring 0.94 cm at the cranial pole and 0.75 cm at the cauda pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is abnormal in appearance in that there is a poorly defined hyperechoic region in the cranial pole measuring 0.47 cm x 0.58 cm. This does not disrupt the shape of the adrenal, and no evidence of vascular invasion is visualized.



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Spleen

The spleen is subjectively normal in size (1.01 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 borderline large in size 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 some patchy hyperechoic, poorly defined areas in the liver. Examples measure 1.59 cm x 1.67 cm and 1.14 cm in diameter. Additionally, a hypoechoic nodule is visualized measuring 0.71 cm.

The gall bladder lumen is significantly distended. The gallbladder wall is prominent, thickened and hyperechoic, measuring at 0.26 cm. There is a large amount of primarily non-organized echogenic debris. The proximal bile duct is prominent measuring 0.18 cm.

Gastrointestinal

The stomach contains moderate fluid and shadowing ingesta. It measures at a normal thickness of 0.40 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. Duodenum wall measures 0.41 cm. Jejunum wall measures 0.39 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 prominent and mottled compared to the surrounding isoechoic 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. There is no evidence of a significant generalized lymphadenopathy. Occasional prominent lymph nodes are visualized, an example of which measures 0.71 cm x 1.23 cm. The omentum is hyperechoic in the cranial abdomen in the region of the right limb of the pancreas and the bile duct.

ULTRASONOGRAPHIC FINDINGS

- Small amount of dependent mineralized debris in the urinary bladder – Correlate with urinalysis and culture.
- Bilaterally enlarged adrenal glands with a poorly defined hyperechoic region in the cranial pole of the right adrenal – Findings are suggestive of bilateral hyperplasia. The hyperechoic region in the right adrenal could represent fibrosis, poorly defined adenoma, early neoplastic change, etc.

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A neoplastic process is thought less likely.

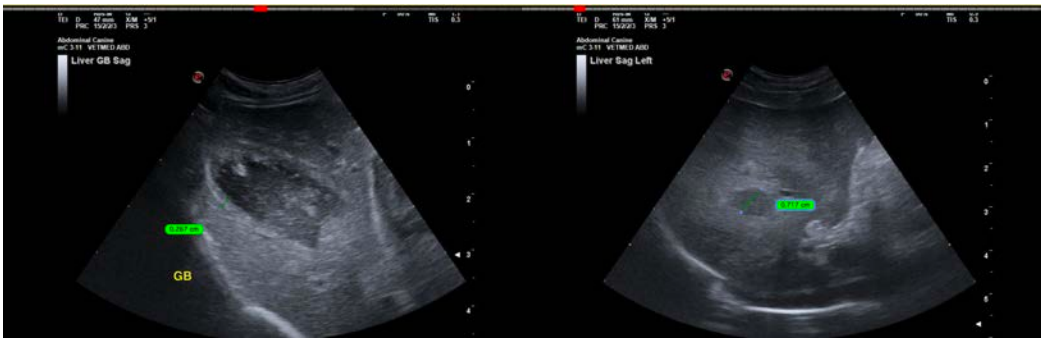
- Bilateral renal pyelectasia – Pyelectasia of the kidneys could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.
- Pancreatic changes consistent with chronic pancreatic remodeling +/- mild pancreatitis in the right limb.
- Borderline large, heterogeneous, rounded liver with ill-defined hyperechoic regions and a hypoechoic nodule – 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. The focal lesions have a somewhat benign appearance, but neoplastic change cannot be ruled out.
- Large gallbladder debris with a thickened, prominent gallbladder wall – Findings are concerning for possible cholecystitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is rounded and heterogeneous with some ill-defined hyper- and hypoechoic regions. Additionally, the gallbladder has a large amount of non-organized intraluminal debris and a thickened, hyperechoic wall. Given the severe liver enzyme elevations and the fever reported, cholangiohepatitis/cholangitis would be a significant concern. Recommend Ursodiol therapy, supportive care, antibiotics, and continued monitoring of the gallbladder and bile duct. I would strongly recommend a fine needle aspirate of the liver to further evaluate and try to determine if this can be confirmed. Additionally, evaluation for round cell neoplasia or similar is recommended, as this can have a similar presentation. If liver values do not improve with therapy, further evaluation with liver biopsies and cultures +/- CT scan or repeat ultrasound would be recommended.

Both adrenals are large and there is an irregular focal area in the right adrenal gland. At this time, recommend continued monitoring. If symptoms consistent with Cushing's disease are present, consider adrenal function testing when the patient has recovered from this acute illness.

The right limb of the pancreas is visible in the region of some inflammation. Consider concurrent treatment for pancreatitis in case this inflammation is contributing to the patient's symptoms.



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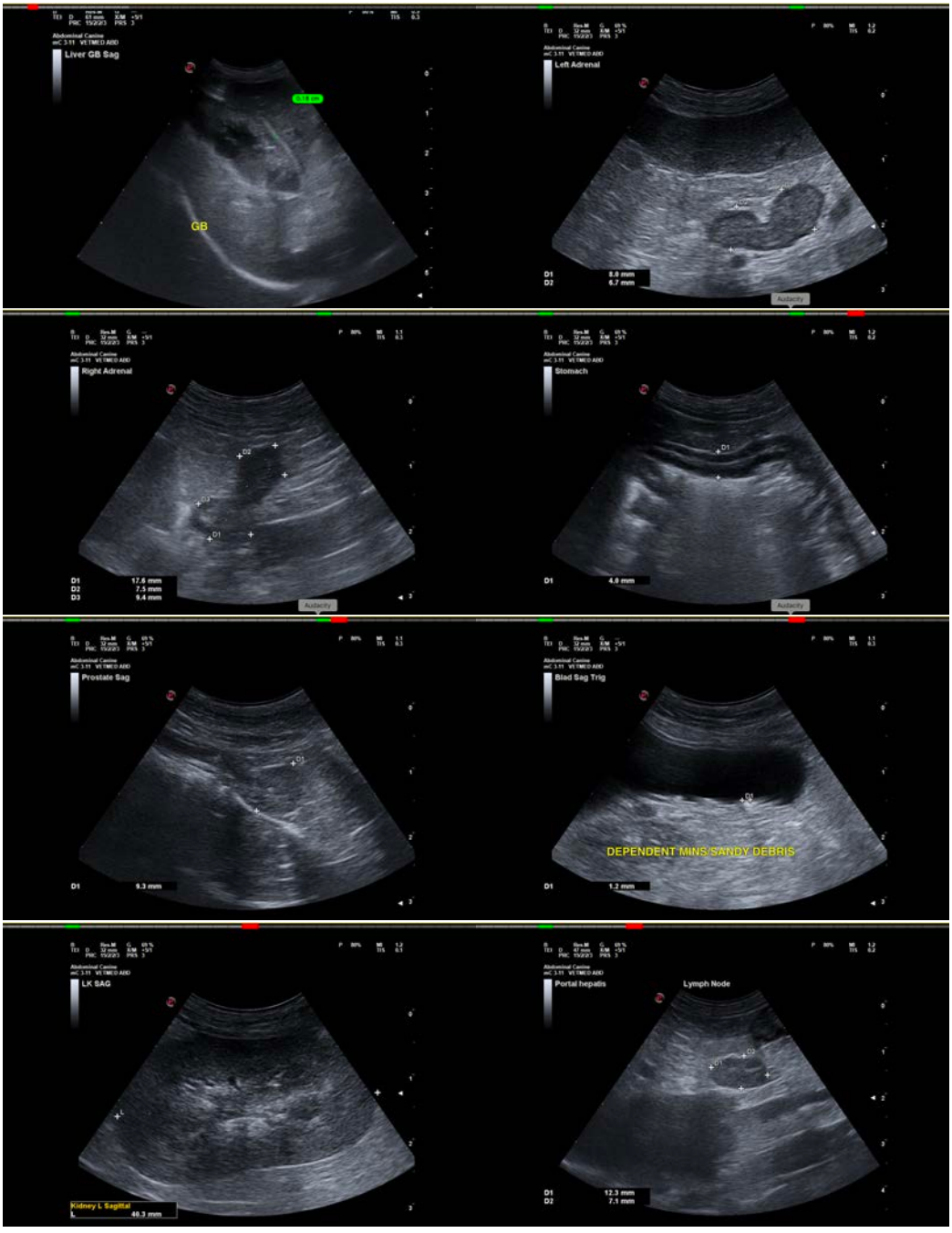

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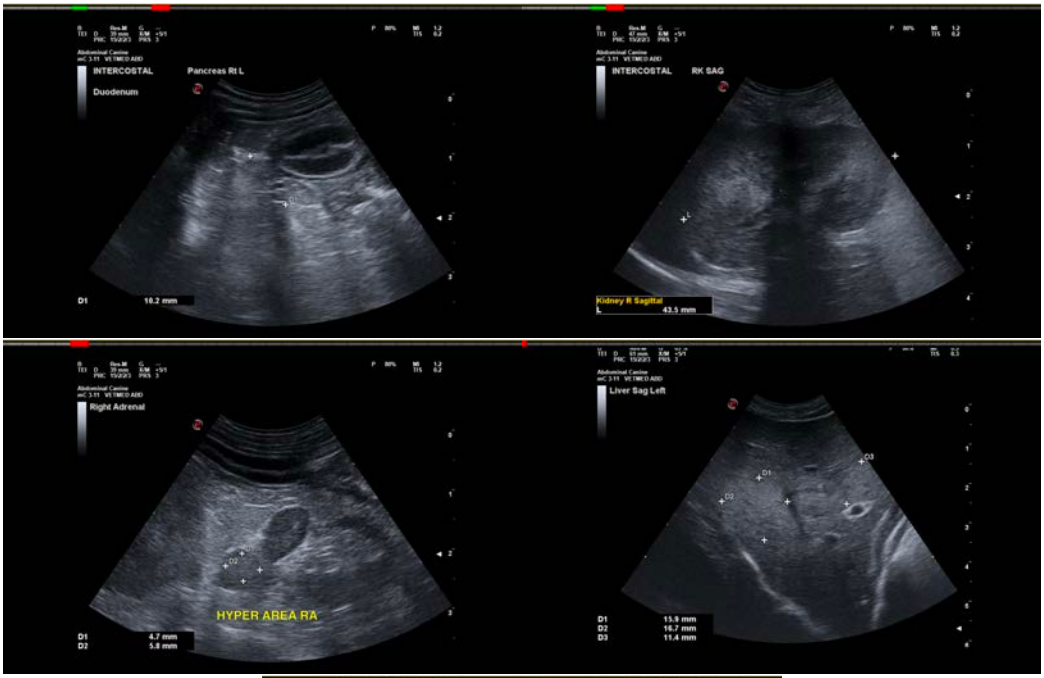

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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