



PATIENT

Gracie Dudick

SPECIES

Canine

BREED

Chihuahua x

SEX

Spayed Female

AGE

15 Years 3 Months

WEIGHT

13

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather Platzer

HOSPITAL NAME

Hershire Animal
Hospital

REFERRING VET

Erika Gallisdorfer,
DVM

INVOICE

75966

DATE

6/17/26

PRESENTING CLINICAL SIGNS

Elevated liver enzymes at Annual exam mid March ALP 700s started denamarin then pet had bout of severe pancreatitis beginning of April 3wk post bout of pancreatitis ALP increased to 1700 , recheck 6 wks later ALP stable around 1700 but ALT has continued to increase with no clinical signs of v/d, decrease appetite or pu/pd Current meds Dasuquin, Apoquel , Denamarin , Pimobendan

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 (3.45 cm) with mild pyelectasia at 0.16 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. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.41 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.61 cm at the cranial pole and 0.60 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 0.77 cm at the cranial pole and 0.57 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 (1.16 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 subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There is a hyperechoic nodule visualized on the left caudal aspect of the liver measuring 1.43 cm. An additional hyperechoic nodule is visualized measuring 1.3 cm.

The gall bladder lumen is significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of debris present. Some of the debris appears hyperechoic and



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shadowing, most consistent with sandy, mineralized debris. Some organization of the debris is visualized in the region of the gallbladder neck. There is no evidence of bile duct dilation.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.57 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 0.29 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 area of 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

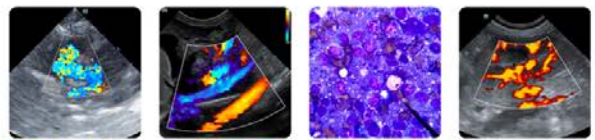
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Heterogeneous liver with occasional hyperechoic nodules – 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. Both hyperechoic nodules currently have the appearance most consistent with benign lesions. Recommend continued monitoring.
- Large gallbladder debris with some mineralized debris and mild organization near the gallbladder neck – 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is generally heterogeneous. This is a non-specific finding. Additionally, the gallbladder has a large amount of debris with no evidence of significant wall thickening or inflammation, but there is some early organization of the bile. Findings could be consistent with mild cholecystitis and a developing



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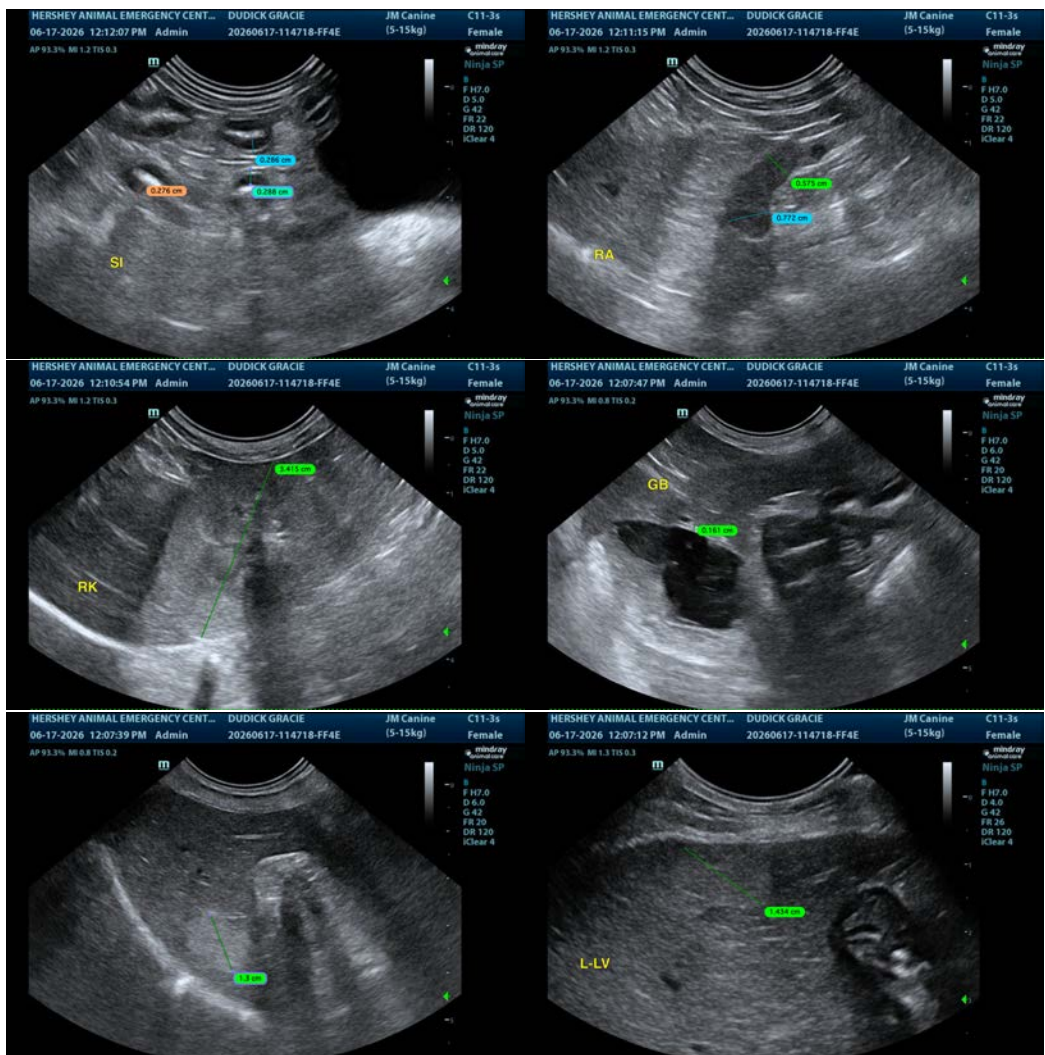
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mucocele. Recommend starting chronic Ursodiol therapy and close continued monitoring. If liver values are not improving, you could consider a course of antibiotics for possible cholecystitis. Additionally, consider a fine needle aspirate of the liver.

Both kidneys have changes consistent with chronic renal disease. If not already done, recommend a urinalysis +/- culture and a blood pressure as a baseline.





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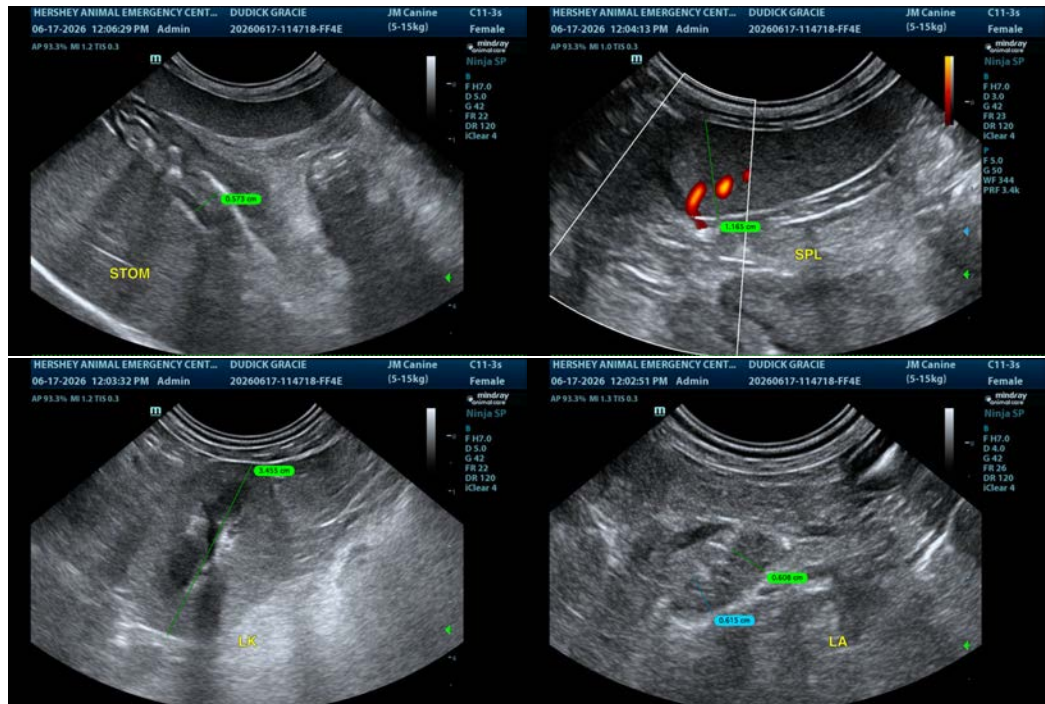
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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