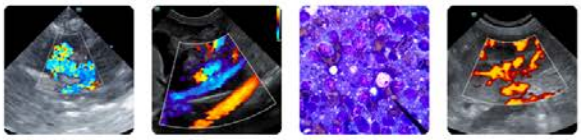


DATE

6/4/26

PATIENT

Ashes Chamberlain

SPECIES

Canine

BREED

Mini Schnauzer

SEX

Spayed Female

AGE

10/27/16

WEIGHT

16 lbs

INTERPRETED BY

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

HOSPITAL NAME

Abbey Animal Hospital

REFERRING VET

Dr. Kluttz

INVOICE

75707

PRESENTING CLINICAL SIGNS

Patient History: Progressively elevating hepatic values. Ashes has been clinically normal, but bloodwork from 1/2025 and 3/25/26 identified progressive cholestasis (increased ALP. Ashes was put on one month course of Denamarin. Follow up bloodwork from that course showed increase in ALP as well as ALT & GGT.

Current Medications: Currently not on any medications.
Labwork Results: Labwork attached, reported as: 05/19/26: ALT – 183, ALP – 1692, GGT – 23, Chol – 473, Triglycerides - 94
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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 (4.59 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 (4.47 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 0.55 cm at the cranial pole and 0.58 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 0.57 cm at the cranial pole and 0.68 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 (1.48 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 mixed echogenicity hyperechoic solid mass effect visualized deep in the right cranial liver measuring 5.48 cm x 2.77 cm.

The gall bladder lumen is moderately distended. The gallbladder wall is slightly prominent, measuring 0.21 cm. 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 <0.7cm 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 0.32 cm. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. There is mild mucosal speckling visualized associatd with some section sof small intestine.

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. 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

- Heterogeneous liver with a mixed echogenicity solid hyperechoic mass effect on the right side – This generally has the appearance most consistent with a primary hepatic mass lesion such as an adenoma or carcinoma, but other differentials are possible. The remaining parenchyma appears somewhat heterogeneous, possibly consistent with a vacuolar hepatopathy or similar.

- Moderate gallbladder debris with prominent gallbladder wall – 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 mucosal speckling visualized associated with some areas of small intestine – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

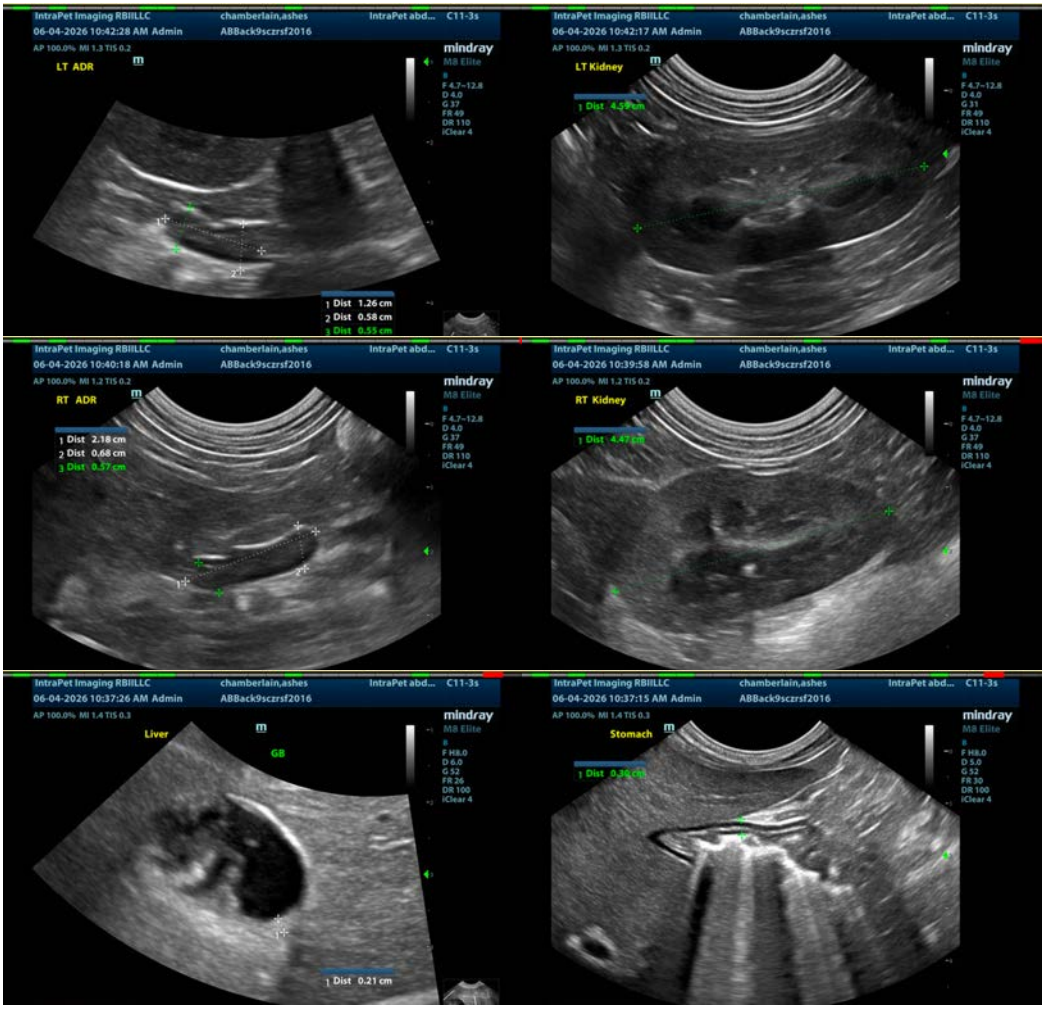
There is a mass effect visualized associated with the right side of the liver. This is relatively deep and cranial and would likely be challenging to sample. If a safe window for sampling is available, a fine needle aspirate could be considered. Ultimately, if surgical removal is considered, a contrast CT scan should ideally be

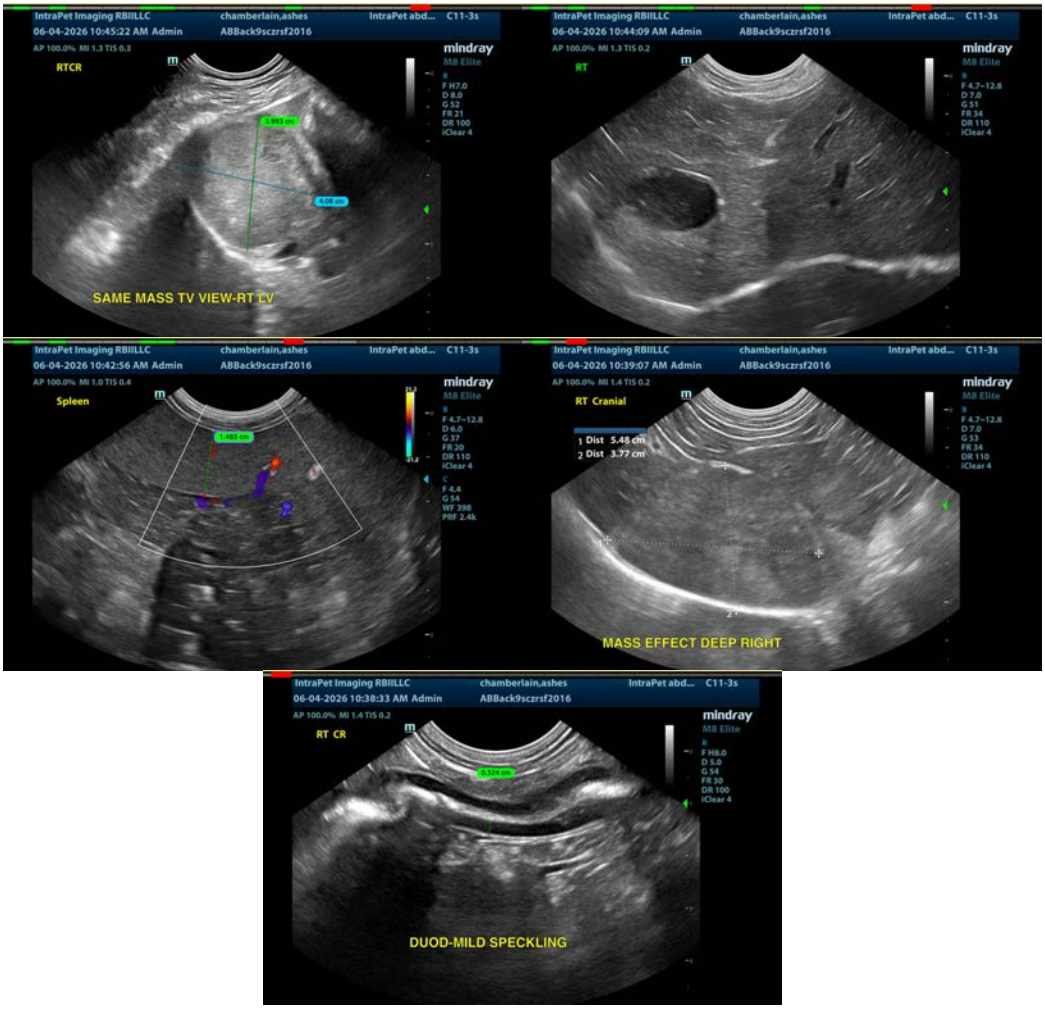
performed to further evaluate the extent and attachment of the mass lesion and to evaluate for unseen metastatic lesions. A fine needle aspirate or biopsy of the “normal” liver should also be performed to evaluate for concurrent hepatopathy.

There is a moderate amount of debris visualized associated with the gallbladder, and the wall appears mildly prominent. Consider chronic Ursodiol therapy and continued monitoring of the gallbladder.

There is mild mucosal speckling visualized associated with the small intestine. In the absence of underlying gastrointestinal symptoms, the significance of this is uncertain. If a chronic enteropathy is suspected, further workup may be warranted.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).





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.

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