



PATIENT

Leeloo Villarini

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

13yr

WEIGHT

28.6lb

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Alma Alicea

INVOICE 24542

DATE 04/20/2026

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to elevation of the liver enzyme values and evidence of sludge in the gallbladder. Px visited emergency vet due to lethargy and weakness and aFAST scan showed marked sludge in the gallbladder. Px has history of Pancreatitis and enucleation OD due to retrobulbar mass, which owner reports was benign.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiographs attached below for your reference.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. Normal vascular volume. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with non-edematous, non-thickened hyperechoic gallbladder wall. Non-obstructive choleliths in the area of the caudal lumen and gallbladder neck were present, an example measured 1.0 cm in diameter. Concurrent non-organized non-dependent bile



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debris. The common bile duct was not visualized without evidence of post-hepatic obstruction to the level of the duodenal papilla.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size with mild asymmetrical contour and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy
- Non-obstructive cholelithiasis and non-organized gallbladder debris (non-mucocele)
- Mild pancreatic remodeling
- Normal gastrointestinal tract/adrenal glands
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Vacuolar, cholestatic or inflammatory hepatopathy with potential for combined etiologies is probable in conjunction with elevated ALP / ALT combination. No evidence of post-hepatic obstruction or adrenal pathology as a contributing factor. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may correlate with concurrent mild chronic pancreatitis is recommended. Assuming normal clotting status, hepatic FNA cytology primarily to assess for inflammatory criteria could be considered. No overt evidence of neoplastic criteria.

Hepatogastrointestinal support including hepatosupportive medications and consideration for empirical cholangiohepatitis protocol including ursodiol with close clinical monitoring and sonographic reassessment if progressive hepatopathy or cholestasis is recommended.



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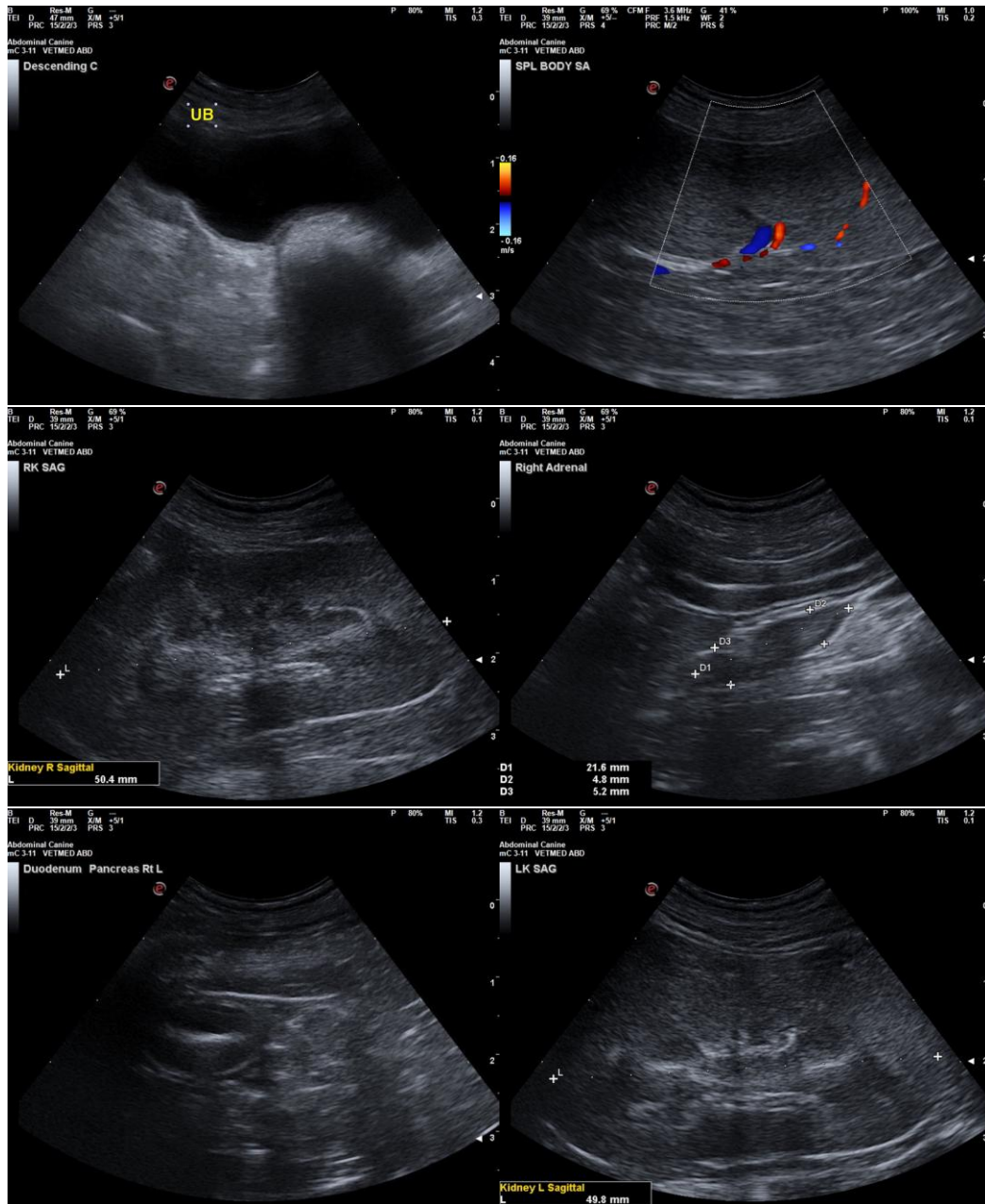
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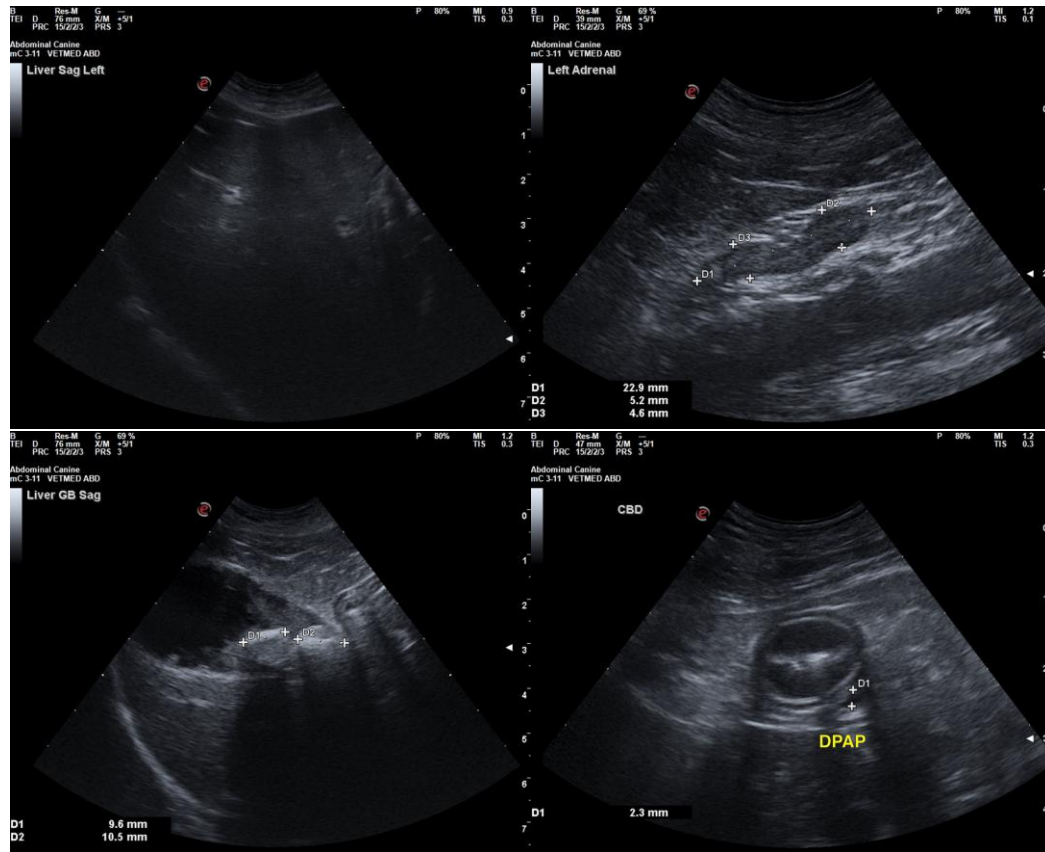
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com