



PATIENT

Todd Ramsey

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

71.0

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Murphy CVT

HOSPITAL NAME

Wauwatosa Veterinary
Clinic

REFERRING VET

Dr. Mai

INVOICE

15944

DATE

05/08/26

PRESENTING CLINICAL SIGNS

Owner reports fluctuating body weight over the past several months, noting that the patient appears very thin at times (ribs visible) and then fills out again within days. Weight changes occur primarily in the abdominal/thoracic region, which feels firm to palpation. No changes in diet, treats, or feeding schedule have occurred.

Abnormal PE/Chem/CBC/UA Results: Lab work performed on 12/15/25. UPC elevated at 1.3. CBC, chemistry, and TT4 otherwise unremarkable. Abdomen palpates mildly tense and possible cranial abdominal organomegaly.

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The cranial aspect of the prostate is visualized. The caudal is shadowed by interference from the bony pelvis. Measurement is approximated at 1.6 cm. Recommend digital rectal palpation to further assess the prostate.

The left kidney has a normal shape and size (6.88 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 (7.52 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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 0.62 cm at the caudal pole but the cranial pole is not clearly visualized. 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. 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, 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. The spleen measures 2.34 cm.

Liver



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The liver is subjectively large 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. No focal nodules or cystic lesions are observed.

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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.

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Gastrointestinal

The stomach contains shadowing ingesta. It measures at a normal thickness of <0.7 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. There is focal shadowing ingesta visualized within the stomach potentially consistent with dense food or ingested foreign material. No evidence of obstruction is visualized.

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Most of the 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 (between 0.3 - 0.5 cm in wall thickness) and the jejunum measured as normal (0.36 cm) Visualized peristalsis appears appropriate. There are occasional areas of shadowing visualized within the small bowel potentially consistent with passing ingesta, less likely ingested foreign material.

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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.

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

- Large heterogenous liver- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy.
- 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.
- Focal shadowing ingesta visualized within the gastric lumen- correlate with the feeding history. If the patient was adequately fasted, this could represent retained ingesta, ingested foreign material, etc. Correlate with radiographs.

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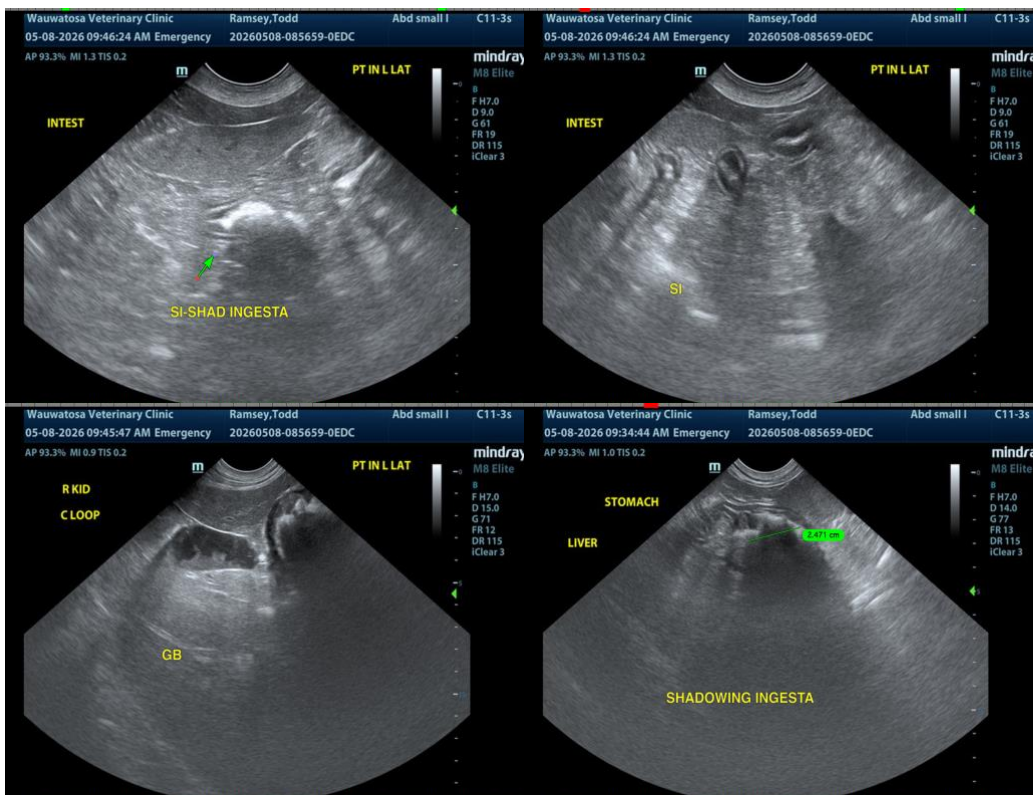
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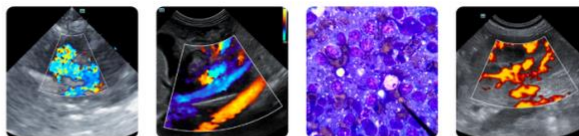
- Shadowing ingesta visualized within the small bowel- findings could be consistent with passing ingesta, less likely ingested foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are relatively mild. No significant mass lesions or similar are visualized. There is some focal shadowing material visualized within the stomach. Correlate with the feeding history. If the patient has been adequately fasted, consider radiographs to further investigate. No evidence of an outflow tract obstruction is visualized. Additionally, there is an area of shadowing visualized within the bowel with no evidence of an associated obstruction, possibly consistent with passing ingesta or similar. Recommend continued monitoring for significant gastrointestinal symptoms consistent with foreign body ingestion and consider re-evaluation if these are present/persistent.

The significance of the heterogeneous liver with no elevations in liver values is of uncertain significance. Consider continued monitoring.





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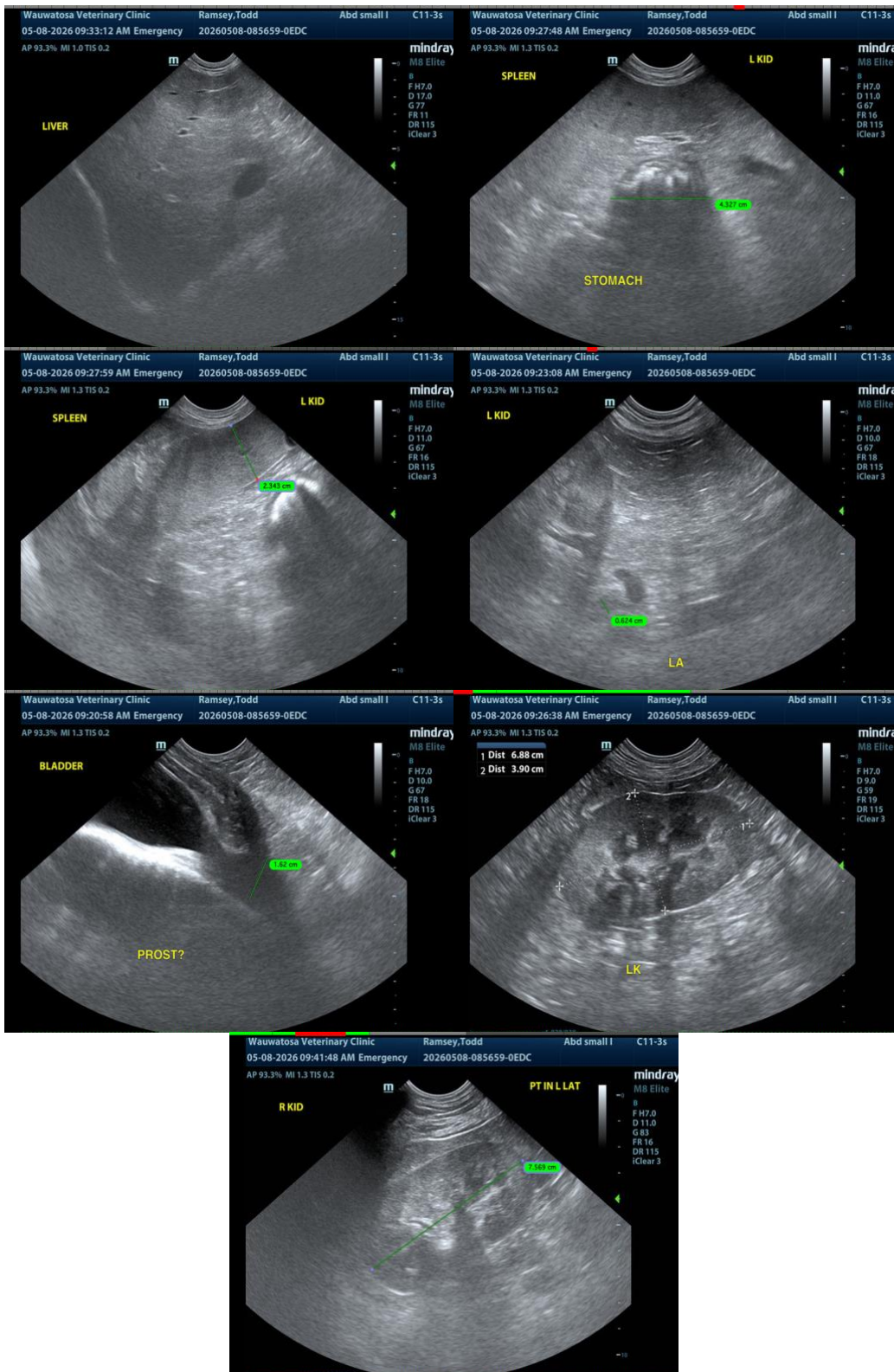
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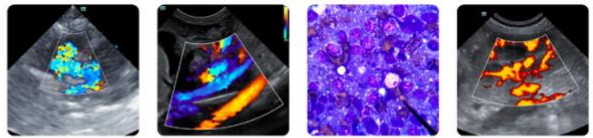
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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