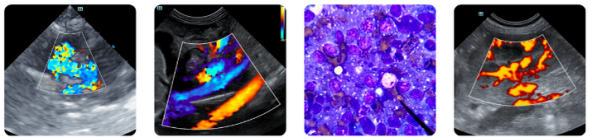


PATIENT

Bear Doeleman

SPECIES

Canine

BREED

Rottweiler Mix

SEX

Neutered Male

AGE

3 years

WEIGHT

80 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Velasco

HOSPITAL NAME

Bethany Family Pet Clinic

REFERRING VET

Dr. Lockfeld

INVOICE

11053

DATE

1/7/2026

PRESENTING CLINICAL SIGNS

Bear was HBC ~3-4 days ago. At that time, he was diagnosed with pulmonary contusions and abdominal effusion. Since then, appetite is decreased and he is painful. Hx of elevated liver enzymes post HBC with ALT> 2000.

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (6.66 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. There is the suspicion of scant free fluid surrounding the kidney. 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 focal perinephric inflammation. There is the suspicion of scant free fluid surround the kidney. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.69 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

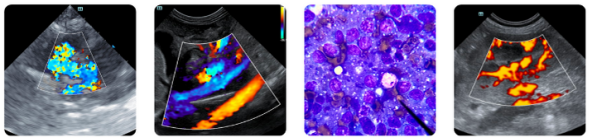
Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder was not clearly visualized.

Gastrointestinal

Portions of the stomach are briefly visualized with some intraluminal gas. No abnormalities are noted.



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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. The duodenum measured as normal (0.5cm in wall thickness) and the jejunum measured as normal (0.37 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 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 (other than potentially a small amount around the kidneys?) There is no significant lymphadenopathy. An iliac lymph node is visualized measuring 0.45 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Questionable perirenal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver to explain elevation in ALT reported. Unfortunately, there are many causes for an elevation in ALT which cannot be diagnosed by ultrasound alone. For this individual, significant hypertension secondary to shock could elicit an ALT elevation, as could be muscle trauma, etc. The gallbladder is not clearly visualized. This likely represents a small gallbladder though pathology cannot be ruled out. If the ALT elevation is secondary to trauma, typically this should resolve with supportive care (potentially adding denamarin therapy?) relatively quickly as the patient improves. Also consider the impact of medications, etc., which could be impacting the liver.

There's questionable scant fluid around both kidneys. I would suspect this could be trauma related, as long as renal values are normal and the patient is improving.

If the patient is not improving with supportive care, and these values are continuing to rise, you could consider repeat imaging or even a contrast CT scan to obtain better detail in the cranial abdomen looking for subtle abnormalities.

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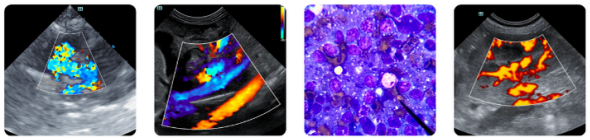

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Educational Teleconsultation Services™

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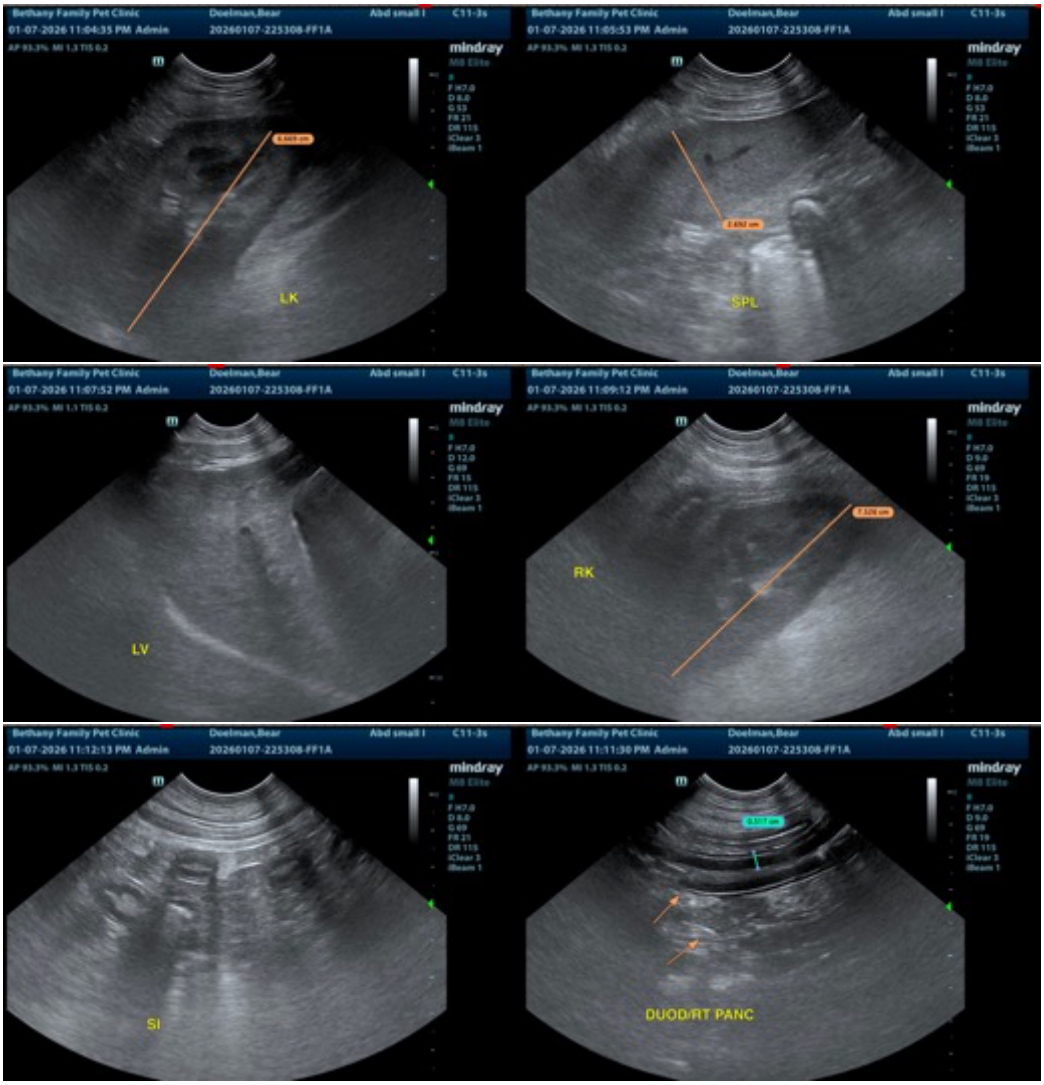

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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