



PATIENT

Oscar McCutcheon

PRESENTING CLINICAL SIGNS

P presented for US due to lethargy, increased ALKP, GGT, Tbili P ate breakfast this morning

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mixed Breed

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.

SEX

Neutered Male

The prostate is normal in size (0.68 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

AGE

14 Years 7 Months

The left kidney has a normal shape and size (5.08 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

20 lbs

The right kidney has a normal shape and size (5.09 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 pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.54 cm at the cranial pole and 0.47 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.

IMAGING PERFORMED BY

Kathleen Byrnes

The right adrenal gland is normal in size measuring 0.82 cm at the cranial pole and 0.37 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.

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Spleen

The spleen is subjectively normal in size (1.94 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.

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Liver

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The liver is large in size, and normal in echogenicity with rounded 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.

DATE

11/11/25

The gall bladder has a moderate amount of intraluminal debris, which appears highly organized with a stellate-like pattern, with minimal non-organized intraluminal debris in the gallbladder, but some visualized within the gallbladder neck/proximal cystic duct. The gallbladder wall appears thickened. There is significant surrounding reactive mesentery in the region of the gallbladder.



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Gastrointestinal

The stomach contains moderate shadowing ingesta. 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. The shadowing ingesta interferes with full evaluation of the stomach and some areas of the cranial abdomen.

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 0.41 cm. Jejunum wall measures 0.30 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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild pancreatitis.

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.

PRIMARY FINDINGS

- Pancreatic changes consistent with mild pancreatitis.
- Large, rounded, heterogeneous liver – 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.
- Prominent/thickened gallbladder with intraluminal organized material forming a stellate pattern – Findings are most consistent with a mucocele and concurrent cholangitis.

SECONDARY FINDINGS

- Age related changes visualized associated with both kidneys.
- Moderate shadowing ingesta visualized within the gastric lumen – Findings are most consistent with a non-fasted patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder has a significant amount of organized intraluminal debris, which gives the appearance of a severely thickened gallbladder wall with significant surrounding reactive mesentery. Additionally, the liver is somewhat heterogeneous. Findings could be consistent with severe cholangitis/cholangiohepatitis. You could consider initial aggressive medical therapy with supportive



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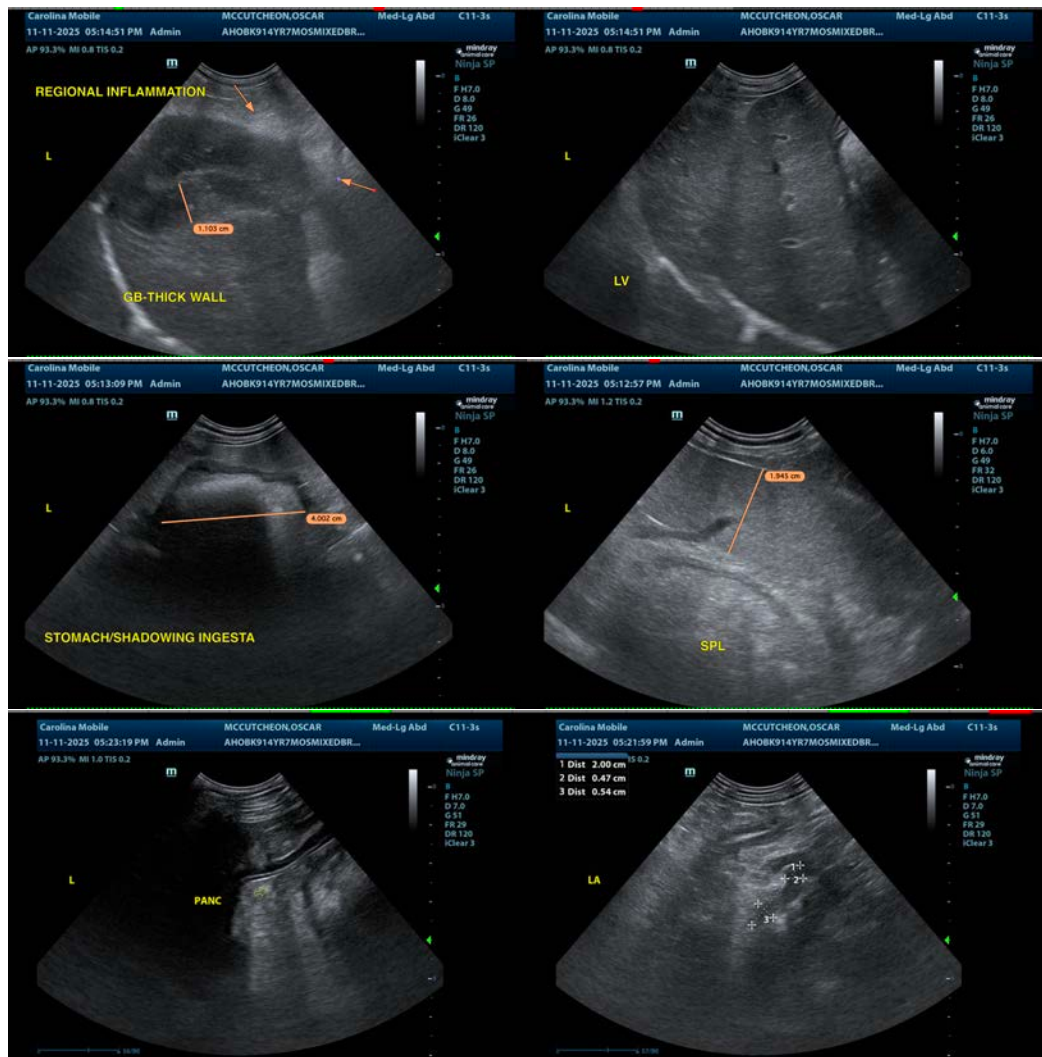
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care, antibiotics, Ursodiol, Denamarin, etc., and reevaluation of bloodwork and the gallbladder in 3-7 days (sooner if patient is not doing well). A fine needle aspirate of the liver could be considered to evaluate for possible underlying neoplasia (provided coags are normal). This patient should be closely monitored, and ideally this individual should be hospitalized, as there could be the need for cholecystectomy.

There is concern for mild concurrent pancreatitis. It is very possible that the gallbladder will need to be removed, but ideally this patient should be stabilized and reassessed before making this decision. If the surgical evaluation is considered, liver/bile cultures, histopathology, and copper levels should be obtained in addition to evaluation/removal of the gall bladder.

Recommend fasting and sedation for follow up evaluation.





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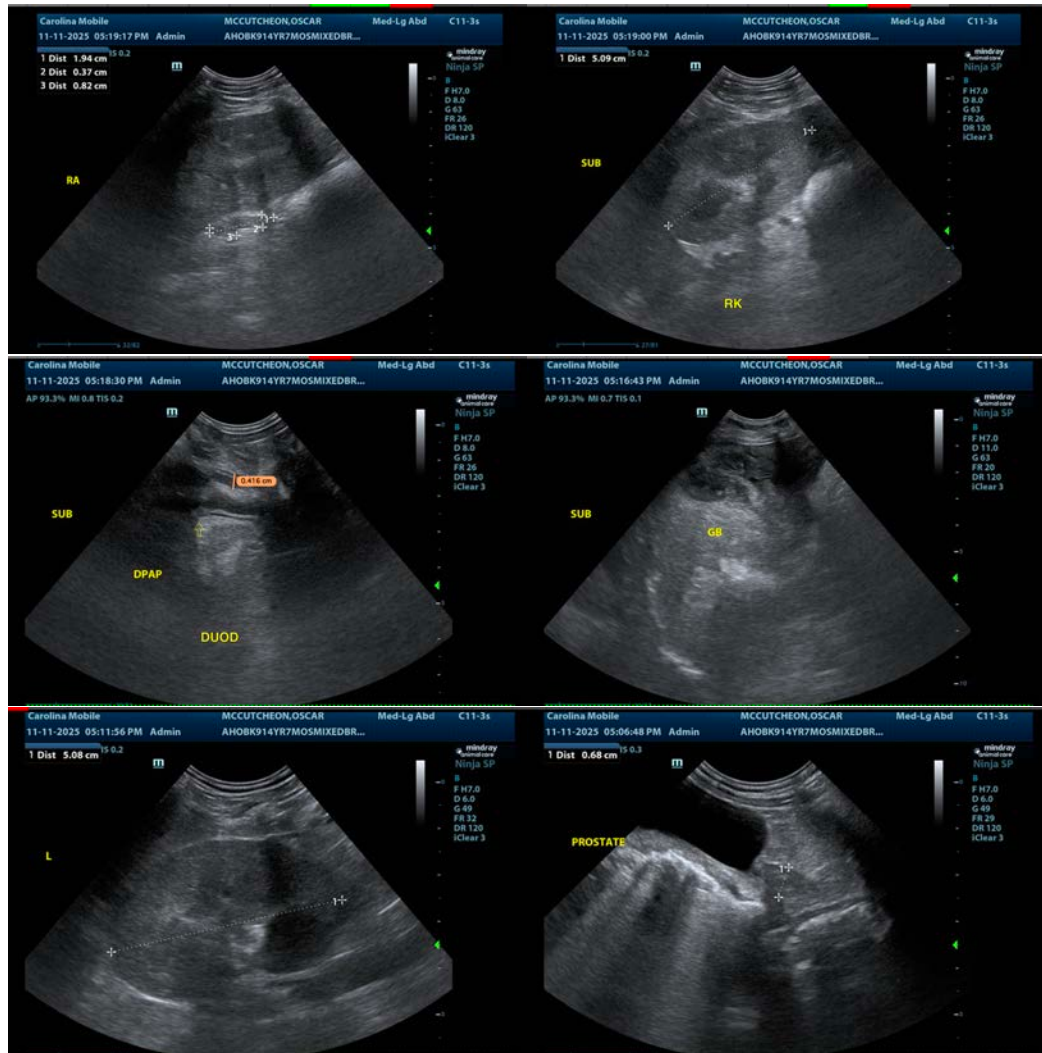
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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