

DATE PRESENTING CLINICAL SIGNS

11/18/25 **Patient History:** 10/7/25 Presented for wellness- "bw for apoquel, doing well"

PATIENT

Current Medications: 10/7- Denamarin, Amoxicillin 1000mg BID x 2 weeks, Metronidazole 500mg BID x 2 weeks

Chester Olsen

Labwork Results: Labwork not attached, reported as: 10/7 ALT 263; Glob 4.0. 11/10 ALT 218 (recheck)
Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Sedation: IV Torb.

Canine

Stat Report: Not requested.

Imaging Performed by: Rachel Brillhart, RDMS.

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Labrador Retriever

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.

SEX

Neutered Male

The prostate is normal in size (0.95 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

3/5/16

The left kidney has a normal shape and size (6.91 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.

WEIGHT

94.2 lbs

The right kidney has a normal shape and size (5.85 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.

INTERPRETED BY

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

HOSPITAL NAME

Adrenal Glands

The left adrenal gland is normal in size measuring 0.67 cm at the cranial pole and 0.70 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.

Jacksonville Veterinary
Hospital

REFERRING VET

Dr. Kablis

The right adrenal gland is normal in size measuring 0.68 cm at the cranial pole and 0.60 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.

INVOICE

71916

Spleen

The spleen is subjectively normal in size (1.98 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 but irregular in shape. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. The parenchyma appears diffusely nodular with ill-defined hypoechoic regions. On the left side of the liver there is a larger poorly defined nodule measuring 2.6 cm. The margins are irregular and slightly nodular.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate ingesta and fluid. 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. Full evaluation of the stomach and some areas of the cranial abdomen are not possible due to gas interference from the ingesta present.

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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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 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.

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, irregular, diffusely nodular 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.

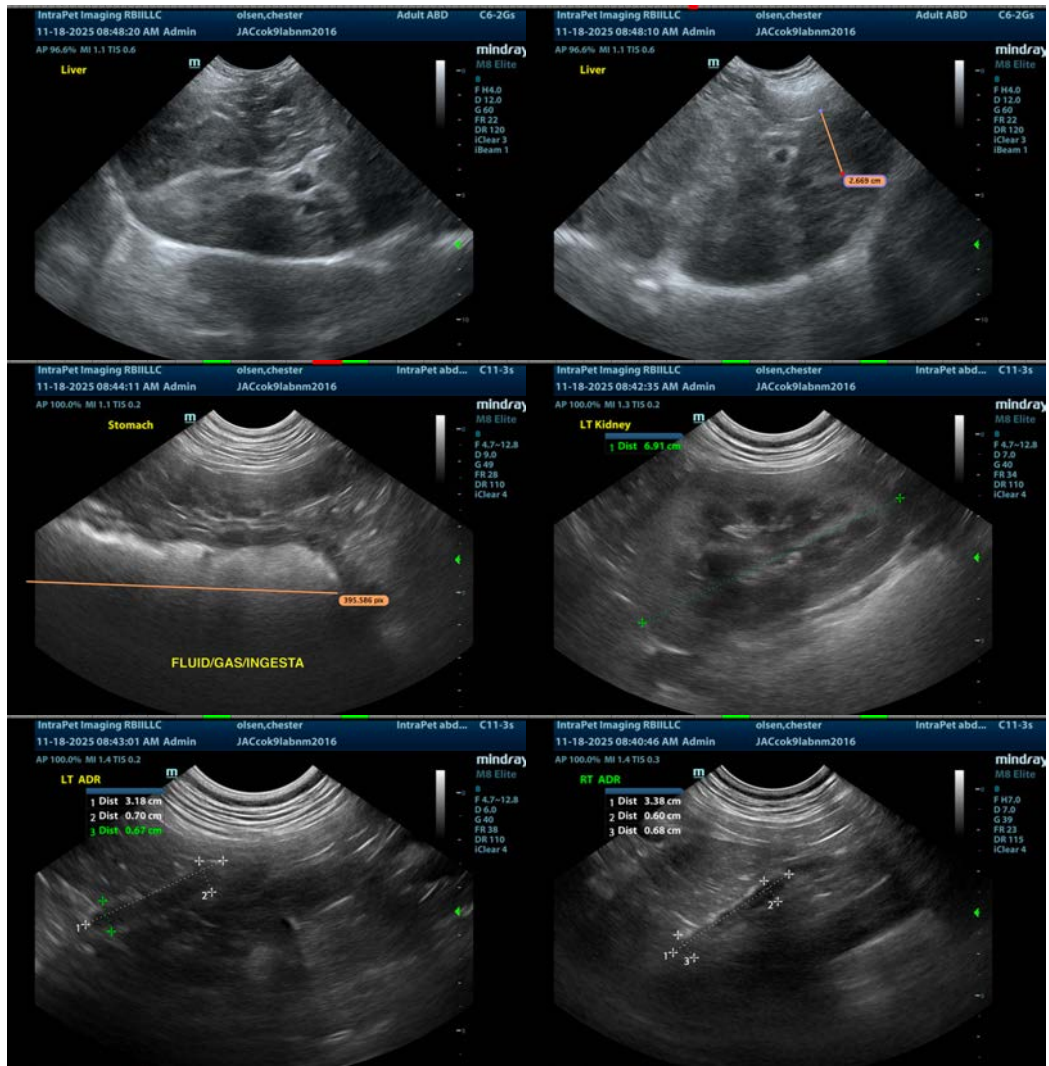
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

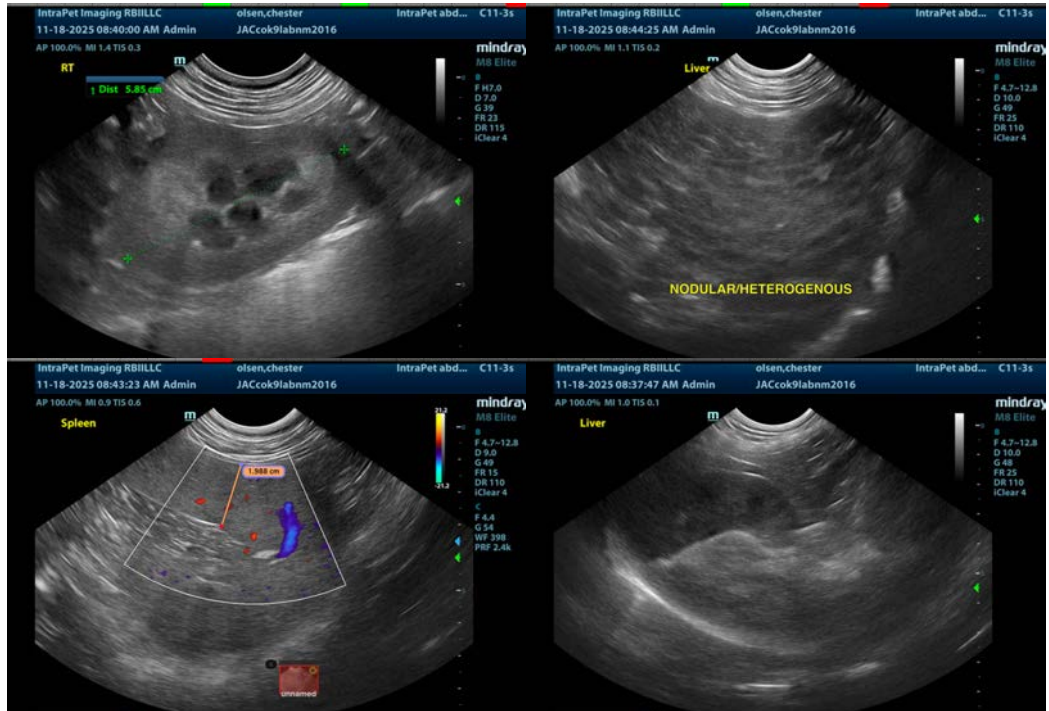
The changes observed in the liver are non-specific. The nodules have a somewhat benign appearance most consistent with regenerative nodules. Given the breed and the concern for chronic active hepatitis, etc., consider the following:

- Recommend pre- and post-prandial bile acids to assess liver function.
- If clinically appropriate, screen for Leptospirosis.

Ideally recommend liver biopsies with samples for histopathology, culture and copper levels, as this breed can be associated with copper storage issues as well as inflammatory hepatitis, which can cause a smoldering hepatitis, which can over time progress to more significant liver dysfunction. A fine needle aspirate is unlikely to be able to diagnose this type of process. This would be particularly important if liver function is abnormal.

****Recommend sedation for future imaging, as panting interferes with the ultrasonographic evaluation.***





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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