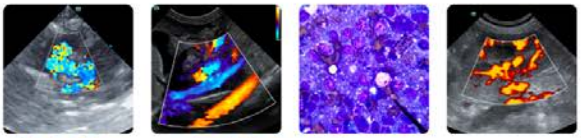




**PATIENT**

Bailey Barrett

**SPECIES**

Canine

**BREED**

Lab x

**SEX**

Neutered Male

**AGE**

8 Years 4 Months

**WEIGHT**

Not Provided

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Budd Lake Animal Hospital

**REFERRING VET**

Dr. Welch

**INVOICE**

71994

**DATE**

11/20/25

## PRESENTING CLINICAL SIGNS

ALT/ALKp elev. HX GI upset- vomiting nausea. Overweight, NSF. Omeprazole and cerenia
Abnormal PE/Chem/CBC/UA Results: ALT-569 ALKP-1281

## 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 prostate is normal in size (0.82 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.

The left kidney has a normal shape and size (6.39 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.

The right kidney has a normal shape and size (5.74 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.

### *Adrenal Glands*

The left adrenal gland is normal in size measuring 0.55 cm at the cranial pole and 0.60 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.

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 is visualized.

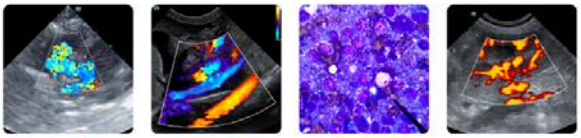
### *Spleen*

The spleen is subjectively normal in size (1.71 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, 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.

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.





**PATIENT**

Bailey Barrett

**SPECIES**

Canine

**BREED**

Lab x

**SEX**

Neutered Male

**AGE**

8 Years 4 Months

**WEIGHT**

Not Provided

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Budd Lake Animal Hospital

**REFERRING VET**

Dr. Welch

**INVOICE**

71994

**DATE**

11/20/25

### *Gastrointestinal*

The stomach contains mild/moderate fluid/ingesta/gas. 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. Gas and shadowing ingesta visualized within the lumen interfere somewhat with full evaluation of the stomach

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 0.26 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 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 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.
- Mild/moderate gallbladder debris – Recommend continued monitoring. This is likely incidental at this time.
- Mild/moderate fluid/gas visualized within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, consider such differentials as mild delayed gastric emptying, less likely a partial outflow tract obstruction, etc.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings on today's exam are similar to those in the exam from 5/2025. Subjectively, the liver may be slightly more heterogeneous. These changes could be consistent with a vacuolar hepatopathy, but other hepatopathies are also possible. Consider the following for further evaluation:

- Recommend pre- and post-prandial bile acids to assess liver function.
- You could consider a fine needle aspirate to screen for round cell neoplasia or similar.

If liver enzyme elevations are persistent elevated, particularly if liver function is abnormal, a biopsy of the liver may be necessary (samples for histopathology, culture and copper levels) to further evaluate.

**PATIENT**

Bailey Barrett

**SPECIES**

Canine

**BREED**

Lab x

**SEX**

Neutered Male

**AGE**

8 Years 4 Months

**WEIGHT**

Not Provided

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Budd Lake Animal Hospital

**REFERRING VET**

Dr. Welch

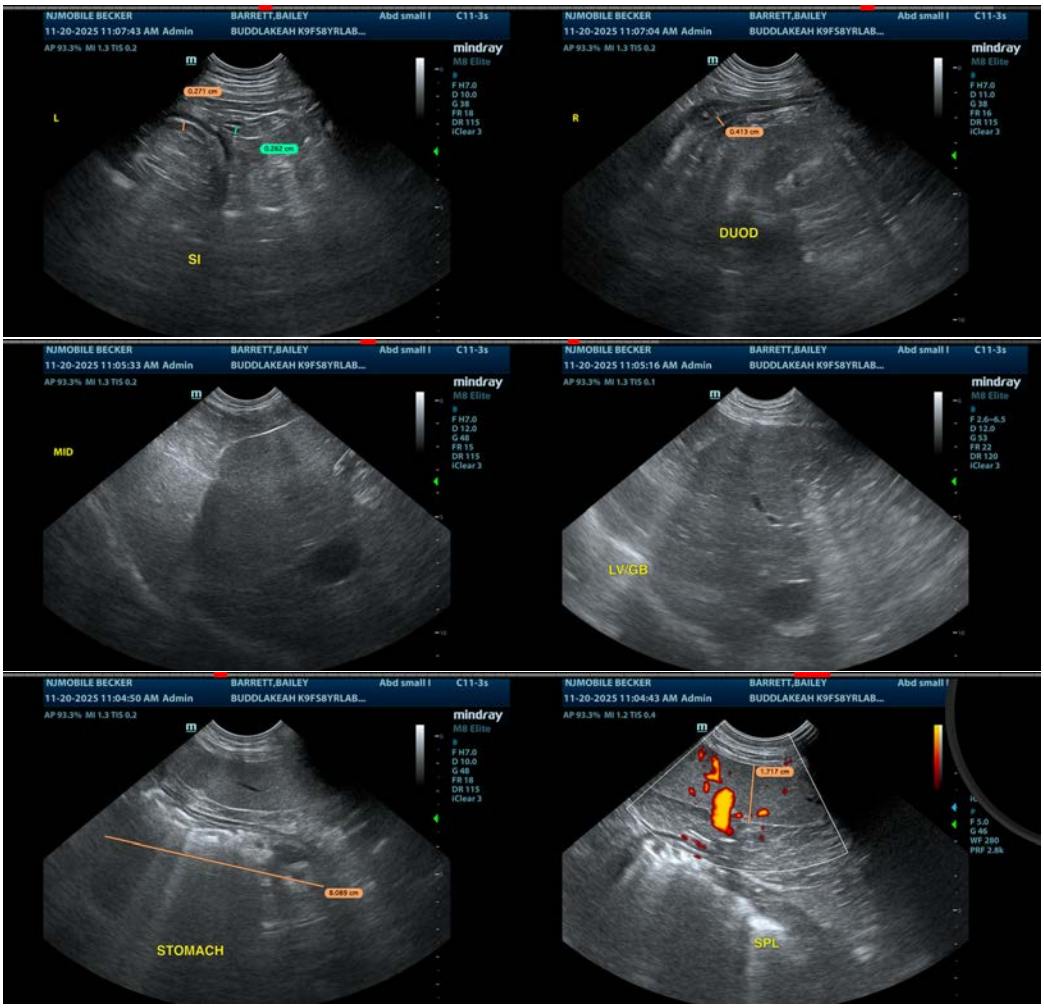
**INVOICE**

71994

**DATE**

11/20/25

A cause for the GI upset reported is not readily visualized. There is some mild fluid and gas visualized in the stomach. Depending on the chronicity of these symptoms, you could consider a hydrolyzed protein prescription diet, a GI panel to Texas A&M (qualitative PLI, TLI, cobalamin and folate), and probiotic therapy (for chronic disease). If this is acute, correlate with radiographs, looking for any evidence of ingested foreign material, etc., and empirical treatment for gastroenteritis. If symptoms are progressive or worsening, you could consider repeat imaging in the future, looking for development of new lesions or the progression of today's lesions.



**PATIENT**

Bailey Barrett

**SPECIES**

Canine

**BREED**

Lab x

**SEX**

Neutered Male

**AGE**

8 Years 4 Months

**WEIGHT**

Not Provided

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Budd Lake Animal Hospital

**REFERRING VET**

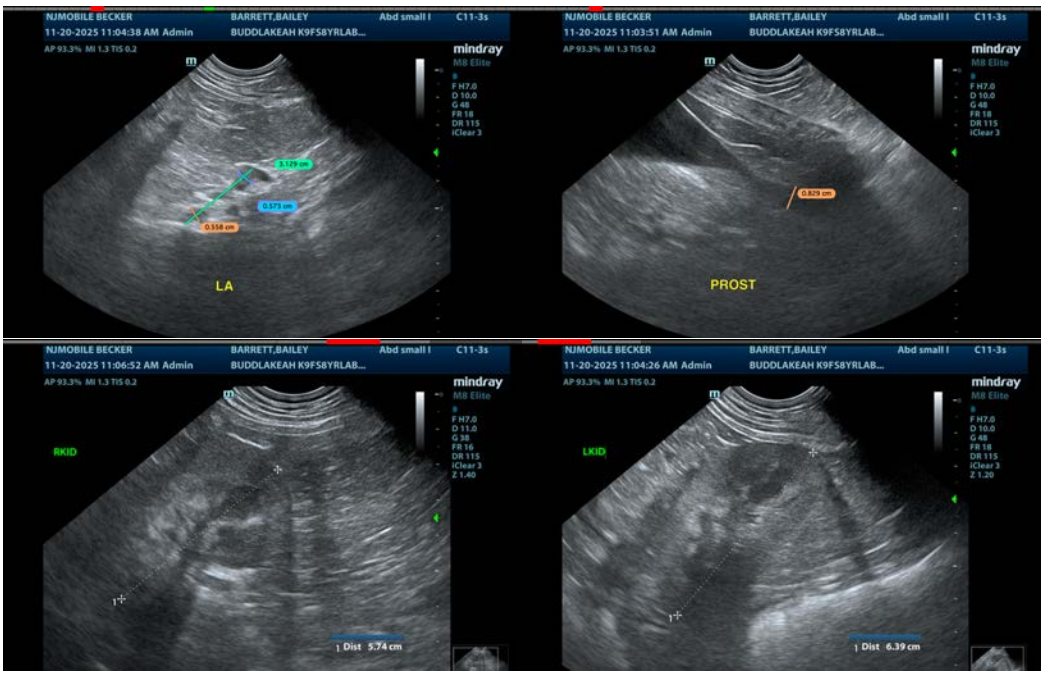
Dr. Welch

**INVOICE**

71994

**DATE**

11/20/25




**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