



**DATE PRESENTING CLINICAL SIGNS**

11/21/2025 **Patient History:** Elevated Liver enzymes with PU/PD.

**PATIENT Current Medications:** None at this time.

Oliver Endres **Labwork Results:** Labwork attached, reported as: ALT 204, ALP 830, Trigly 152, USpG 1.012.

**SPECIES Date of Previous IntraPet Ultrasound:** No previous.

Canine **Sedation:** Not required to complete full diagnostic ultrasound.

**BREED Stat Report:** Not requested.

Bichon Frise **Imaging Performed by:** Rachel Brillhart, RDMS.

**SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

MN **Urinary System**

**AGE** 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 or masses. In the dependent portion of the urinary bladder there is a small pinpoint mineralized foci consistent with a small stone/sandy debris, measuring 0.15 cm.

**WEIGHT** The prostate appears relatively normal in size with smooth contours. It measures at 0.96 cm in height in the sagittal view. There is a moderate amount of mineralized sandy debris visualized within the distal prostatic urethra, most consistent with sandy debris and small stones.

**INTERPRETED BY**

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

The left kidney has a normal shape and size (4.26 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.

**HOSPITAL NAME**

Greenbrier Veterinary  
Clinic

The right kidney has a normal shape and size (4.48 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.

**REFERRING VET**

Dr. Streett

**Adrenal Glands**

The left adrenal plump is normal in size measuring 0.67 cm at the cranial pole and 0.74 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.

**INVOICE**

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The right adrenal gland is plump in size measuring 0.8 cm at the cranial pole and 0.72 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.

**Spleen**

The spleen is subjectively normal in size (1.13 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 large in size, and rounded. 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 significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

### ***Gastrointestinal***

The stomach contains focal hard shadowing material visualized within the gastric lumen. 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. Shadowing ingesta interferes with full evaluation of the stomach and some areas of the cranial abdomen. Correlate with feeding history. Findings could be concerning for ingested foreign material. No evidence of an obstruction is visualized.

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 (0.31 cm in wall thickness) and the jejunum measured as normal (0.24 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 visible/mildly mottled in the right limb. 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.

## **PRIMARY FINDINGS**

- Sandy mineralizations/small stones visualized in the distal prostatic urethra and a very small stone visualized within the urinary bladder. Correlate with urinalysis culture, and radiographs.
- Mild bilateral adrenomegaly. The bilateral adrenomegaly could be consistent with bilateral

hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended.

- Heterogenous hepatomegaly. The appearance is most consistent with a vacuolar hepatopathy. Other hepatopathies are possible.
- Large, distended gallbladder with excessive non-organized debris. A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of lab work and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.
- Hard, shadowing material visualized within the gastric lumen. Correlate with the feeding history and radiographs. Findings could be consistent with ingested foreign material or a recent dense meal.

## SECONDARY FINDINGS

- Mild age-related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with mild pancreatic remodeling.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

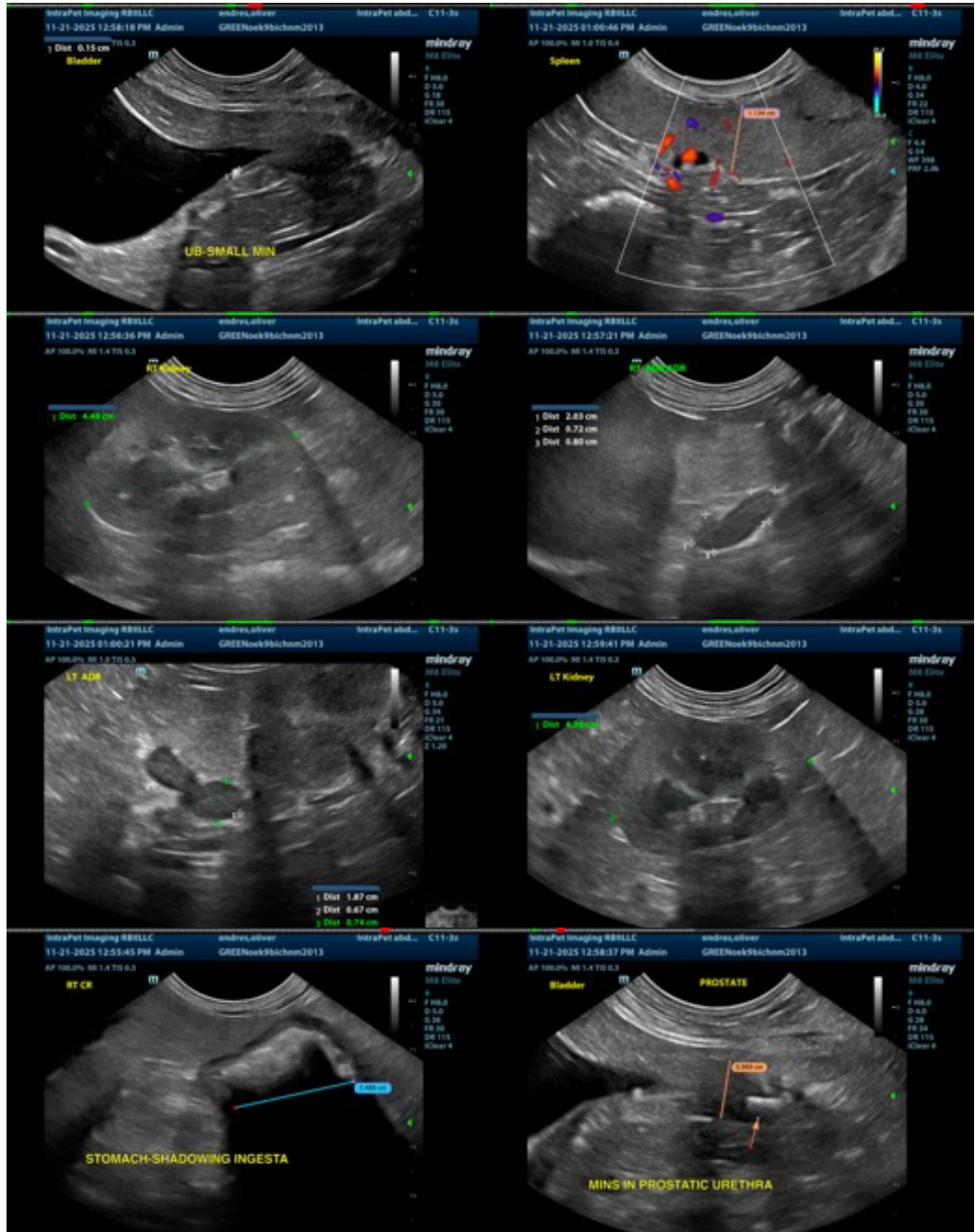
The liver is large, heterogenous and rounded, and the adrenals are plump. If symptoms consistent with Cushing's are present, you could consider adrenal function testing.

There's a very small stone visualized in the urinary bladder, and a moderate amount of mineralization/small stones visualized in the distal prostatic urethra. This could be concerning for an obstruction risk. Correlate with radiographs, urinalysis, and culture. Consider gently passing a urinary catheter and attempting to retropulse the mineralizations back to the urinary bladder.

There's an excessive amount of debris visualized in the gallbladder. Consider chronic ursodiol therapy and continued monitoring of the gallbladder for progression to a mucocele.

Further evaluation of the shadowing gastric material may be warranted depending on clinical assessment.







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