



DATE PRESENTING CLINICAL SIGNS

11/26/25

Patient History: CC: very lethargic since Saturday, Nov 22. Not eating. No vomiting. Owner also observed and sent us pictures of two bowel movements that were very orange. History: nothing significant. PE (on Monday, Nov 24): mild fever at 102.4 (we are a mobile vet so this was not a stressed temp). No other significant findings. Lives in the city but is vaccinated with the 4 way Lepto.

PATIENT

Joey Donut Blake

SPECIES

Canine

BREED

Pit x

SEX

Neutered Male

AGE

3/14/20

WEIGHT

56 lbs

INTERPRETED BY

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

HOSPITAL NAME

Harborside Mobile
Veterinary Clinic

REFERRING VET

Dr. Hawkins

INVOICE

72169

Current Medications: 400 mL plasmalyte sq Nov 24 and 25th., Denamarin started Nov 24 based on icteric serum, 136 mg enrofloxacin sq Nov 24 and 25th., 3mL cerenia sq Nov 24 and 25th., 15 mg mirtazapine PO started Nov 25th

Labwork Results: Labwork attached, reported as: Chem: Mild elevation to total bili at 0.8. Serum was mildly icteric. CBC: all normal. T4: normal. spec CPL: pending

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Dexdomitor/Torbugesic.

Stat Report: Not requested.

Imaging Performed by: Stephanie Warga RDCS, RVT.

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 (1.07 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 (5.76 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 (5.72 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 0.57 cm at th cranial pole and 0.65 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 right adrenal gland is normal in size measuring 0.63 cm at the cranial pole and 0.67 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 (2.62 cm). The spleen echotexture is mildly mottled, 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 homogenous echotexture. 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.

Gastrointestinal

The stomach contains minimal luminal contents. 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. No masses or focal lesions were observed.

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. 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 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.

Other

Ringdown artifact is visualized at the level of the diaphragm. This can be seen with pulmonary parenchymal disease Recommend thoracic radiographs.

ULTRASONOGRAPHIC FINDINGS

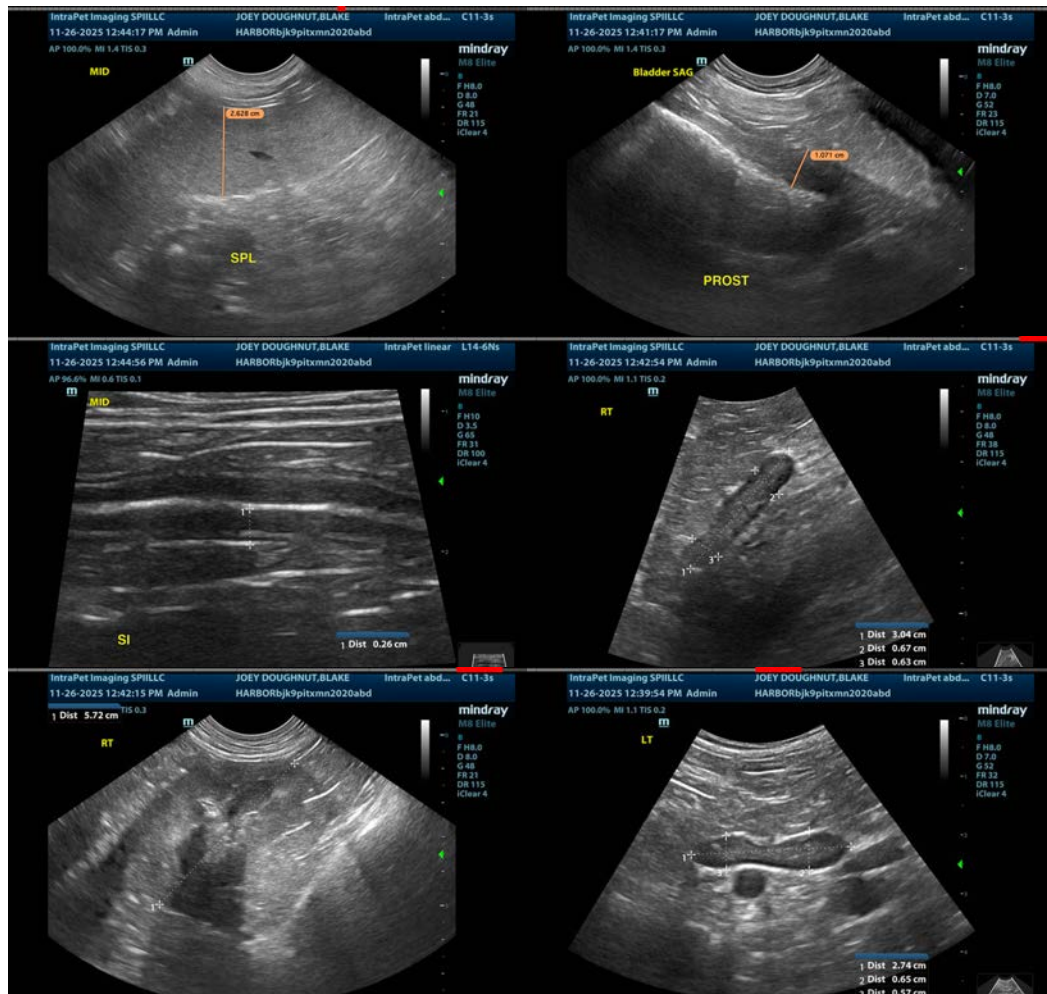
- Subjectively mildly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

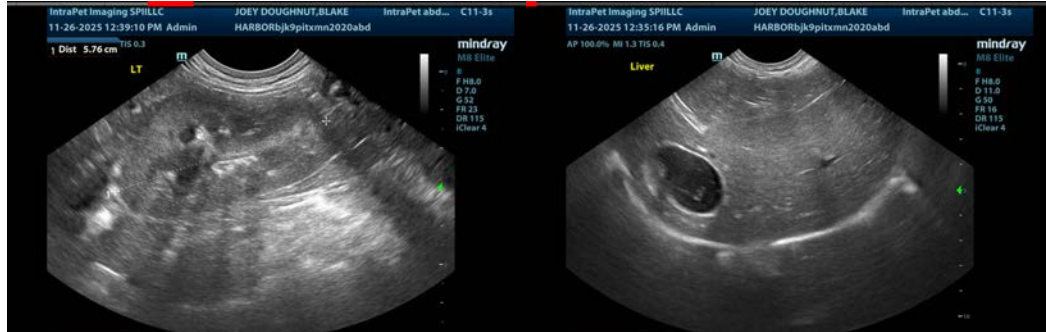
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are very mild and non-specific. No focal lesions are visualized associated with the liver or biliary tract to explain the elevation in bilirubin reported. Given the reported fever and the lack of other liver enzyme elevations, early hemolysis would be suspected, but primary hepatic disease cannot be definitively ruled out. Consider pathologist review of the blood smear, looking for any hemoparasites, spherocytes, etc. Additionally consider pre- and post-bile acids, looking for any evidence of primary hepatic dysfunction.

Other considerations could include screening for Leptospirosis and/or infectious tick borne diseases. Recommend continued monitoring of liver values and red blood cell counts, etc.

The spleen is subjectively very mildly mottled. This could be anatomic variation or parenchymal disease. Options moving forward would include continued monitoring or a fine needle aspirate.





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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