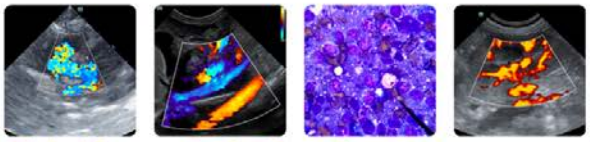


PATIENT

April Holmes

SPECIES

Canine

BREED

Foxhound

SEX

Spayed Female

AGE

14 Years

WEIGHT

58 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Elaina Petrone

HOSPITAL NAME

Long Branch Animal Hospital

REFERRING VET

Dr. Elaina Petrone

INVOICE

71616

DATE

11/5/25

PRESENTING CLINICAL SIGNS

Patient presented yesterday for lethargy, decreased appetite, and one episode of vomiting. CBC-NSF, T4-low, likely euthyroid sick. ALT: 714. Treated with Cerenia and SQ fluids mild improvement in energy level, still anorexic. AUS and CXR today.

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 left kidney has a normal shape and size (6.99 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 (7.5 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 0.50 cm at the cranial pole and 0.48 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.

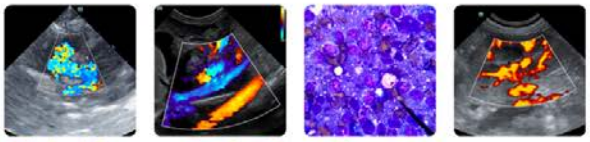
Spleen

The spleen is subjectively normal in size (2.2 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 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 gallbladder wall appears slightly prominent and hyperechoic, measuring at 0.35 cm. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains mild 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. 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. Duodenum wall measures 0.29 cm. Jejunum wall measures 0.25 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

There is scant free fluid present. No lymphadenopathy. The omentum is mildly hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Visible/mildly mottled pancreas – Changes are most consistent with mild pancreatic remodeling.
- Hyperechoic, prominent gallbladder wall – Findings could be incidental or consistent with mild cholecystitis.
- Mild shadowing ingesta visualized within the gastric lumen – Correlate with feeding history. If the patient was adequately fasted, this could represent a small amount of retained ingesta.
- Scant free abdominal fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver to explain the elevation in ALT reported. Unfortunately, there are many hepatopathies that cannot be diagnosed by ultrasound alone (toxic, inflammatory, infectious, less likely neoplastic). Consider the following

- Recommend pre- and post-prandial bile acids to assess liver function.
- Recommend screening for Leptospirosis.
- Fine needle aspirate could be considered to rule out underlying round cell neoplasia or similar.

The gallbladder wall is slightly prominent and thickened with minimal intraluminal debris. You could consider empirical treatment for acute liver injury/cholecystitis with a course of Ursodiol, Denamarin, and antibiotics. If liver enzymes are persistently elevated and/or liver function is persistently abnormal, biopsies of the liver with samples for histopathology, culture and copper levels may be warranted.

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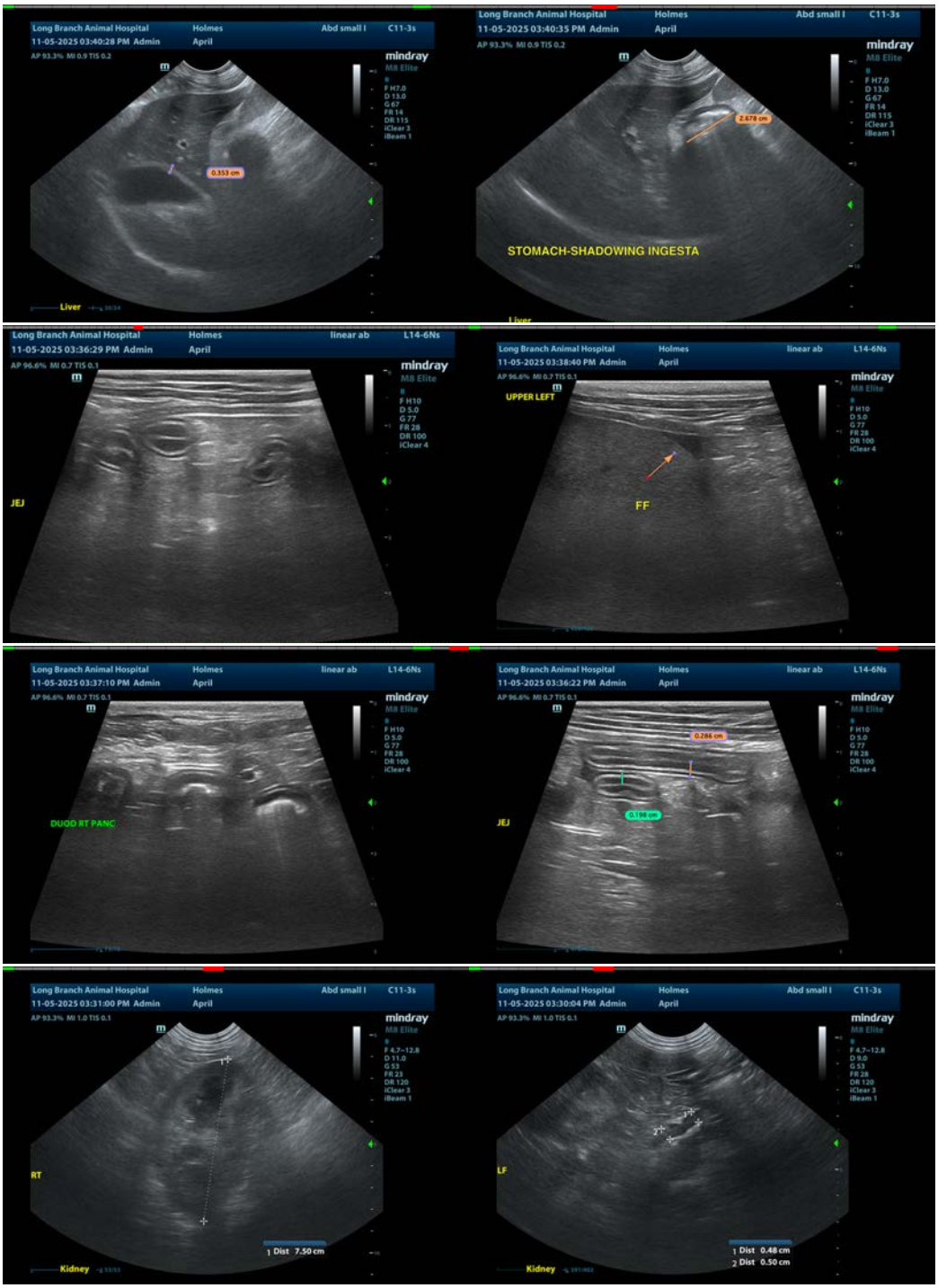
No overt gastrointestinal lesions are observed. There is some mild generalized inflammation and free fluid and a small amount of shadowing material visualized within the gastric lumen. Continued monitoring is warranted.



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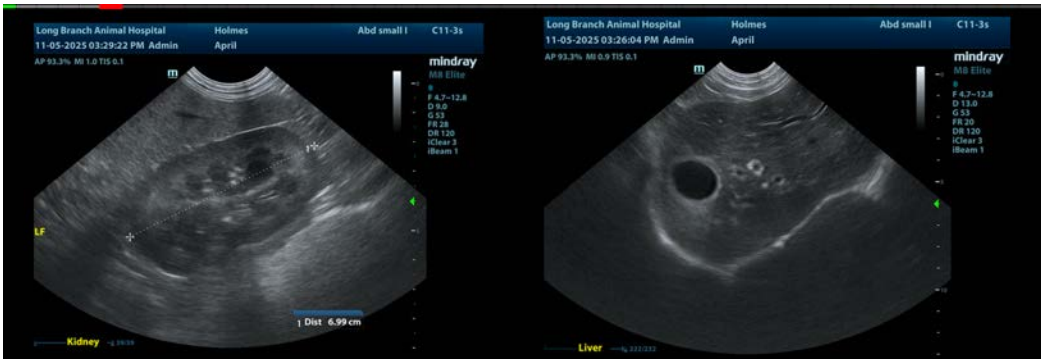

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com