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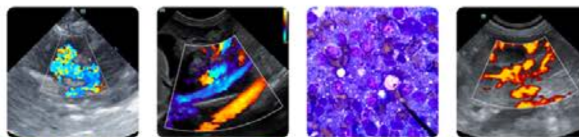


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Smokey Lehman

SPECIES
Canine

BREED
Lhasa Apso

SEX
Neutered Male

AGE
12 Years

WEIGHT
11 kg

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

IMAGING PERFORMED BY
Dr. Sarah Barthelemy

HOSPITAL NAME
Petzoic Vet

REFERRING VET
Dr. Nielson

INVOICE
72534

DATE
12/11/25

PRESENTING CLINICAL SIGNS

Presented with vomiting, and hyporexia.

Abnormal PE/Chem/CBC/UA Results: Severe ALT and ALP elevations. Mild GGT and tbili elevation . Marked CRP elevation. Proteinuria

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 large and irregular in shape. The parenchyma is generally hypoechoic and heterogeneous. The right side of the prostate appears enlarged with some irregular, hyperechoic poorly defined foci. The prostate measures 1.72 cm x 2.05 cm when measured in the sagittal view.

The left kidney has a normal shape and size (5.58 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 (5.86 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 the cranial pole and 0.59 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.

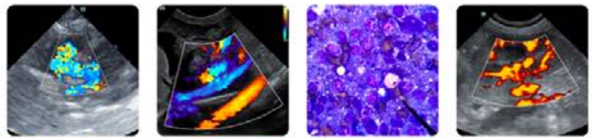
The right adrenal gland is normal in size measuring 0.77 cm at the cranial pole and 0.55 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is normal in size but irregular in shape, measuring 1.35 cm in width at the level of the hilus. It is mottled. The blood flow through the hilus and splenic parenchyma appears normal. The parenchyma is diffusely nodular with ill-defined hypoechoic nodules throughout the parenchyma. Additionally, there is a larger mixed echogenicity nodule that deviates the splenic capsule measuring 1.21 cm x 0.89 cm.

Liver

The liver is large in size, and normal in 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.



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The gall bladder lumen is moderately distended with a moderate amount of non-organized debris. The gallbladder wall appears significantly thickened, irregular, and hyperechoic, measuring 0.28 cm, possibly with some adhered debris and a small amount of surrounding edema.

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. Duodenum wall measures 0.43 cm. Jejunum wall measures 0.35 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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

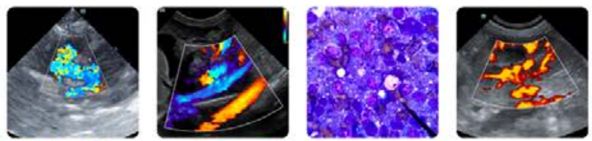
The left limb of the pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

There is a scant amount of free fluid. There is a cranial abdominal lymphadenopathy with large, hypoechoic lymph nodes visualized near the stomach and at the pancreaticoduodenal junction. Examples measure 0.69 cm x 2.14 cm and 1.49 cm x 2.27 cm. The omentum in this area is generally hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular, mottled prostate with asymmetrical enlargement of the right lobe and some indistinct hyperechoic focal lesions. Findings are concerning for possible neoplastic process in this neutered dog. If this dog was neutered late in life with significant prostatic disease, these could represent benign changes.
- Diffusely nodular spleen with a mixed echogenicity expansile nodule – Findings are concerning for a neoplastic process. Significant lymphoid hyperplasia or similar cannot be ruled out. The hyperechoic lesion could represent a benign or neoplastic lesion.
- Large, 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.
- Significantly thickened, irregular, hyperechoic gallbladder wall with surrounding edema – Findings are consistent with significant cholecystitis.



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- Cranial abdominal lymphadenopathy – The lymph nodes are concerning for possible metastatic lymph nodes, although highly reactive lymph nodes are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and heterogeneous, and there are significant changes visualized associated with the gallbladder most consistent with cholecystitis. These findings are suggestive of a primary hepatopathy as well as gallbladder disease. Recommend supportive care as well as treatment with Ursodiol, Denamarin and antibiotics, and continued monitoring of the gallbladder. Additionally, a fine needle aspirate of the liver is recommended, as an underlying neoplastic process (round cell neoplasia, etc.) cannot be ruled out, particularly with cranial abdominal lymphadenopathy and the changes observed in the spleen.

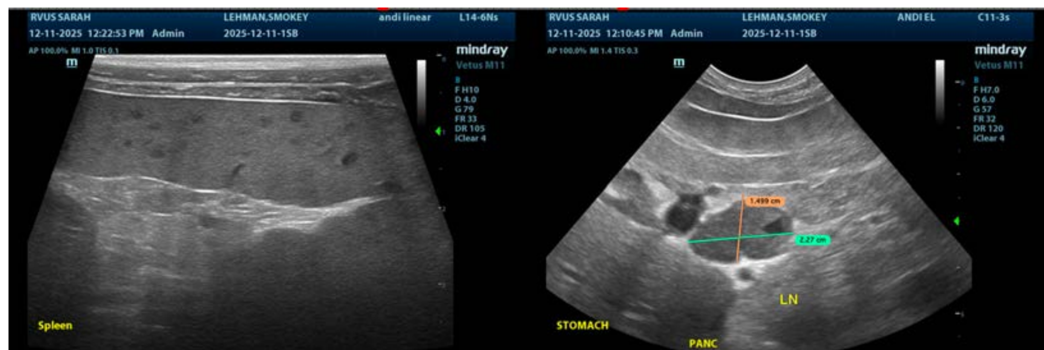
The spleen is diffusely nodular with a focal lesion. Recommend a fine needle aspirate of the spleen to further evaluate.

The prostate is irregular and heterogeneous with an enlarged, abnormal right lobe. These findings could be concerning for possible prostatic neoplasia, although if this patient was neutered late in life with previous prostatic disease, these could represent benign changes. Recommend a fine needle aspirate of the prostate (right lobe particularly).

There is a cranial abdominal lymphadenopathy. If a safe window for sampling is available, consider a fine needle aspirate.

Recommend treatment for non-specific cholangiohepatitis while awaiting cytology results. If a neoplastic process is thought unlikely based on these results, close continued monitoring of the gallbladder is warranted, as possible surgical removal may be warranted.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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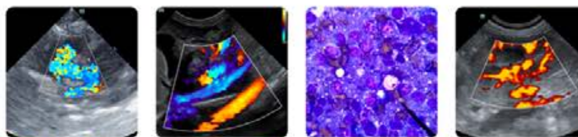

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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