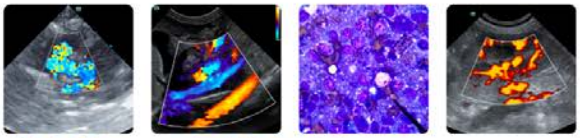

PATIENT

Bubba Nobles

SPECIES

Canine

BREED

Lab x

SEX

Neutered Male

AGE

10 Years

WEIGHT

45.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Wallburg Animal Hospital

REFERRING VET

Dr. Harris

INVOICE

72600

DATE

12/16/25

PRESENTING CLINICAL SIGNS

P presented for vomiting, anorexia, lethargy, painful on abd palpation. P was treated supportively and did eat willingly last night 3 rads attached- rdvm concerned about mineralized spots in area of pylorus P is on cyclosporine q 72 hrs for anal fistulas

Abnormal PE/Chem/CBC/UA Results: ALKP 2143, ALT too high to read, Tbili 7.5, Lepto Negative, CPL normal

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 (1.12 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 (5.45 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 (6.01 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 0.76 cm at the cranial pole and 0.69 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 0.57 cmat the cranial pole and 0.60 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 (1.81 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 mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible

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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. There is a very small irregularity at the gallbladder wall measuring 0.33 cm, most consistent with debris or small polypoid lesion. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild fluid. 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.68 cm. Jejunum wall measures 0.34 cm. Visualized peristalsis appears appropriate. There is a small, non-shadowing hyperechoic structure visualized in the lumen of the proximal duodenum (viewed intracostally only), most consistent with a non-obstructive soft tissue structure, although non-shadowing foreign material or ingesta cannot be ruled out. This structure measures 0.92 cm in diameter. No evidence of an obstruction is visualized.

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.

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.
- Small irregularity/polypoid lesion visualized associated with the gallbladder wall – This likely represents an incidental lesion. Recommend continued monitoring.
- Mildly prominent/thickened small intestine – Findings could be consistent with mild inflammatory change.
- Hyperechoic non-shadowing structure visualized within the lumen of the proximal duodenum – Findings could be consistent with soft tissue structure such as a polyp, early mass lesion, etc. Ingesta or ingested foreign material cannot be ruled out.

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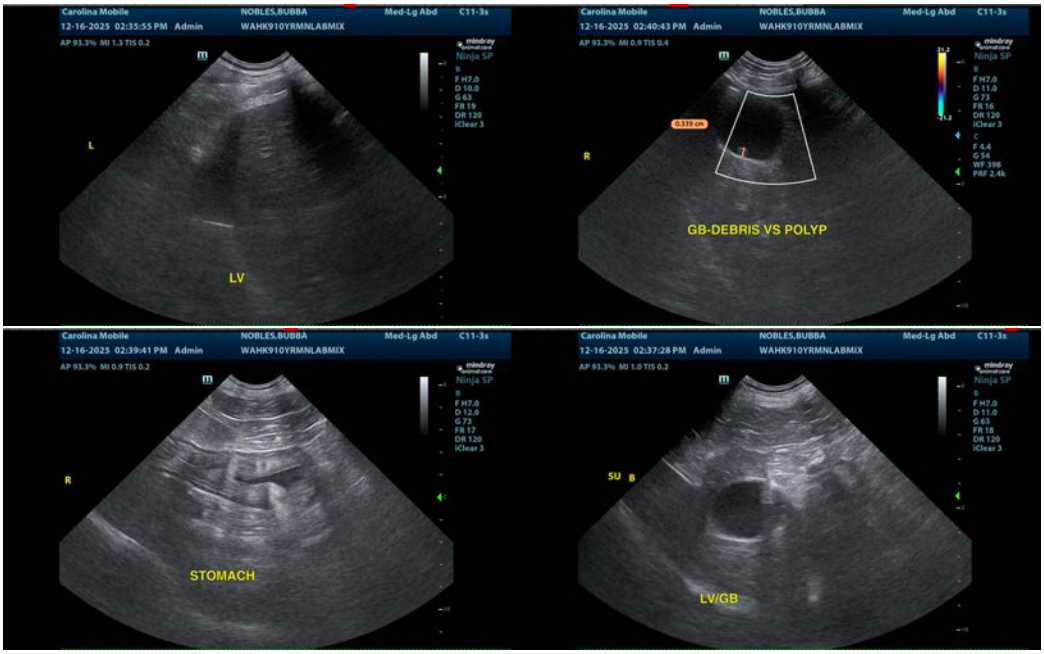
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a small intraluminal hyperechoic structure visualized associated with the duodenum. This is visualized on an intracostal view, with no evidence of a significant obstructive pattern. This could represent a non-obstructive soft tissue structure like a polyp, atypical ingesta, etc. There is no associated inflammation or obstruction at this time, increasing the possibility that this could be an incidental finding. Follow up evaluation is recommended.

The liver appears mildly heterogeneous. This is a non-specific finding. Given the severe liver enzyme elevations and the relatively normal appearing gallbladder, a primary hepatopathy is suspected and is suspected to be the cause of the GI signs reported. Recommend screening for Leptospirosis and treatment for acute liver injury with Ursodiol, Denamarin, and antibiotics. Concurrent Cyclosporin use could increase the likelihood of an underlying infectious process or possibly an adverse liver response to Cyclosporin.

If coagulation parameters are normal, consider a fine needle aspirate of the liver to look for obvious neoplastic change, infectious changes, etc. If there is no response to treatment for acute liver injury, biopsies of the liver may be necessary to further evaluate and obtain more information.

Continued monitoring of the hyperechoic lesion visualized associated with the duodenum is recommended. This could be further evaluated with follow up ultrasounds, a contrast CT scan, or upper GI endoscopy. The nature and significance of this lesion is uncertain.



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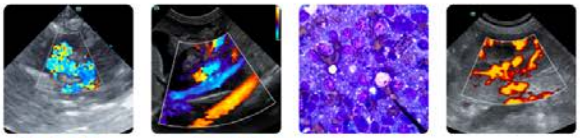

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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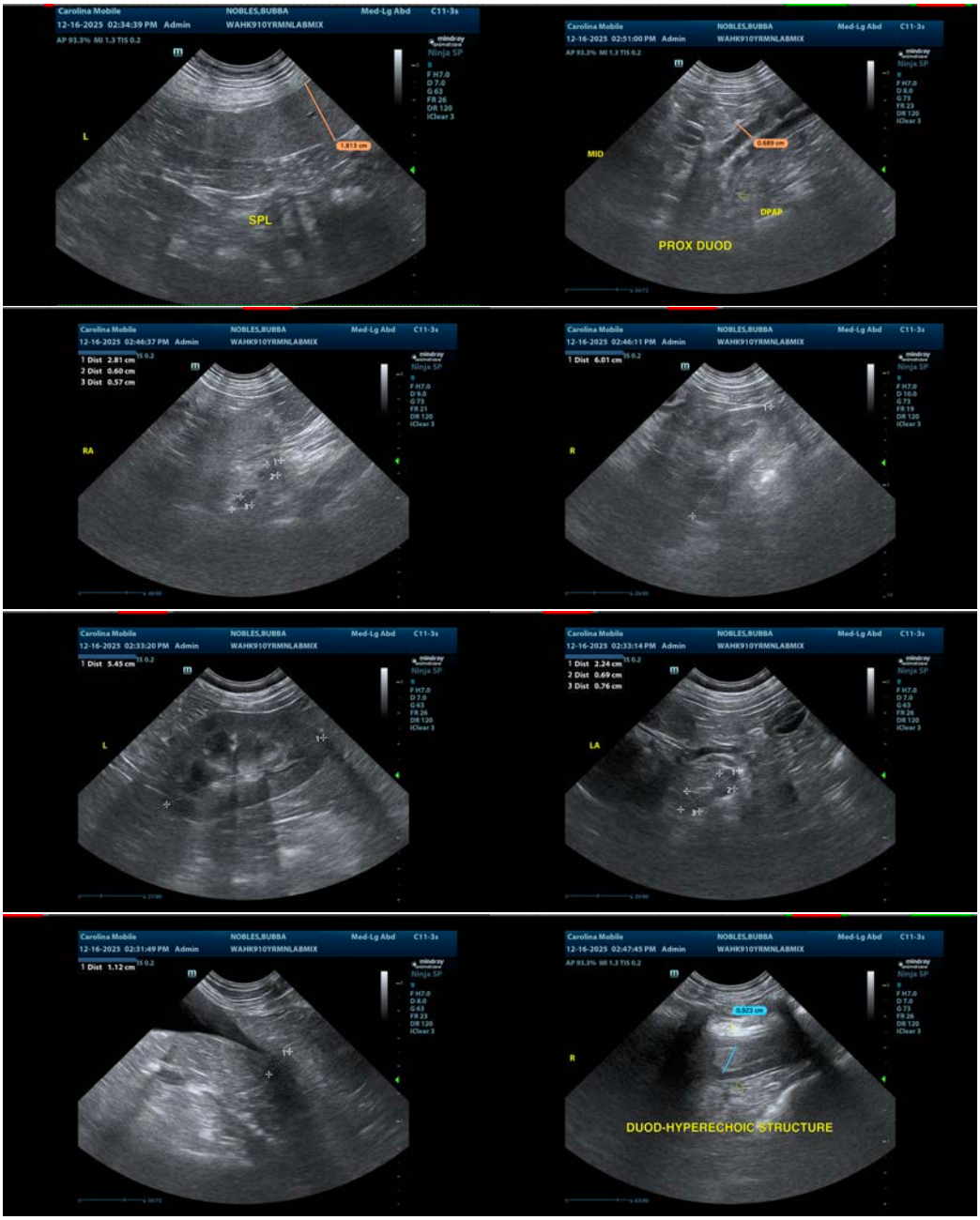

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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