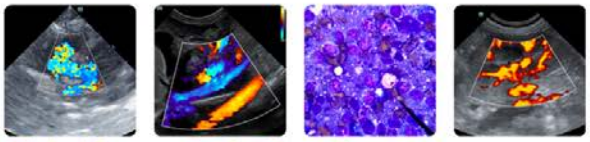


PATIENT

Bert Klemmer

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Neutered Male

AGE

4 Years 7 Months

WEIGHT

18.6

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Murphy, CVT

HOSPITAL NAME

Wauwatosa Veterinary Clinic

REFERRING VET

Elaine Binor, DVM

INVOICE

72960

DATE

2/13/26

PRESENTING CLINICAL SIGNS

History of persistently elevated liver enzymes since 11/25. ALT 168 (10-125) and Alk Phos 476 (23/212). Plan to check abdominal imaging to check hepatic, gallbladder status. No response to Denamarin. Doing well otherwise at home eating and drinking normally. On budesonide and tylosin for IBD control and doing well. Lepto PCR pending. Steroid hepatopathy

Abnormal PE/Chem/CBC/UA Results: ALT 168 (10-125) Alk Phos 476 (23-212)

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 (4.82 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 (4.52 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 0.34 cm at the cranial pole and 0.36 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.

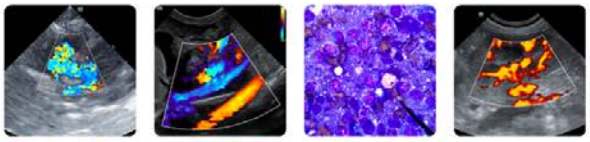
The right adrenal gland is normal in size measuring 0.56 cm at the cranial pole and 0.60 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.07 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 portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.



PATIENT

Bert Klemmer

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Neutered Male

AGE

4 Years 7 Months

WEIGHT

18.6

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Murphy, CVT

HOSPITAL NAME

Wauwatosa Veterinary Clinic

REFERRING VET

Elaine Binor, DVM

INVOICE

72960

DATE

2/13/26

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains a large amount of fluid and 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. The large amount of fluid, gas and shadowing ingesta interferes with full evaluation of the stomach.

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 0.36 cm. Jejunum wall measures 0.31 cm. There is mucosal speckling visualized associated with the duodenum. 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 area of 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

- Mildly 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.

- Fluid and ingesta distended stomach – Correlate with the feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying or a partial outflow tract obstruction (none clearly visualized).

- Mildly thickened small intestine with mucosal speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver to explain the elevation in liver enzymes reported. It does appear mildly heterogeneous, and the gallbladder is normal. These findings support a primary hepatopathy as the most likely differential. Likely a vacuolar hepatopathy, although other hepatopathies are possible. These types of changes could be seen with chronic Budesonide therapy

PATIENT

Bert Klemmer

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Neutered Male

AGE

4 Years 7 Months

WEIGHT

18.6

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Murphy, CVT

HOSPITAL NAME

Wauwatosa Veterinary Clinic

REFERRING VET

Elaine Binor, DVM

INVOICE

72960

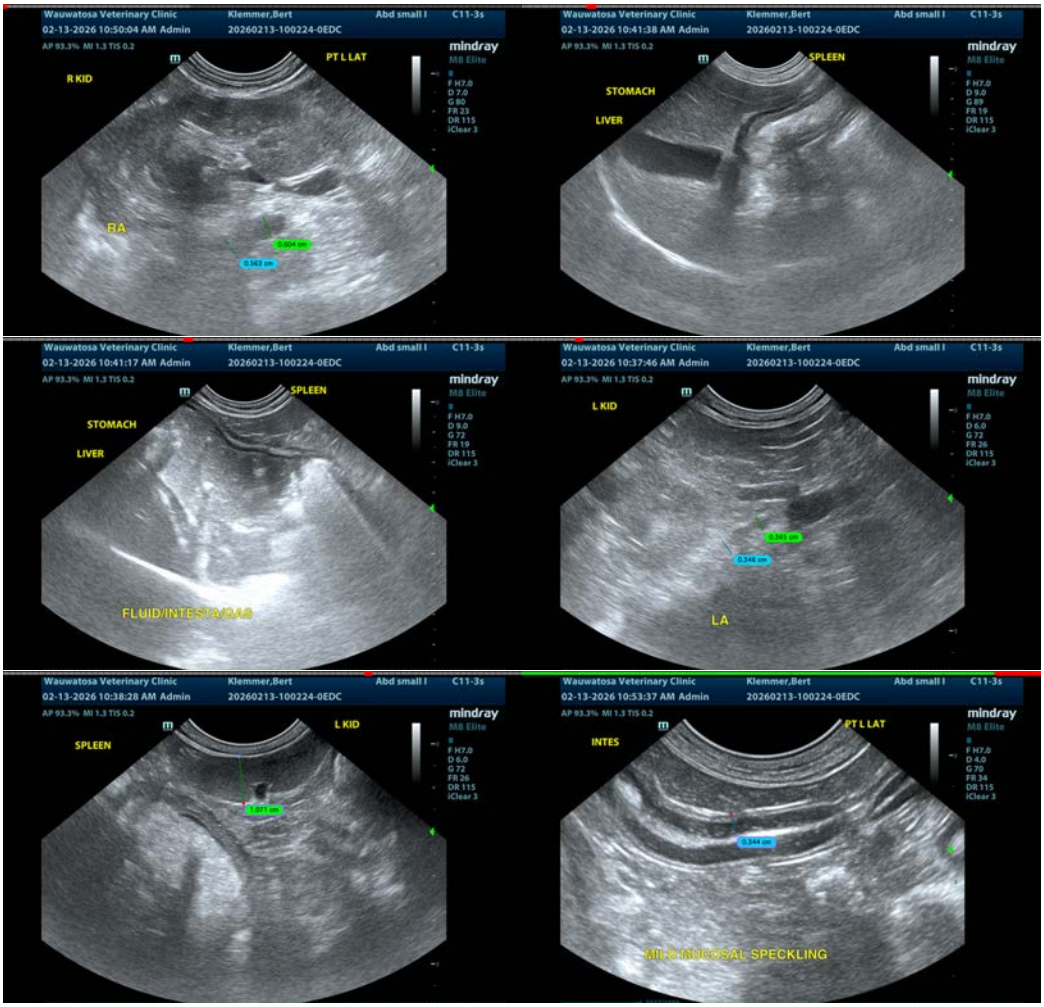
DATE

2/13/26

(steroid hepatopathy).

The changes observed in the small intestine are likely consistent with the current diagnosis of IBD +/- lymphangiectasia.

The significant fluid distention of the stomach is of uncertain significance. Correlate with feeding history. If the patient was adequately fasted, this could represent delayed gastric emptying or even an unseen partially obstructive lesion. If symptoms of vomiting develop, further evaluation should be considered.



PATIENT

Bert Klemmer

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Neutered Male

AGE

4 Years 7 Months

WEIGHT

18.6

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Murphy, CVT

HOSPITAL NAME

Wauwatosa Veterinary Clinic

REFERRING VET

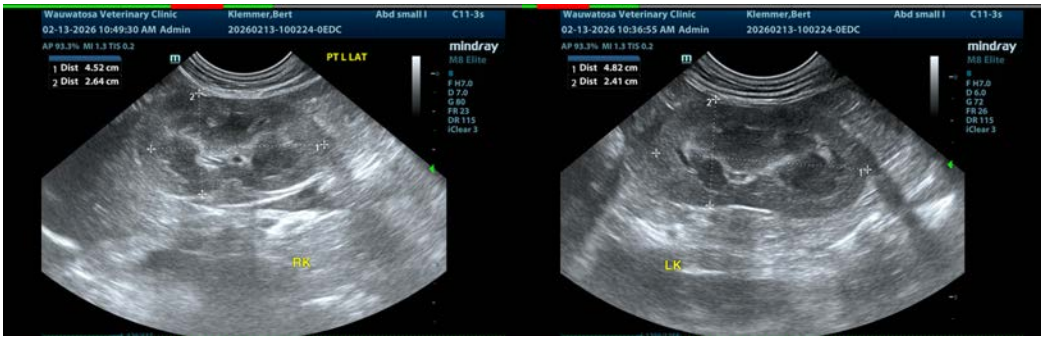
Elaine Binor, DVM

INVOICE

72960

DATE

2/13/26



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