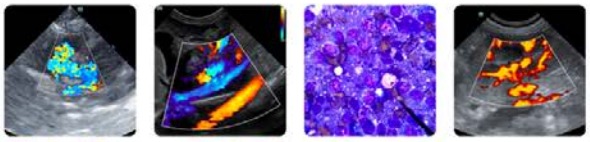


PATIENT

Otis Goins

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

3 Years

WEIGHT

84 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorsville Veterinary Clinic

REFERRING VET

Dr. Ashleigh Bisset

INVOICE

73614

DATE

3/12/26

PRESENTING CLINICAL SIGNS

Presented for lethargy, vomiting and diarrhea on 2/26/26. His appetite was decreased and when he did eat, he vomited soon after eating. On exam, he had a 103.2 rectal temp, mild dehydration, pain on palpation of the mid/caudal abdomen and dark red tarry stool on rectal exam

Abnormal PE/Chem/CBC/UA Results: Abdominal radiographs showed gas in the large intestine with right sided displacement of the descending colon. • In house bloodwork: ALT 328 H, ALP <10 L, TBili 2.0 H, CPl 80 WNL. • Abnormal PE/Chem/CBC/UA Results: In house bloodwork: ALT 328 H, ALP <10 L, CPl 80 L. - TBIL Value in-house: 2.0 "High", patient has no clinical sign of being Icteric. AUS performed on 2/16 showed Microhepatica/chronic fibrosing cholangiohepatitis liver pattern with nodular changes-strong concern for primary copper storage disease or leptospirosis. Lepto PCR was negative. Owners went to IM at VRA and they recommended Biopsy. Patient was treated with Metronidazole, famotidine and placed on Denamarin and is doing well at this time. Owner requesting recheck AUS and liver chem prior to scheduled biopsy on 3/18.

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 visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

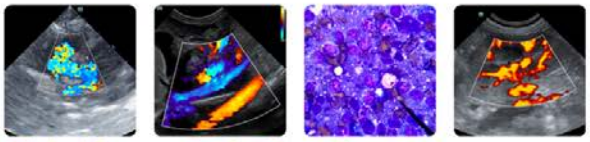
The left kidney has a normal shape and size (5.59 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.1 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 0.53 cm at the cranial pole and 0.57 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 caudal pole of the right adrenal gland is normal in size (0.59 cm). 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. The cranial pole is not clearly visualized.



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Spleen

The spleen is subjectively normal in size (2.04 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 small with slightly irregular/nodular 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.

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 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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

- Subjectively small, 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.

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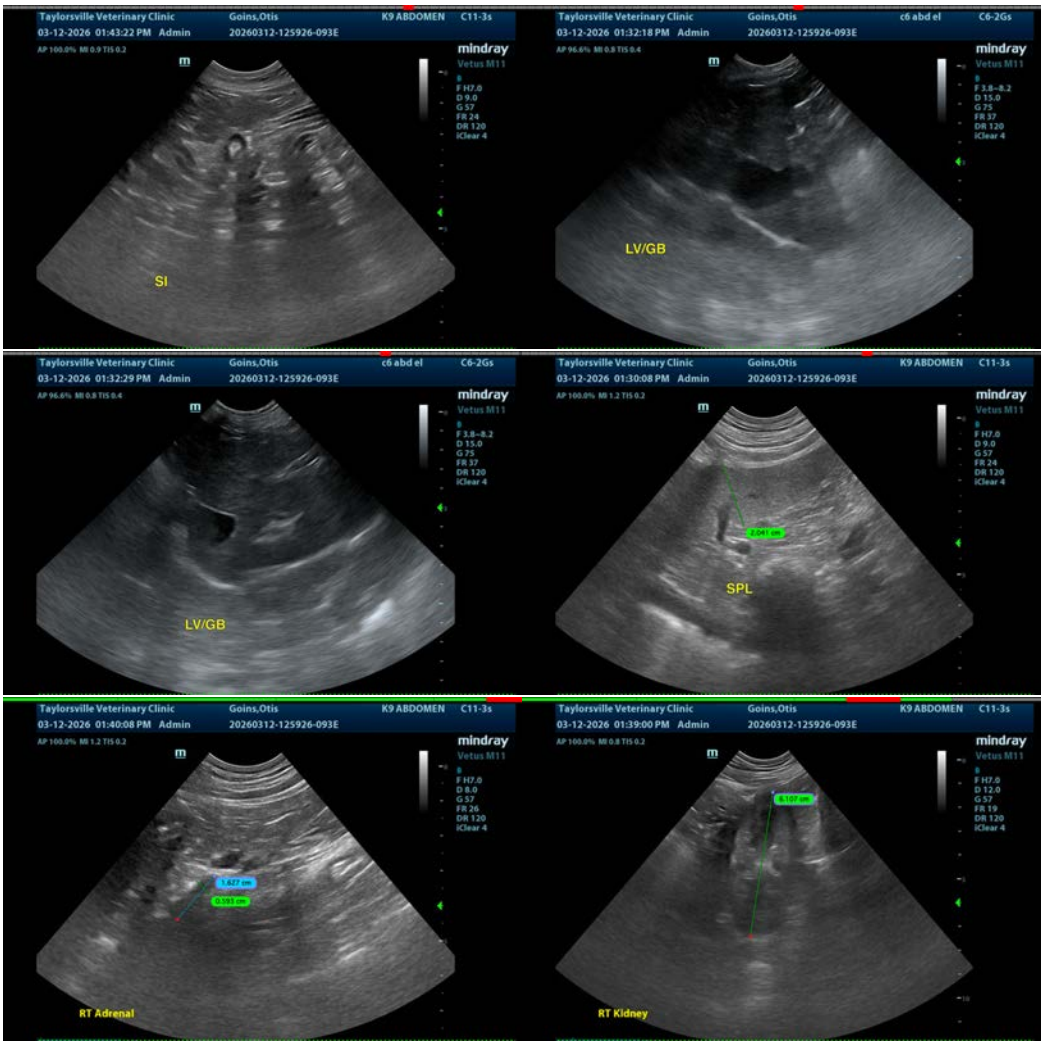
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver appears subjectively small (correlate with radiographs) and somewhat heterogeneous. This is a non-specific finding, but given the breed, if Leptospirosis has been ruled out there would be concern for a primary hepatopathy. Recommend reassessment with full lab work including coagulation parameters. If liver function is still abnormal, then consider surgical biopsies of the liver with close attention paid to coagulation, and multiple samples submitted for histopathology, culture and copper levels. In this breed, chronic active hepatitis or copper associated hepatopathy would be a concern. Other differentials could include a toxic hepatopathy or other infectious, inflammatory or neoplastic conditions.



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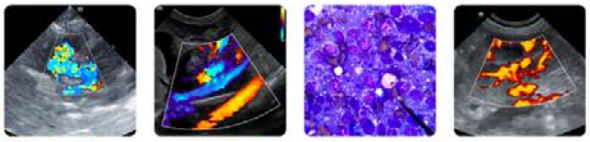

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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