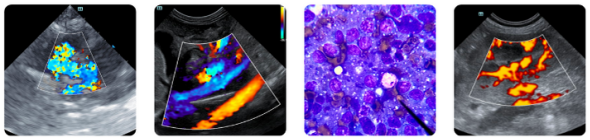


PATIENT

Moose Doria

SPECIES

Canine

BREED

Lab

SEX

Intact Male

AGE

5 years

WEIGHT

40.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Justin Freeby

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

Dr. Justin Freeby

INVOICE

11506

DATE

3/18/2026

PRESENTING CLINICAL SIGNS

- P presented yesterday for evaluation of a 72-hour duration of vomiting after eating. O reports that P for the lat 30 days has not been interested in food. This started around the time of when P started a OTC multivitamin. O reports that P has lost a lot of weight in last 30 days (given our scale approximately 10 kg). O reports that P is overall otherwise acting normal. Hx: anaplasma .

Abnormal PE/Chem/CBC/UA Results: Icteric skin/mm Afebrile Nonpainful abdomen

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 hyperechoic measuring 4.2 cm in height in the sagittal view.

The left kidney has a normal shape and size (7.61 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 (6.28 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 0.72 cm at the cranial pole and 0.62 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.

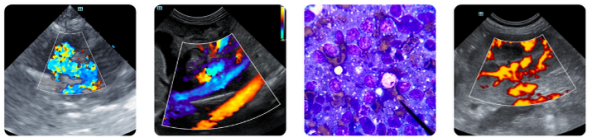
The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.41 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is large in size, and slightly rounded. 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. The wall of the gall bladder appears slightly thickened and hyperechoic, measuring 0.36 cm. There is a mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

Most of the visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate 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 (0.5cm in wall thickness) and the jejunum measured as normal (0.3 cm.) Visualized peristalsis appears appropriate. The proximal duodenum has moderate fluid/ingesta.

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

- Large, hyperechoic prostate. Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.
- Large, heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy.
- Mildly thickened, hyperechoic gallbladder wall. Findings could be consistent with anatomic variation or mild cholecystitis.
- Moderate fluid/ingesta distension of the stomach and some mild fluid distension of the proximal GI tract. Correlate with the feeding history. If the patient was adequately fasted this could represent delayed gastric emptying or a partial outflow tract obstruction (none observed.)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large, heterogenous and slightly rounded in appearance. This is a non-specific finding. Suggestive of a primary hepatopathy.

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The gallbladder has minimal intraluminal debris but the gallbladder wall is slightly prominent and hyperechoic. Findings could be consistent with mild cholecystitis. Consider the following:

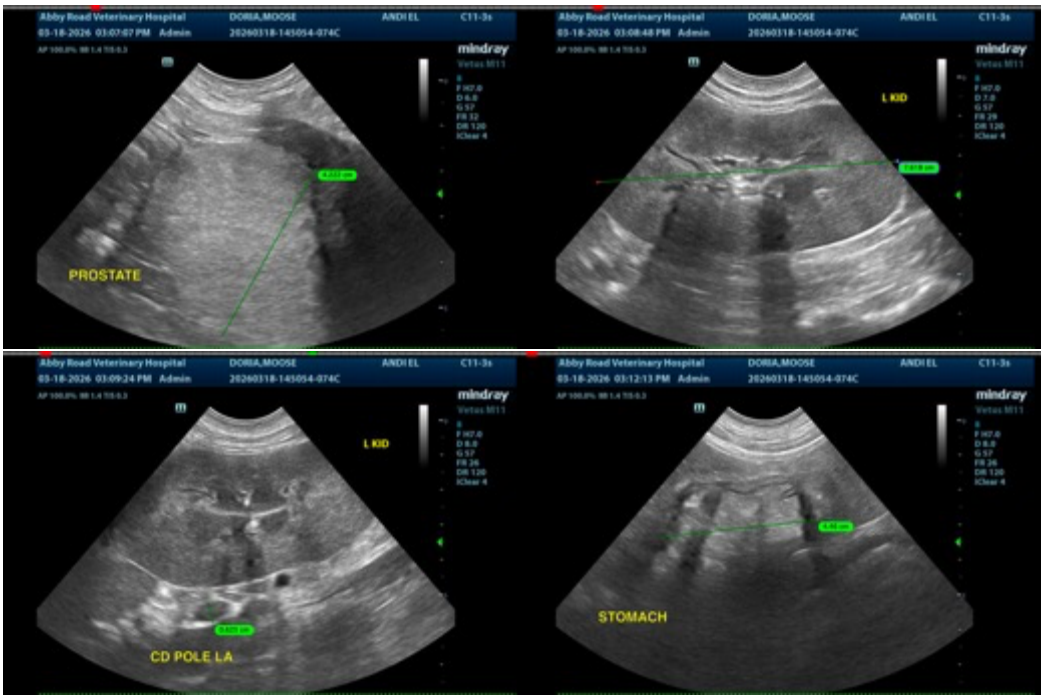
- If clinically appropriate, consider screening for leptospirosis.
- Consider a fine needle aspirate of the liver (provided coagulation parameters are normal) to look for any evidence of infiltrative disease.
- Recommend empirical treatment for acute liver injury with a course of ursodiol, denamarin, and antibiotics.

If liver values are persistently elevated, despite taking these measures, biopsies of the liver with samples for histopathology, culture, and copper levels are likely warranted.

The stomach and the proximal duodenum are mildly fluid distended, most consistent with a non-fasted patient. If the patient was adequately fasted, this could indicate delayed gastric emptying or even an unseen partial outflow tract obstruction. No significant focal lesions are visualized associated with the GI tract, although, a small focal lesion cannot be definitively ruled out.

The prostate is large and hyperechoic, as would be expected with a mature intact male. Recommend a urinalysis and culture to look for evidence of prostatitis.

I suspect the reported vomiting is secondary to the liver disease. If GI symptoms are persistent and there's concern for primary gastrointestinal issues, repeat imaging could be considered looking for the development of new lesions or the progression of today's lesion.



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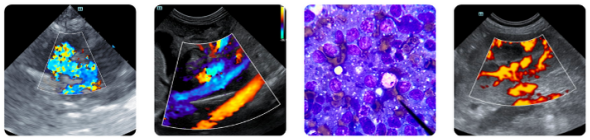

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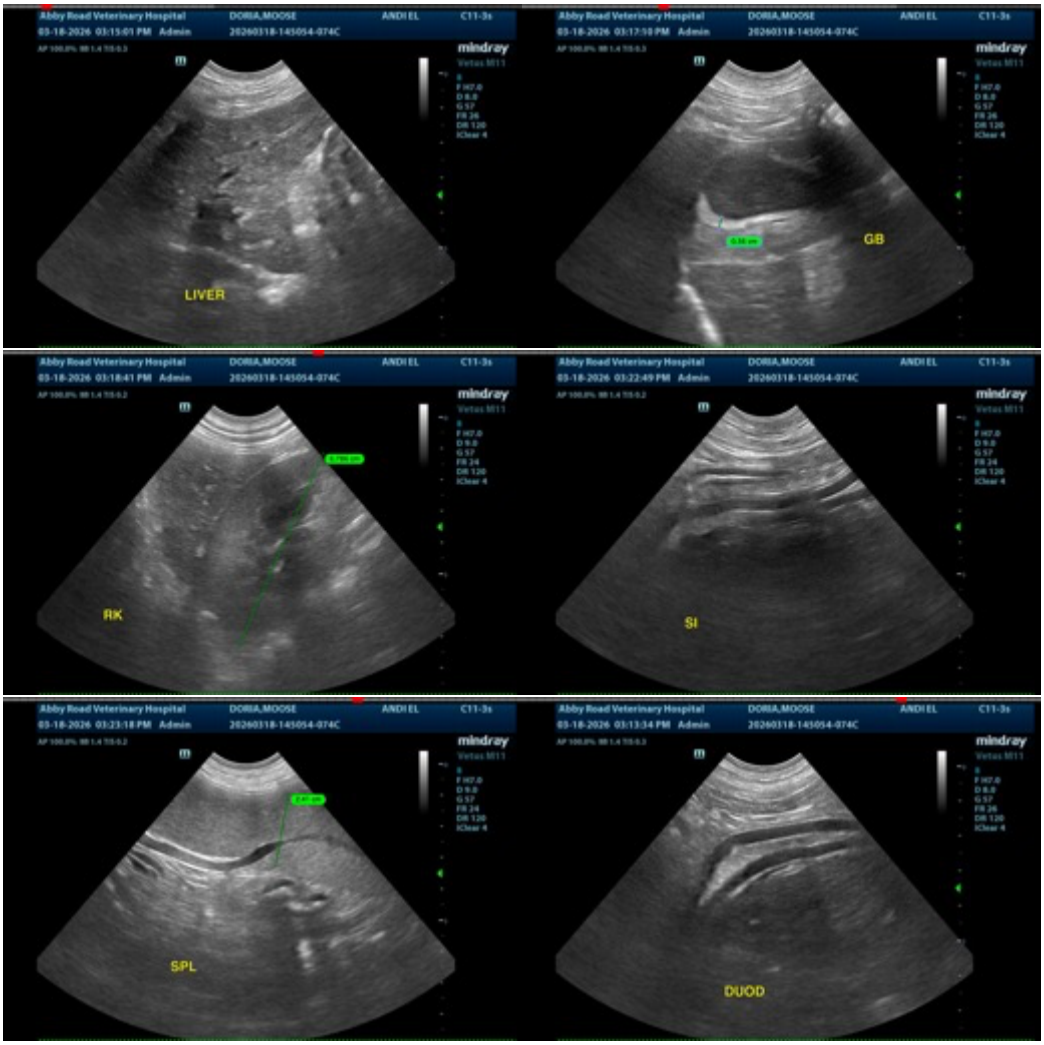

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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