



**DATE PRESENTING CLINICAL SIGNS**

3/24/26 **Patient History:** Physical exam WNL.

**PATIENT Current Medications:** N/A.

Jaggar Hamilton **Labwork Results:** Labwork not attached.

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** IV.

**SPECIES Stat Report:** Not requested.

**Imaging Performed by:** Rachel Brillhart, RDMS.

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED *Urinary System***

German Shepherd 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, or masses. In the dependent portion of the urinary bladder there is a small, mineralized foci most consistent with a small stone measuring at 0.34 cm.

**SEX**

Neutered Male

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.

**AGE**

6/27/18

The left kidney has a normal shape and size (7.99 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.

**WEIGHT**

119 lbs

The right kidney has a normal shape and size (7.7 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.

**INTERPRETED BY**

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

***Adrenal Glands***

The left adrenal gland is normal in size measuring 0.62 cm at the cranial pole and 0.72 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.

**HOSPITAL NAME**

Madonna Veterinary  
Clinic

The right adrenal gland is normal in size measuring 0.68 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.

**REFERRING VET**

Dr. Brockett

***Spleen***

The spleen is subjectively normal in size (2.22 cm in width at the level of the hilus). The spleen echotexture is mildly mottled, 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.

**INVOICE**

73975

***Liver***

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. 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. There is a moderate amount of non-organized echogenic debris. Some of the debris is hyperechoic and shadowing, most consistent with mineralized debris. Additionally, there is some irregularity and mineralization of the gallbladder wall, most consistent with a mildly mineralized gallbladder wall or adhered mineralized debris. Gallbladder wall measures at 0.29 cm in thickness. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.37 cm 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 0.41 cm. Jejunum wall measures 0.46 cm. 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.

### ***Other***

The right auricle and pericardium were visualized and were unremarkable. No obvious pathology is visualized. If cardiac function evaluation is desired a full echocardiogram is warranted.

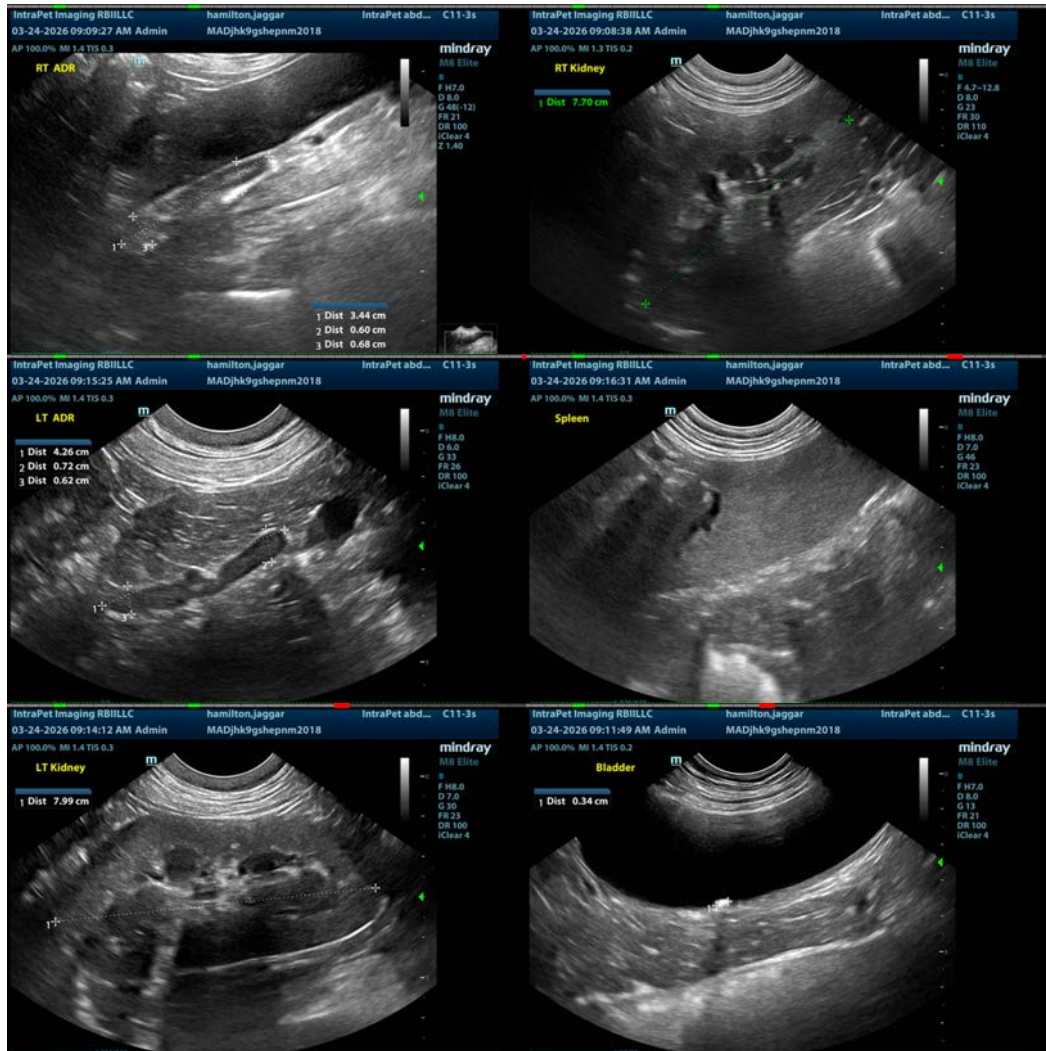
## **ULTRASONOGRAPHIC FINDINGS**

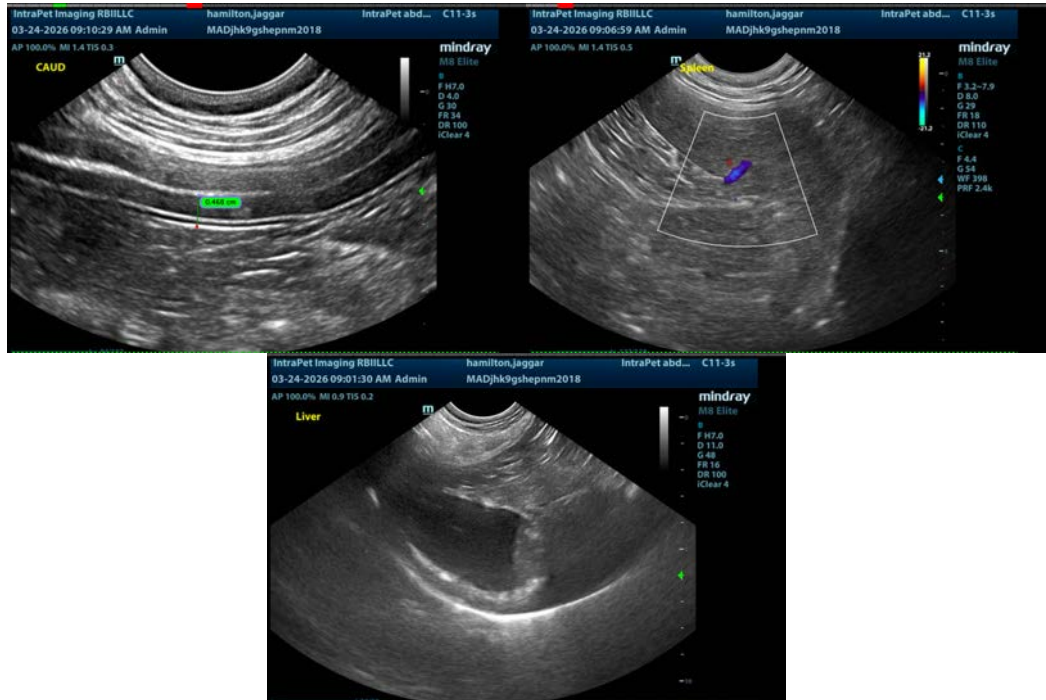
- Small dependent mineralization visualized in the urinary bladder – Findings are most consistent with a small stone. Correlate with urinalysis +/- culture results.
- Mildly mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Mineralized debris visualized in the gallbladder with some mineralization or adhered mineralized debris associated with the gallbladder wall – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes observed on today's scan are mild. No discrete mass lesions are visualized associated with the spleen. It appears subjectively mildly mottled. Options would include continued monitoring or a fine needle aspirate to further assess.

There is some dependent mineralized debris visualized associated with the gallbladder, and the gallbladder wall appears mildly thickened and irregular with some mineralization, most consistent with mineralization of the gallbladder wall or adhered mineralized debris. Correlate with current lab work, looking for any evidence of liver enzyme elevations, as this could be an indicator of mild inflammation or cholecystitis. Recommend continued monitoring +/- chronic Ursodiol therapy.





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.

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