



**DATE PRESENTING CLINICAL SIGNS**

03/06/26 Patient History: Acutely sick, vomiting/unable to keep food down starting 3/5. Presenting this morning for evaluation. Lethargic, icteric, 103 temp, abdomen seems painful. BW - elevated liver enzymes, hyperbilirubinemia, markedly high WBC.

**PATIENT**

Henry Dolce Current Medications: Started IV fluids @ 2x maintenance. Plan to add IV antibiotics, cerenia, start liver support medications

**SPECIES**

Labwork Results: Labwork not attached, reported as: ALP 593, ALT 1614, Tbili 2.2, WBC ~40k (neutrophilia)

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV Buprenex.

Stat Report: STAT requested.

**BREED**

Imaging Performed by: Rachel Brillhart, RDMS.

King Charles Cavalier

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Neutered Male

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

**AGE**

07/19/18

The prostate is normal in size (0.99 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.

**WEIGHT**

8.1 kg

The left kidney has a normal shape and size (4.77 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of 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)

The right kidney has a normal shape and size (4.8 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**HOSPITAL NAME**

Pleasantville Animal  
Hospital

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.62 cm at the cranial pole and 0.55 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.

**REFERRING VET**

Dr. Gounaris

The right adrenal gland is normal in size measuring 0.61 cm at the cranial pole and 0.45 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.

**INVOICE**

14095

**Spleen**

The spleen is subjectively normal in size, 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. The spleen measured 1.95 cm.

### **Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous and hypoechoic 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 is large and significantly distended with primarily non-organized echogenic debris. Some of the debris appears adhered to the gallbladder wall and some exhibits mild mucosal stranding. The gallbladder wall is thickened, irregular, and hyperechoic measuring 0.44 centimeters in thickness. There is reactive mesentery visualized in the region of the neck of the gallbladder. The cystic and common bowel duct appear significantly dilated with irregular, poorly defined echogenic debris. Distal to the liver, the common bowel duct measures 0.87 cm in diameter. A definitive focal obstruction is not visualized.

### **Gastrointestinal**

The stomach contains mild/moderate fluid. It measures at a normal thickness of <0.7 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. The duodenum measured as normal (0.35 in wall thickness) and the jejunum measured as normal (0.21 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 pancreas is prominent and mottled in the right limb compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The left pancreatic limb is normal.

### **Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or significant lymphadenomegaly. A prominent lymph node is visualized in the cranial abdomen, measuring 0.78 cm. The omentum is hyperechoic in the right cranial abdomen, the region of the gallbladder and bile duct.

## **ULTRASONOGRAPHIC FINDINGS**

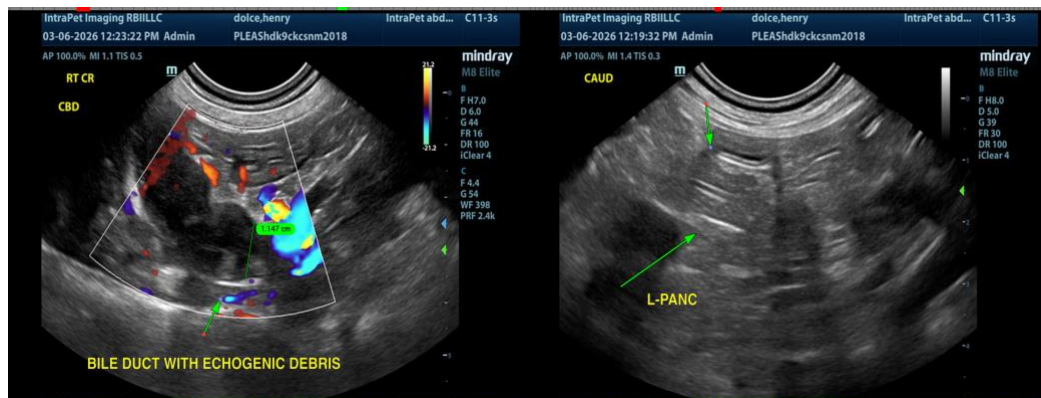
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- mild chronic pancreatitis.
- Hypoechoic heterogenous liver- The appearance would favor an inflammatory condition such as cholangiohepatitis, although infiltrative neoplasia or other hepatopathies are possible.

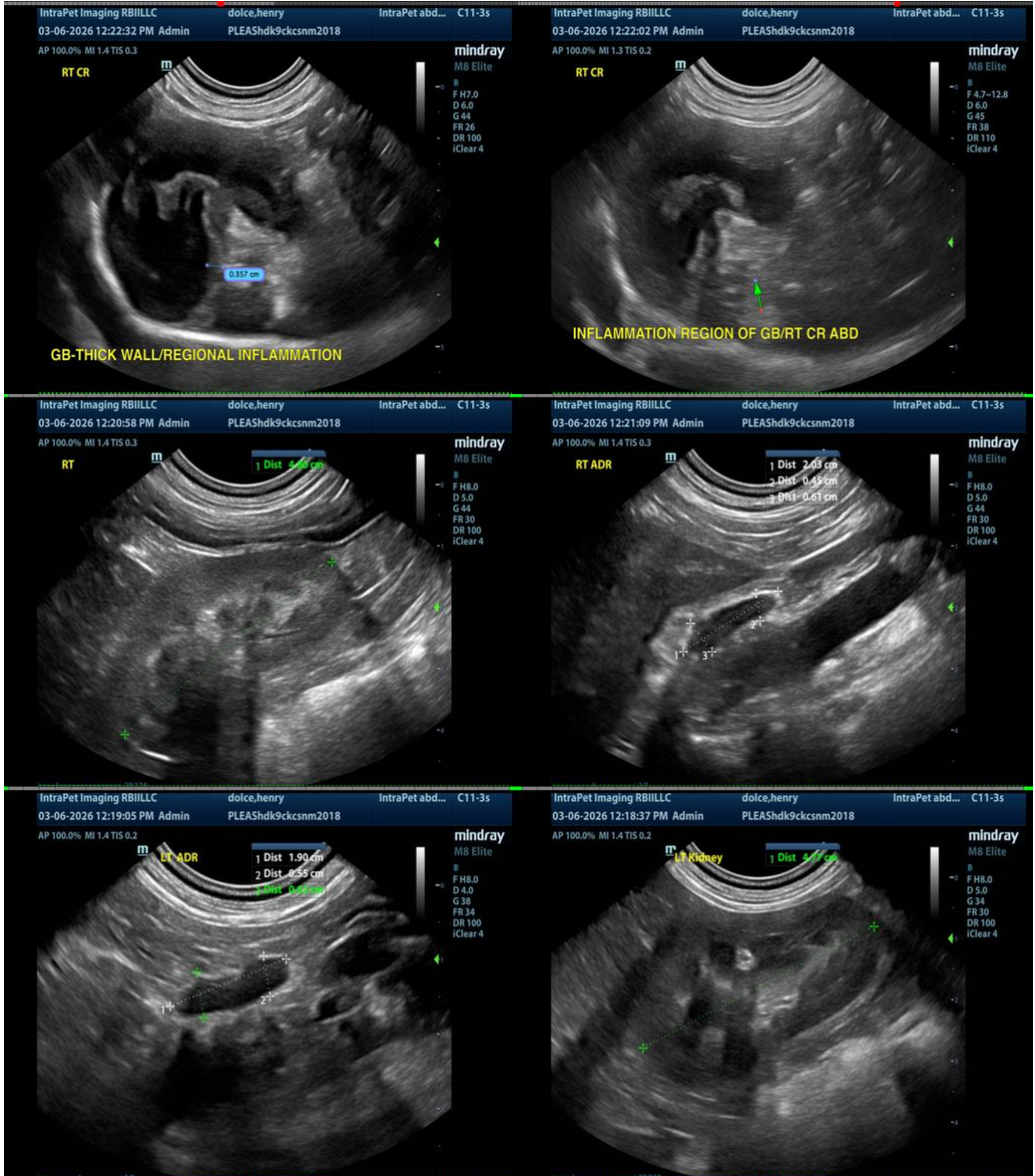
- Large thickened distended gallbladder with a large amount of disorganized intraluminal debris and a dilated thickened cystic and common bile duct- findings are suggestive of severe cholecystitis, underlying diffuse neoplasia, or a focal mass effect cannot be ruled out.

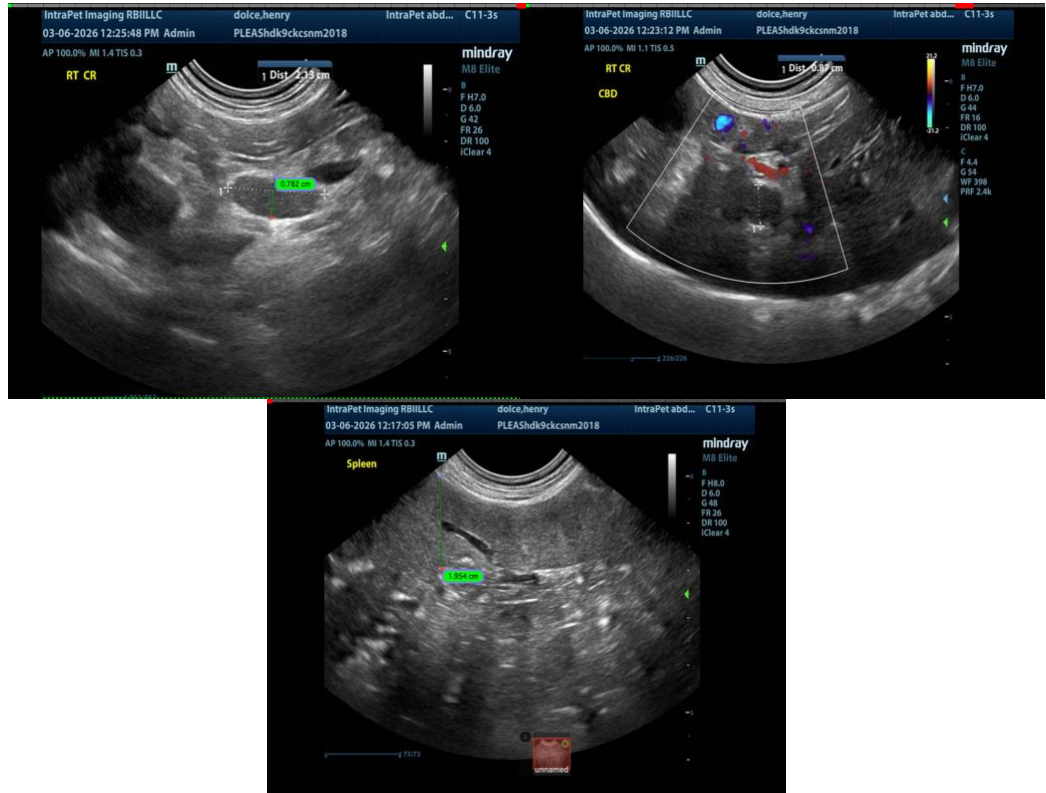
### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The gallbladder is very large with a severely thickened hyperechoic inflamed wall. There's inflamed mesentery in the region and the cystic and common bile duct appear significantly thickened with poorly defined intraluminal debris, suggestive of mucoid debris. A small soft tissue mass effect or similar cannot be ruled out. Recommend aggressive treatment for cholangiohepatitis. Fine needle aspirate of the liver could be considered (provided coagulation parameters are normal) to try and rule out underlying round cell neoplasia. In many individuals, surgery is recommended. Ideally, a contrast CT scan would be performed to further assess the gallbladder and bile duct. If this is not possible, referral to a veterinary surgeon for consultation could be considered. Some individuals can improve with medical therapy alone, but the gallbladder and bile duct are unlikely to normalize.

The right limb of the pancreas is somewhat prominent and mottled, possibly consistent with regional inflammation. Recommend concurrent treatment for pancreatitis (aggressive supportive care, fluid, pain medication, nausea medication, broad spectrum antibiotics, Ursodiol, etc.).







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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