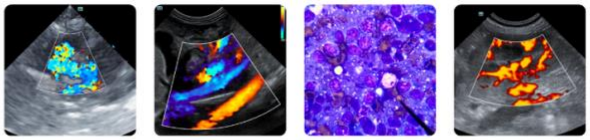


PATIENT

Kara Schreiber-Garza

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Spayed Female

AGE

5 Years 11 Months

WEIGHT

57.6 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM

IMAGING PERFORMED BY

Jenny Russell

HOSPITAL NAME

Southwest Texas VMC

REFERRING VET

Dr. Taylor Stokes

INVOICE

36514

DATE

4/10/26

PRESENTING CLINICAL SIGNS

History: P has history of severe interdigital pododermatitis and is being treated with doxycycline and prednisone for 12 weeks by recommendation of the dermatologist. I did decrease her prednisone from twice daily to once daily when she started having her lethargy signs and O states that it seems to be still fairly well managed.

P came back in for lethargy and for just laying around at the house and not wanting to move as much. Still gets up to eat and drink but just significantly less energy than her normal self.

Abnormal PE/Chem/CBC/UA Results: Bloodwork on 3/27: Mild neutrophilia, mild lymphopenia, Increased ALT, ALP, and GGT. Will attach bloodwork and derm consult. USG 1.000, no protein in urine.

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 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (6.35 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.

The right kidney has a normal shape and size (6.93 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.

Adrenal Glands

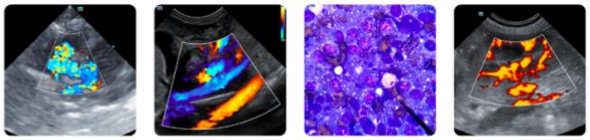
The left adrenal gland is normal in size measuring 0.28 cm at the cranial pole and 0.43 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.6 cm at the cranial pole and 0.39 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 (1.26 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



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The liver is subjectively large in size with normal echogenicity and smooth peripheral 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. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate shadowing ingesta. 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. Correlate with the feeding history. If the patient was adequately fasted, this could represent ingested foreign material. No definitive evidence of an obstruction is visualized.

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 (0.44 cm in wall thickness) and the jejunum measured as normal (0.4 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 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 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.
- Focal shadowing ingesta visualized within the gastric lumen. Correlate with the feeding history. If the patient was adequately fasted, this could represent ingested foreign material. No evidence if definitive obstruction is visualized at this time.
- Moderate gallbladder debris- 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

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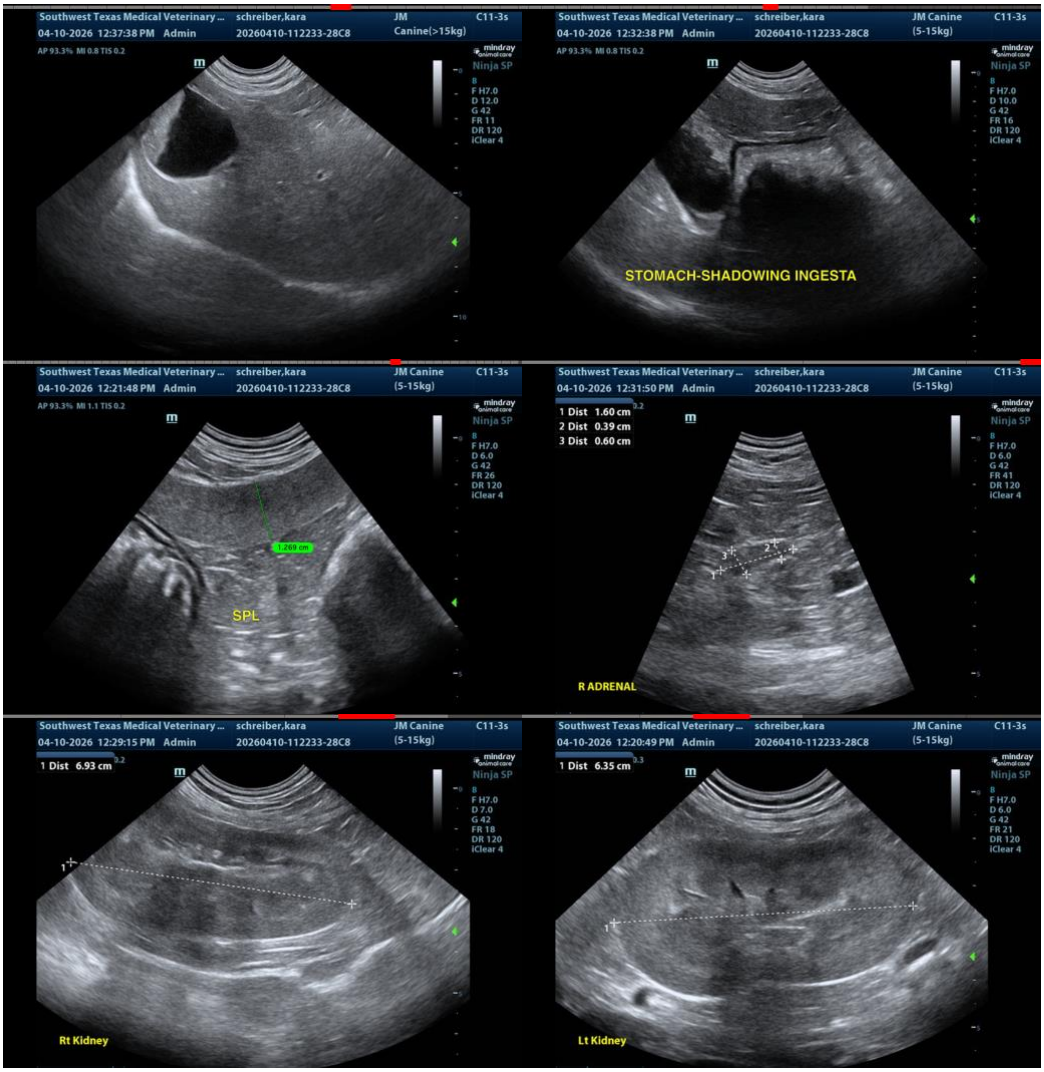
The liver appears large and heterogeneous. This could, in part, be secondary to steroid use and a steroid hepatopathy. Additionally, doxycycline can cause a significant hepatopathy, typically characterized by an elevation in ALT, so the significance is uncertain. If possible, I would consider continued tapering of medications (including doxycycline) to see if this is playing a role in her symptoms.

There's hard shadowing material visualized within the stomach. This could be normal ingesta if recently fed, but if the patient is adequately fasted, this could represent ingested foreign material. Correlate with clinical findings and radiographs and consider reevaluation after a more prolonged fast if this is a concern.



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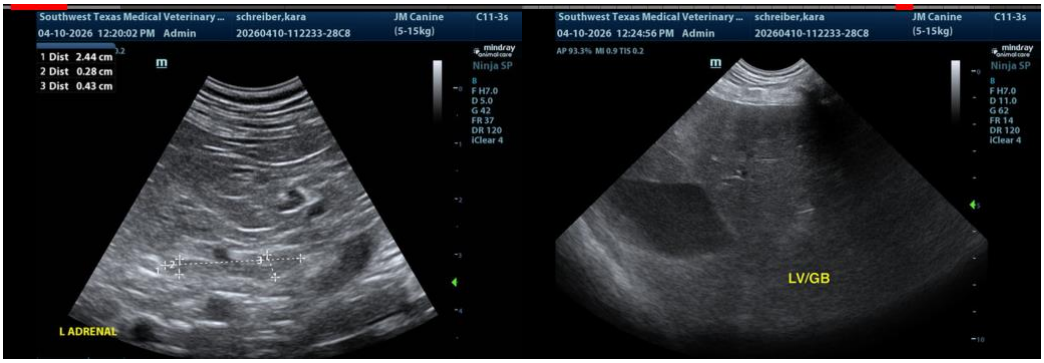

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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