



**PATIENT PRESENTING CLINICAL SIGNS**

**Moose Best**  
Presented Vomiting and lethargic April 12, 2022. Vomiting on and off for 2 weeks with no diarrhea. No known toxin ingestion or dietary indiscretion. No fever, abdominal palpation normal with no guarding. On bloodwork there was a significant increase in ALT at 948 U/L (10-125) with GGT and TBili elevated also. ALP was normal. Baytril 150mg q 12 hours, Clav 500mg q 12 hours, Metronidazole 250mg q 12 hours, Ursodiol 3/4 of 250mg q 24 hours. Any obvious cause of elevated values? No mucocoele forming? Has been doing well on Baytril, Clav and Metronidazole and Ursodiol, but not back to normal. Eating OK and no vomiting.

**SPECIES**  
Canine

**BREED**  
Golden Retriever

Abnormal PE/Chem/CBC/UA Results: ALT 948 U/L (10-125) GGT 19 U/L (0-11) TBili 22 umol/L (0-15)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX** *Urinary System*

**Intact Male**  
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.

**AGE**

**11 Months**  
The prostate is large in size (3.29 cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

**WEIGHT**

**32.4 kg**  
The left kidney has a normal shape and size (5.61 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 (6.09 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.

**IMAGING PERFORMED BY**

Crystal Hill

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.32 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**

Simcoe AH

The right adrenal gland is normal in size measuring 0.69 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. Kennedy

**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. There are no focal lesions visualized, but the spleen is folded back upon itself.

**INVOICE**

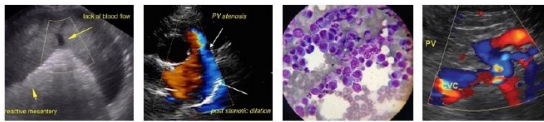
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**Liver**

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.

**DATE**

4/21/22



**PATIENT** The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.  
Moose Best

**SPECIES** *Gastrointestinal*

Canine The stomach is dilated with a large amount of 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.

**BREED**

Golden Retriever 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.

**SEX**

Intact Male

**AGE**

11 Months

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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**

**WEIGHT**

32.4 kg

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**

**INTERPRETED BY**

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

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.

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Crystal Hill

**PRIMARY FINDINGS**

- Hyperechoic, large prostate – findings are consistent with an intact male dog.

**SECONDARY FINDINGS**

- Large amount of shadowing material within the gastric lumen – This patient was not fasted.

**HOSPITAL NAME**

Simcoe AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Today's scan is relatively normal for a young intact male dog. No focal lesions were visualized associated with the liver or the gallbladder. These are my recommendations for a dog with no focal lesions and liver enzyme elevations.

**REFERRING VET**

Dr. Kennedy

- Consider close evaluation of history for possible toxic changes examine medications, diet, dietary indiscretion etc...

**INVOICE**

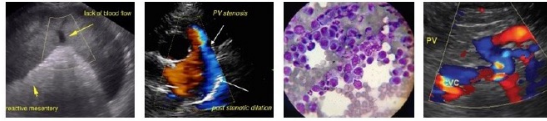
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- Consider PCR on urine/serum for leptospirosis (if not on antibiotics)/serology if recent antibiotic history

- If not already done, consider pre and post prandial bile acids to evaluate liver function

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**SEX**

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**HOSPITAL NAME**

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**REFERRING VET**

Dr. Kennedy

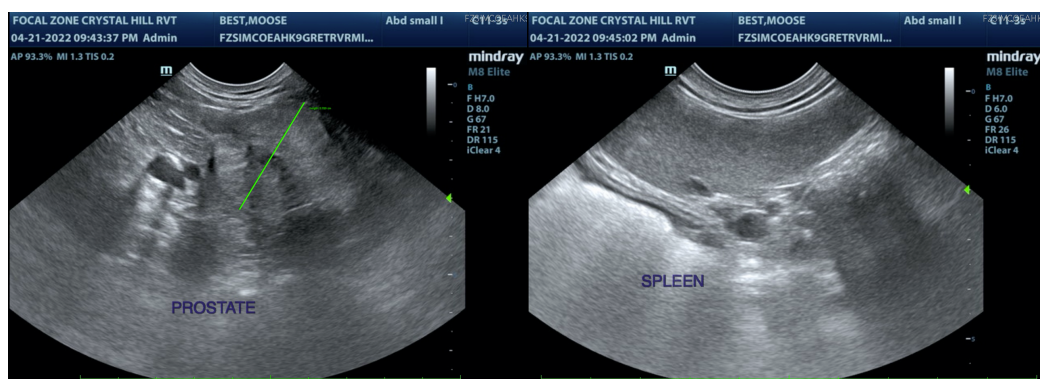
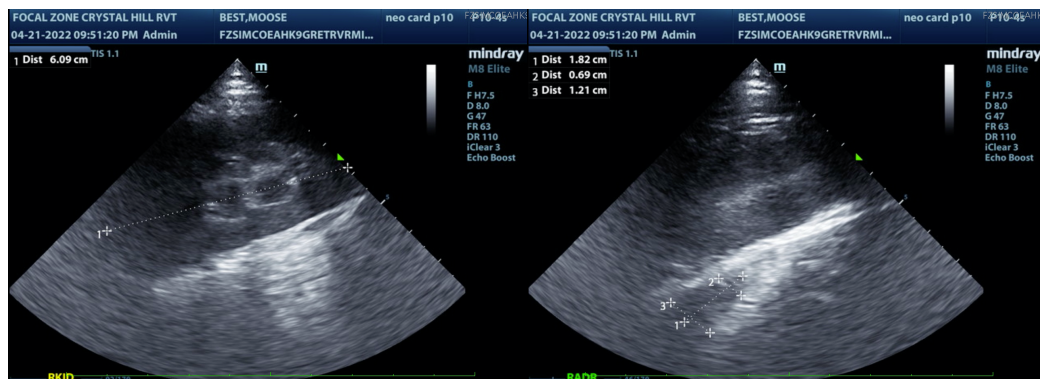
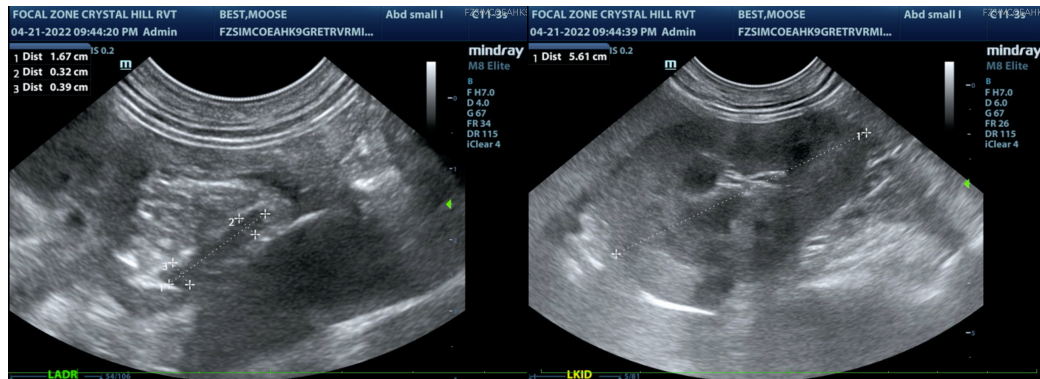
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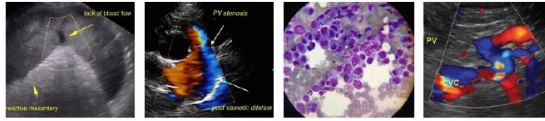
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- Consider Fine needle aspirate if round cell neoplasia is on your differentia list (25 g needle, normal coags)
- If no response to medical care (denamarin, antibiotics,+/- ursodiol etc...) Consider liver biopsy with samples obtained for histopathology, culture, and copper levels.





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**SEX**

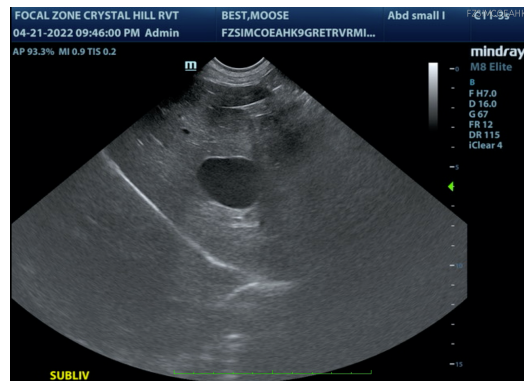
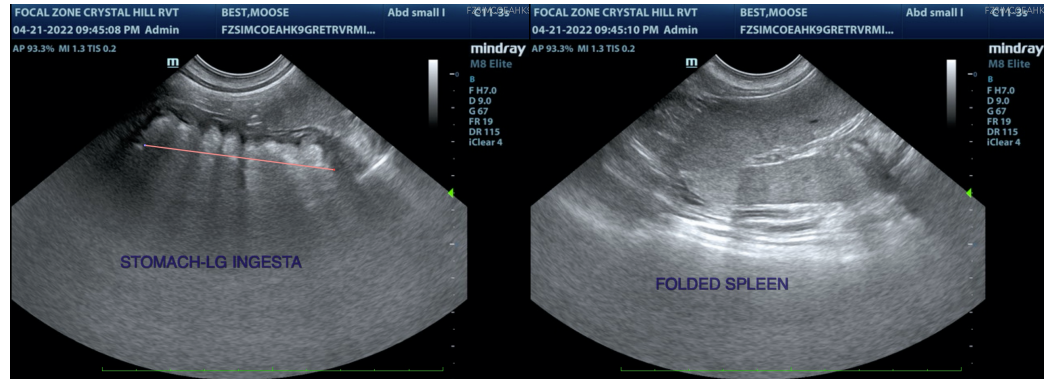
Intact Male

**AGE**

11 Months

**WEIGHT**

32.4 kg



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)

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