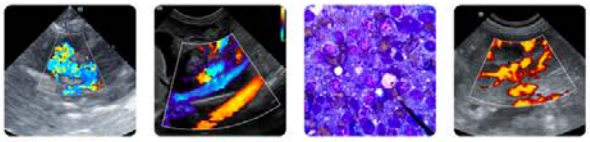


PATIENT

Jax Wiltse

SPECIES

Canine

BREED

Havanese

SEX

Neutered Male

AGE

12 Years

WEIGHT

8.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Southwood Veterinary Hospital

REFERRING VET

Dr. Harris

INVOICE

74310

DATE

4/8/26

PRESENTING CLINICAL SIGNS

AUS to investigate cause of chronic mild ALP elevation. Hypothyroid and managed with levothyroxine. On denamarin already.

Abnormal PE/Chem/CBC/UA Results: ALP 378 (previously was 201) - slowly creeping up since 2023

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 normal in size (0.78 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.

The left kidney has a normal shape and size (4.78 cm) with occasional small cortical cysts and hyperechoic cortical striations. Overall echogenicity is slightly hyperechoic with poor 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 (4.87 cm) with occasional small cortical cysts and hyperechoic cortical striations. Overall echogenicity is slightly hyperechoic with poor 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.

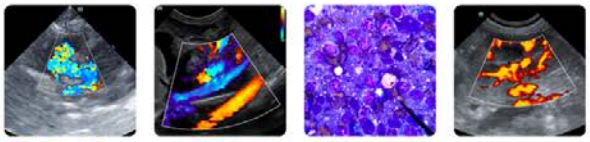
Adrenal Glands

The left adrenal gland is “plump” measuring 0.47 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 right adrenal gland is normal/borderline “plump” measuring 0.58 cm at the cranial pole and 0.65 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 normal in size and shape. The blood flow through the hilus and splenic parenchyma appears normal. There are occasional ill-defined hypoechoic regions/nodules visualized in the parenchyma. An example measures 0.78 cm x 0.81 cm.



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Liver

The liver is large in size, and normal in echogenicity with 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 significantly distended. Some areas of the wall appear mildly thickened with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is some dependent mineralized sandy debris. There is no evidence of bile duct dilation.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 0.57 cm with some variability due to the presence of rugal folds. The muscularis layer appears prominent in some areas with hyperechoic foci. 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 0.34 cm. Jejunum wall measures 0.31 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 visible/mildly mottled. 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.

PRIMARY FINDINGS

- Age related changes visualized associated with both kidneys.
- Mildly enlarged left adrenal with a “plump” right adrenal – Findings could be consistent with anatomic variation or early hyperplasia.
- Ill-defined hypoechoic nodule in the spleen – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative

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neoplasia (less likely) or other hepatopathy.

- Large gallbladder debris with debris adhered to the gallbladder wall and dependent mineralized sandy debris – A large amount of debris is evident in the gall bladder with no evidence of a mucocele or associated inflammation at this time. This could represent an early mucocele or cholestasis, with minimal evidence of associated inflammation at this time. Continued monitoring of labwork and ultrasound are warranted for progression of this lesion. Ursodiol therapy could be considered.

- Mild gastric changes potentially consistent with mild gastritis.

SECONDARY FINDINGS

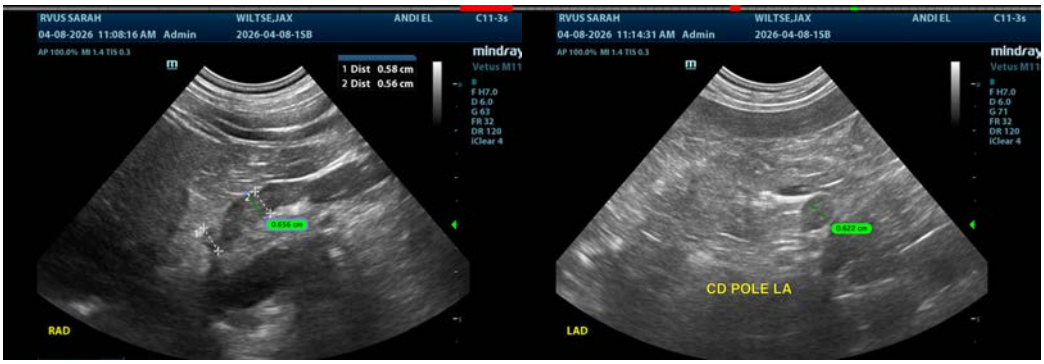
- Pancreatic changes most consistent with chronic pancreatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions were visualized associated with the liver to explain the elevation in ALP reported. Generally, the parenchyma is somewhat coarse, and the liver is large, potentially consistent with a vacuolar hepatopathy, although other hepatopathies are possible. Additionally, the left adrenal measures slightly enlarged and the right measures at the high end of normal. If symptoms consistent with Cushing's are present, you could consider adrenal function testing to further evaluate.

There is a very subtle hypoechoic nodule visualized in the spleen. Options include continued monitoring with ultrasound or a fine needle aspirate.

There is a large amount of debris visualized in the gallbladder. Some appears adhered to the gallbladder wall. Consider starting chronic Ursodiol therapy +/- a course of antibiotics for possible early/mild cholecystitis.



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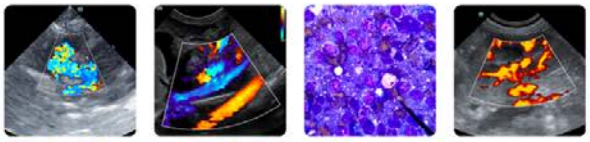

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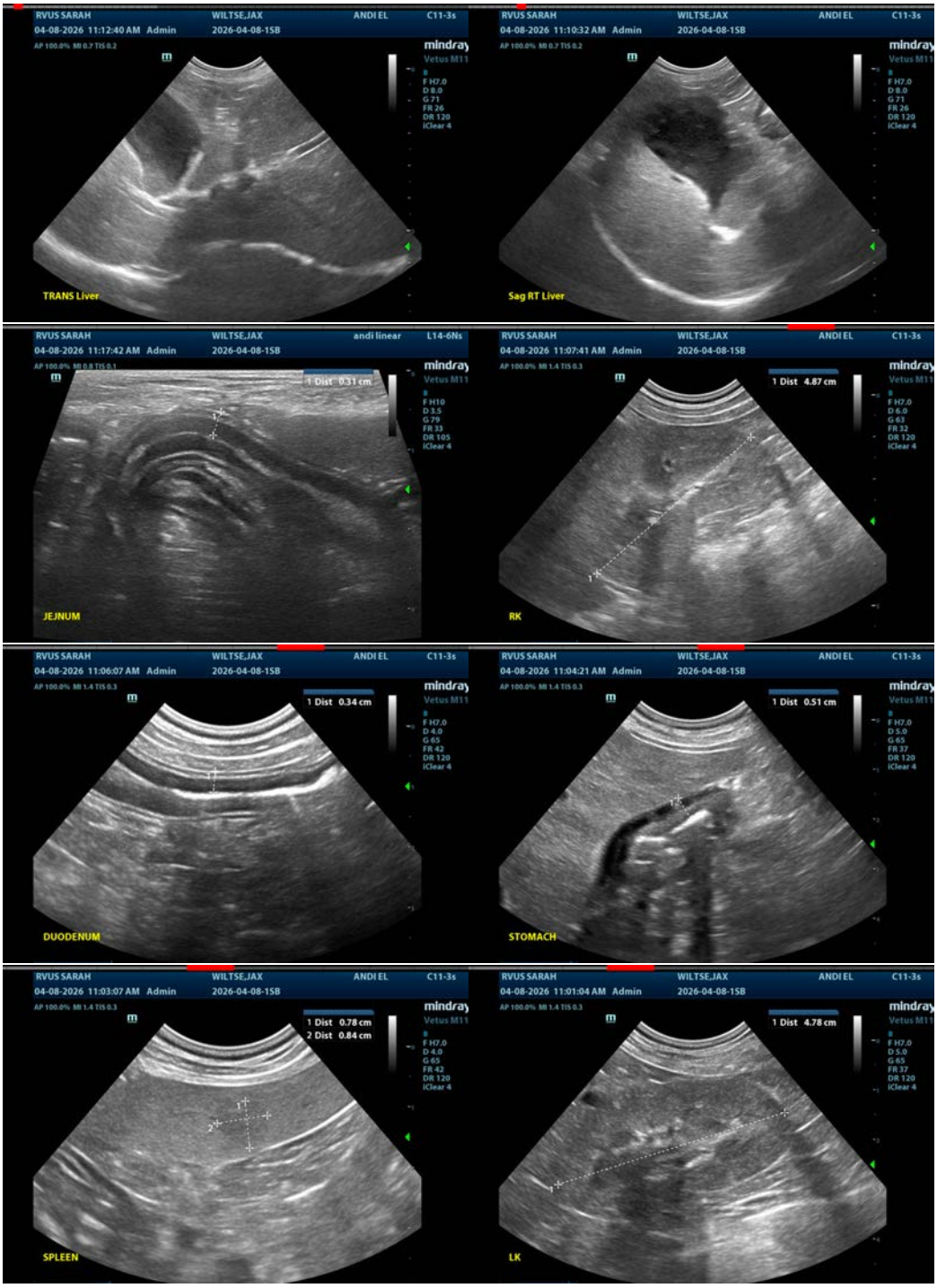

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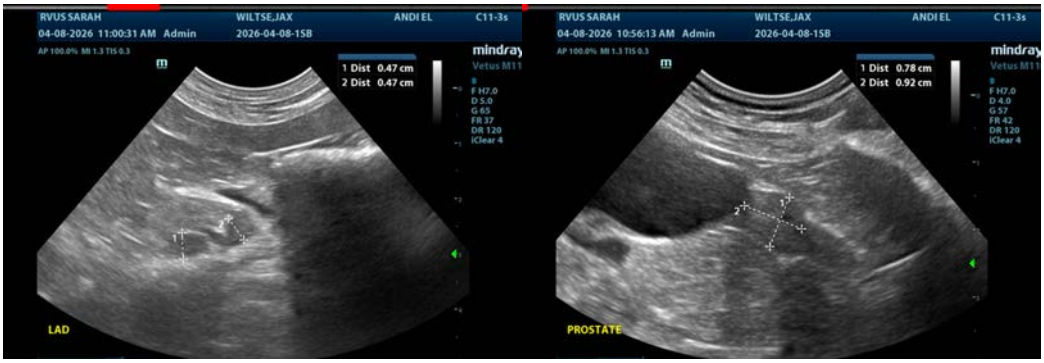

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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