**PATIENT**

Rocky Gebur

**SPECIES**

Canine

**BREED**

Sheltie

**SEX**

MN

**AGE**

11 years 10 months

**WEIGHT**

12.2 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, LVT

**HOSPITAL NAME**

Four Paws Animal Clinic

**REFERRING VET**

Dr. Susan Lester

**INVOICE**

11952

**DATE**

5/13/2026

## PRESENTING CLINICAL SIGNS

Chronic stomatitis, appears in remission. Regular dentistry's at dental specialist. Was scheduled for a cleaning, but the clinic cancelled the anesthetic due to his recent bloodwork results.

Working diagnosis: Chronic stomatitis, appears in remission.

MEDS: 0.15mg Thyro-tabs BID, 0.55mL Adequan q monthly, HeartGard, NexGard.

Abnormal PE/Chem/CBC/UA Results: 5.7.26: MCH 21.4 (22.1 - 26.7 pg) MCHC 31.3 (32.3 - 38.0 g/dL) Potassium 5.5 (4.0 - 5.4 mmol/L) Na: K Ratio 26 (28 - 37) ALP 424 (5 - 160 U/L) Cholesterol 595 (131 - 345 mg/dL) Creatine Kinase 206 (10 - 200 U/L) LABS attached

## 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 (0.64 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 (5.04 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. Pinpoint non-obstructive nephroliths are noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.39 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. Pinpoint cortical mineralizations noted. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

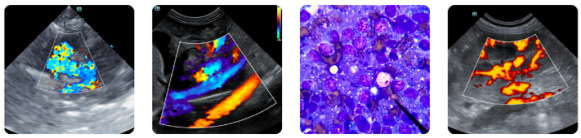
### *Adrenal Glands*

The left adrenal gland is normal in size measuring 0.73 cm at the cranial pole and 0.54 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 0.67 cm at the cranial pole and 0.53 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 (2.26 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous hyperechoic foci visualized within the parenchyma, as well as a larger hyperechoic nodule measuring 1.21 cm. These changes are most consistent with benign myelolipomas. Recommend continued monitoring.





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### *Liver*

The liver is large in size, and irregular. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are too numerous to count ill-defined iso- and hypoechoic nodules throughout the parenchyma.

The gall bladder lumen is significantly distended. The wall appears irregular and somewhat thickened with some adherent debris. There's a large amount of primarily non-organized echogenic debris with some mild early mucocele stranding. There's no evidence of bile duct dilation. There's mild reactive mesentery around the gallbladder suggestive of cholecystitis/early mucocele formation.

### *Gastrointestinal*

The stomach contains minimal luminal contents. 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 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 (0.38 cm in wall thickness) and the jejunum measured as normal (0.33 cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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*

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. There is no evidence of a significant lymphadenopathy. There is a small cluster of cystic appearing lymph nodes caudal to the left kidney measuring 1.02 cm x 2.46 cm, and 1.76 cm x 1.22 cm. An iliac lymph node measures 0.69 cm x 1.33 cm. The omentum is generally of normal uniform echogenicity/slightly hyperechoic in the region of the gallbladder/liver.

### *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

- Hyperechoic foci and nodules visualized associated with the spleen. These changes are most consistent with benign change/myelolipomas. Recommend continued monitoring.
- Irregular nodular heterogenous liver. The diffuse hepatic changes are non-specific and could

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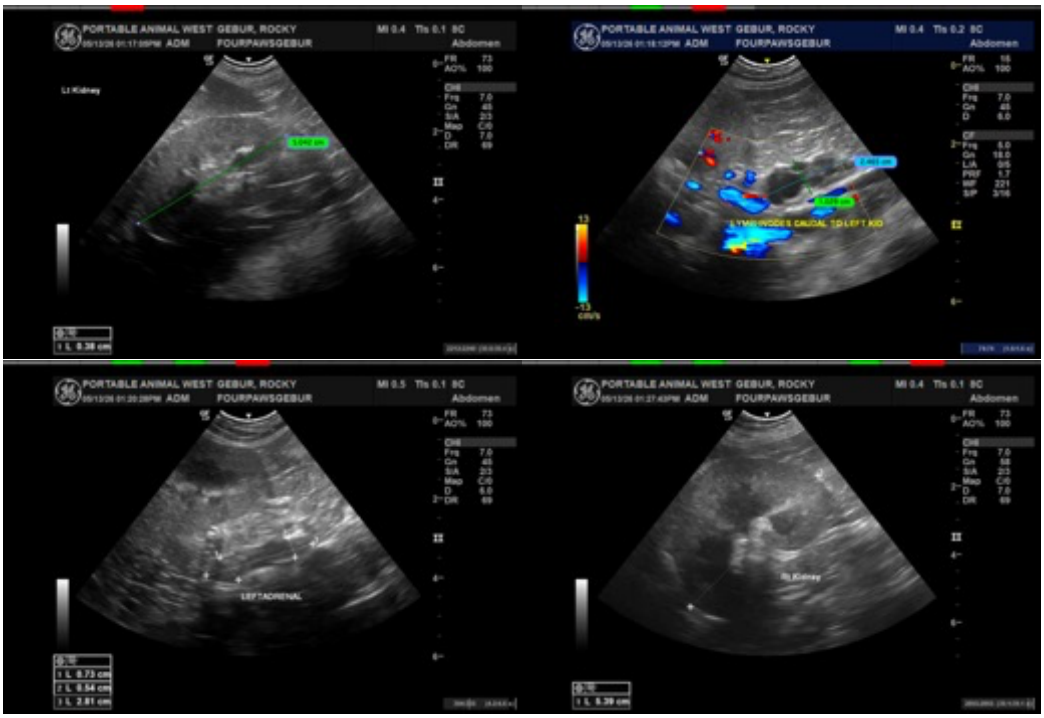
be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, infiltrative neoplasia (less likely) or other hepatopathy. The nodular changes are most consistent with regenerative type nodules. An early neoplastic lesion cannot be ruled out.

- Large gallbladder debris with mild surrounding inflammation and some changes consistent with early mucocele formation.
- Large, cystic lymph nodes caudal to the left kidney. The significance of this is uncertain. Potentially consistent with reactive lymph nodes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large, heterogenous and nodular. These changes appear somewhat benign although an early neoplastic process cannot be ruled out. Additionally, the gallbladder is large with a thickened wall, a large amount of non-organized and organized debris, and some mild surrounding inflammation. Findings are most consistent with cholecystitis/early mucocele formation. Consider starting ursodiol therapy and empirical treatment for cholecystitis with a course of antibiotics, denamarin, etc. Additionally, recommend a cytology of the liver looking for evidence of possible cholangiohepatitis, less likely neoplastic infiltration, etc. Consider repeat evaluation of the gallbladder after 4-6 weeks of treatment to see if there's significant in liver values or the appearance of the gallbladder. Ultimately, surgical removal and a biopsy of the liver may be warranted.



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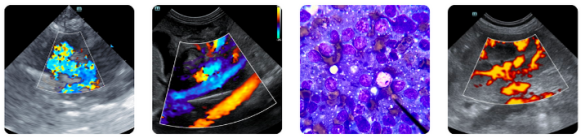

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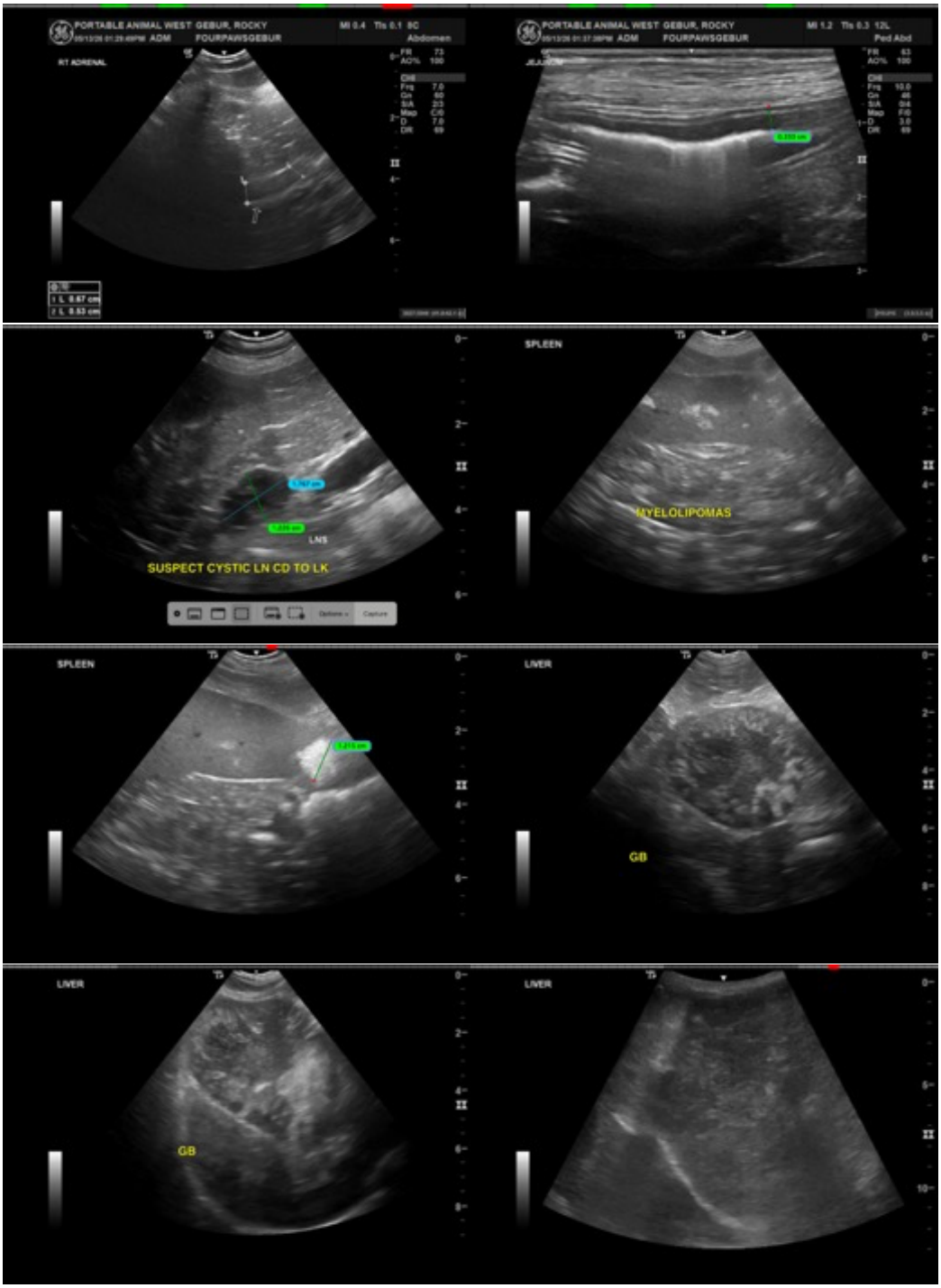


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I

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can be of any further assistance please contact me.

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