



## PATIENT

Ruckus Williams

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Neutered Male

## AGE

8 Years

## WEIGHT

101 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Casper

## HOSPITAL NAME

Hometown Animal  
Hospital (Florida)

## REFERRING VET

Dr. Gavin Casper

## INVOICE

75121

## DATE

5/13/26

## PRESENTING CLINICAL SIGNS

Recent diagnosis of chorioretinitis and ocular hypertension OS. Ophtho concerned about systemic illness causing changes. Recommended FNA's, infectious disease testing, fungal serology pending AUS results.

Abnormal PE/Chem/CBC/UA Results: Cbc- mild leukocytosis (18.7) w/ mild neutrophilia and mild monocytosis. Chem- mild inc cystatin B (117), inc ALT (613), inc AST (132), inc ALP (809), inc GGT (64). UA - SG 1020, 1+ urine protein. Tt4- 1.8 Rads - Moderate generalized hepatomegaly. - Suspected mild cranial peritoneal effusion/steatitis. R/o systemic inflammatory or infectious disease, endocrinopathy, diabetes, hepatic disease or neoplasia.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall is slightly prominent/thickened, measuring 0.44 cm, with a smooth mucosal surface. The 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 was not clearly visualized.

The left kidney has a normal shape and size (7.88 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.94 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

The right adrenal gland is normal in size measuring 0.75 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 (2.15 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.



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## Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly 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. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

## Gastrointestinal

The stomach contains mild gas. Gastric wall measures 0.43 cm with intact wall layering. 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 and gas 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 0.44 cm. Jejunum wall measures 0.36 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 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, 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

- Mildly thickened urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Mildly 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 neoplasia (less likely) or other hepatopathy.
- Gassy stomach and small intestine – Findings are likely secondary to panting and aerophagia.



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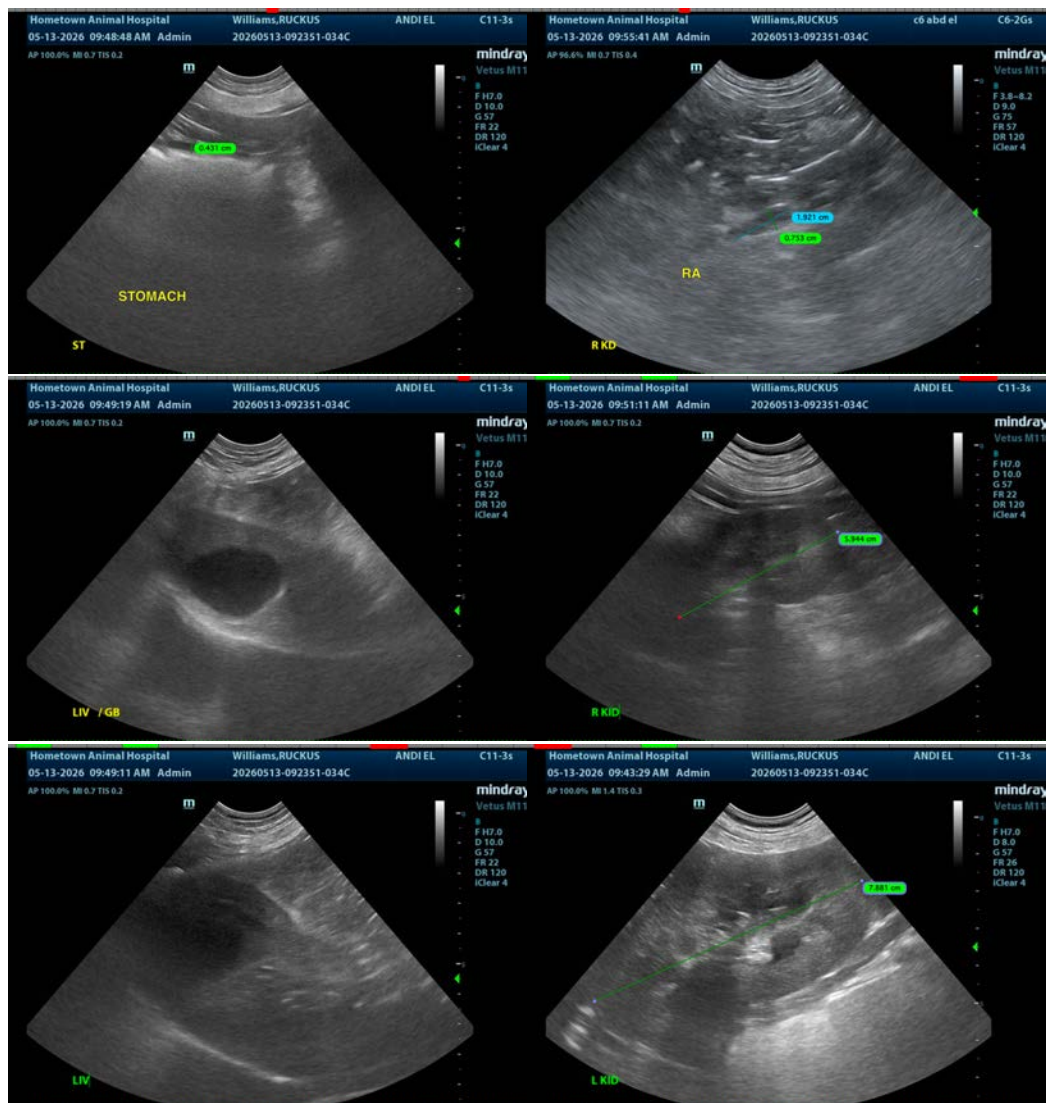
5/13/26

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver or the biliary tract to explain the elevation in liver enzymes reported. Findings are suggestive of a primary hepatopathy. Consider the following:

- Recommend pre- and post-prandial bile acids.
- Consider screening for Leptospirosis if clinically appropriate.
- Recommend a fine needle aspirate for cytologic evaluation (provided coagulation parameters are normal).

There are no significant mass lesions, nodules, and no evidence of a significant lymphadenopathy noted on today's exam. If liver values are persistently elevated and a significant hepatopathy is suspected, ultimately biopsies of the liver may be warranted with samples for histopathology, culture and copper levels.





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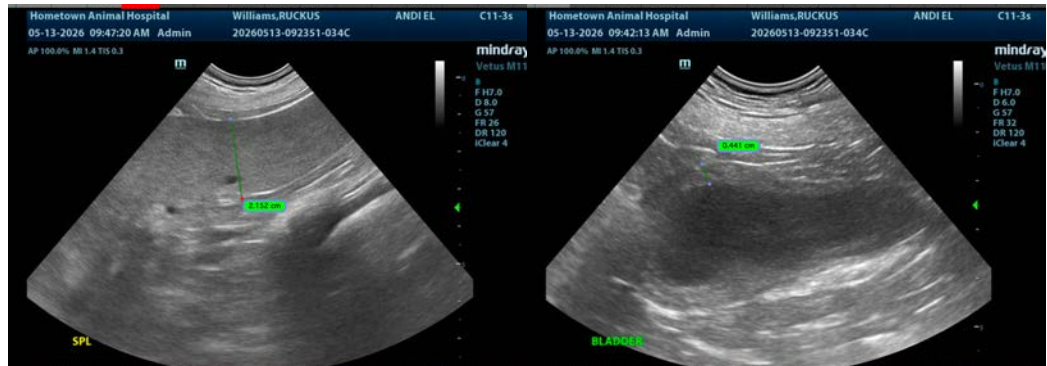
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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