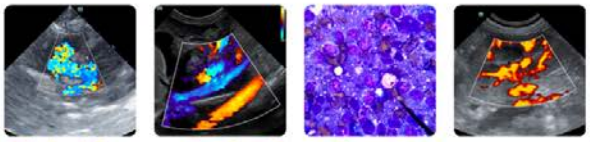


PATIENT

Shadow Nielsen

SPECIES

Canine

BREED

Nova Scotia Duck Toller

SEX

Male

AGE

2 Years 6 Months

WEIGHT

20 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Caroline Tan

HOSPITAL NAME

Petzoic Vet Hospital

REFERRING VET

Dr. Kayla Nielsen

INVOICE

74955

DATE

5/5/26

PRESENTING CLINICAL SIGNS

Hx of elevated ALT during pre neuter bloodwork. No CS. P on hepatosupport meds
Abnormal PE/Chem/CBC/UA Results: Alt 844 was 1394 Alp wnl

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 large, hyperechoic and mottled, measuring 2.15 cm in height in the sagittal view.

The left kidney has a normal shape and size (6.26 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 (5.88 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.31 cm at the cranial pole and 0.37 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 0.47 cm at the cranial pole and 0.49 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.

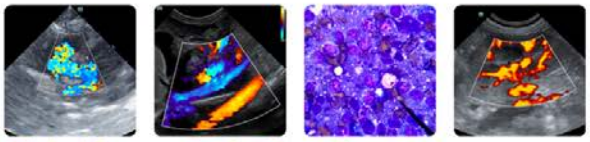
Spleen

The spleen is subjectively normal in size, 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

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.

There are several structures visualized which have the appearance potentially consistent with an obliqued view or minimally distended gall bladder. Unfortunately, the presence of a definitive gall bladder cannot be confirmed. There is no evidence of regional inflammation, free fluid etc.. no definitive pathology is noted.



PATIENT

Shadow Nielsen

SPECIES

Canine

BREED

Nova Scotia Duck Toller

SEX

Male

AGE

2 Years 6 Months

WEIGHT

20 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Caroline Tan

HOSPITAL NAME

Petzoic Vet Hospital

REFERRING VET

Dr. Kayla Nielsen

INVOICE

74955

DATE

5/5/26

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. Duodenum wall measures 0.36 cm. Jejunum wall measures 0.30 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 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.

Other

Both testicles are visualized and appear within normal limits.

ULTRASONOGRAPHIC FINDINGS

- Large, hyperechoic, mottled prostate – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.
- 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.
- Gall bladder not clearly visualized-findings could be consistent with a small, empty gall bladder or an absent gall bladder (agenesis).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the liver to explain the elevation in ALT reported.

The gall bladder was not definitively visualized. Structures suspected to represent an obliqued view/empty gall bladder were suspected but subsequent surgical evaluation (performed after this scan) is concerning for an absent gall bladder (agenesis). This is a rare condition sometimes accompanied by

PATIENT

Shadow Nielsen

SPECIES

Canine

BREED

Nova Scotia Duck Toller

SEX

Male

AGE

2 Years 6 Months

WEIGHT

20 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Caroline Tan

HOSPITAL NAME

Petzoic Vet Hospital

REFERRING VET

Dr. Kayla Nielsen

INVOICE

74955

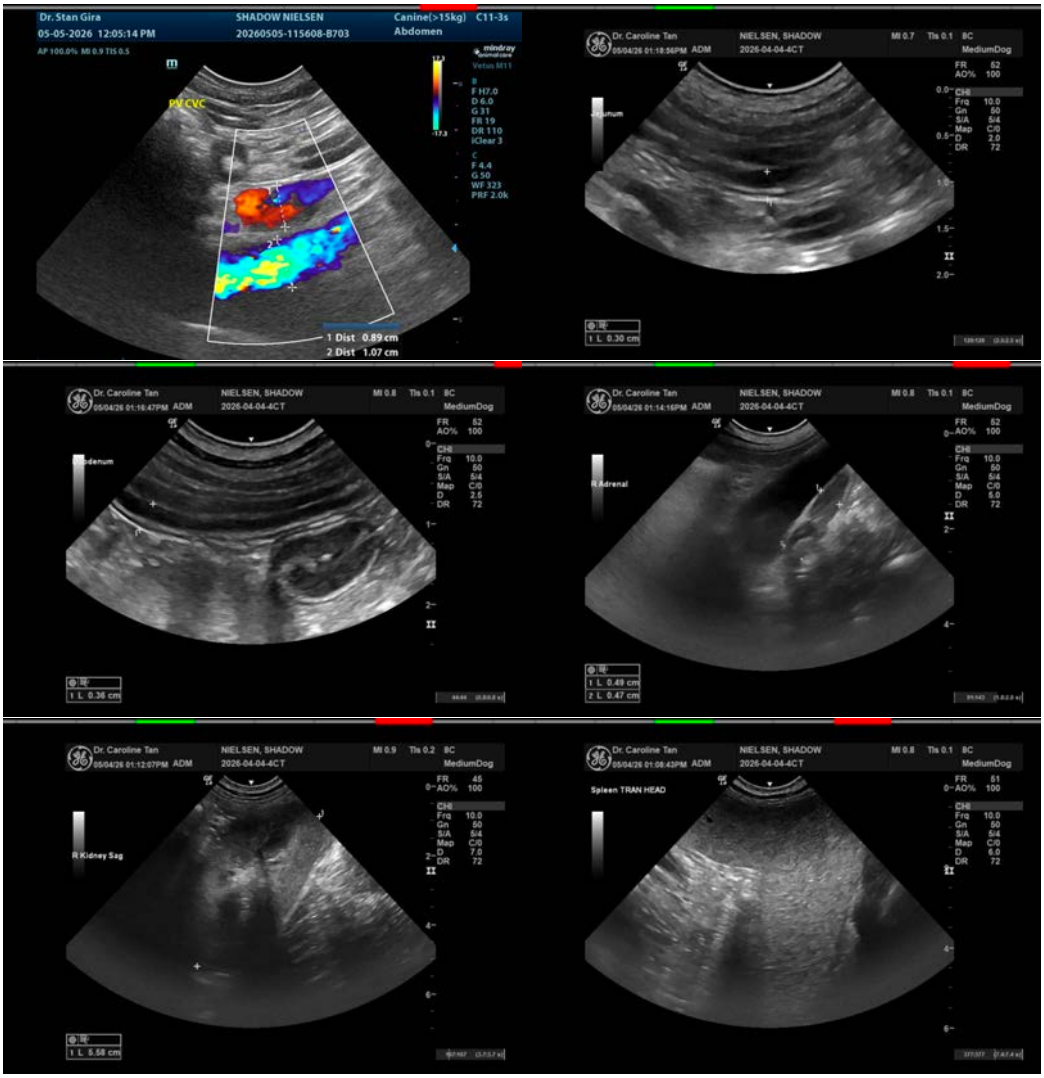
DATE

5/5/26

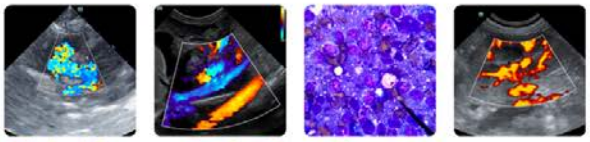
other concurrent anomalies such as portosystemic shunt, portal vein hypoplasia, and biliary anomalies. A contrast CT scan would likely be needed to further assess. This can be an incidental finding in some dogs and often is asymptomatic.

Findings are suggestive of a concurrent hepatopathy. This is supported by recent biopsy and histopathologic evaluation.

The prostate is large, hyperechoic and slightly mottled, as would be expected for an adult intact male. Consider neutering, particularly if symptoms consistent with benign prostatic hypertrophy or prostatitis develop.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Shadow Nielsen

SPECIES

Canine

BREED

Nova Scotia Duck Toller

SEX

Male

AGE

2 Years 6 Months

WEIGHT

20 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Caroline Tan

HOSPITAL NAME

Petzoic Vet Hospital

REFERRING VET

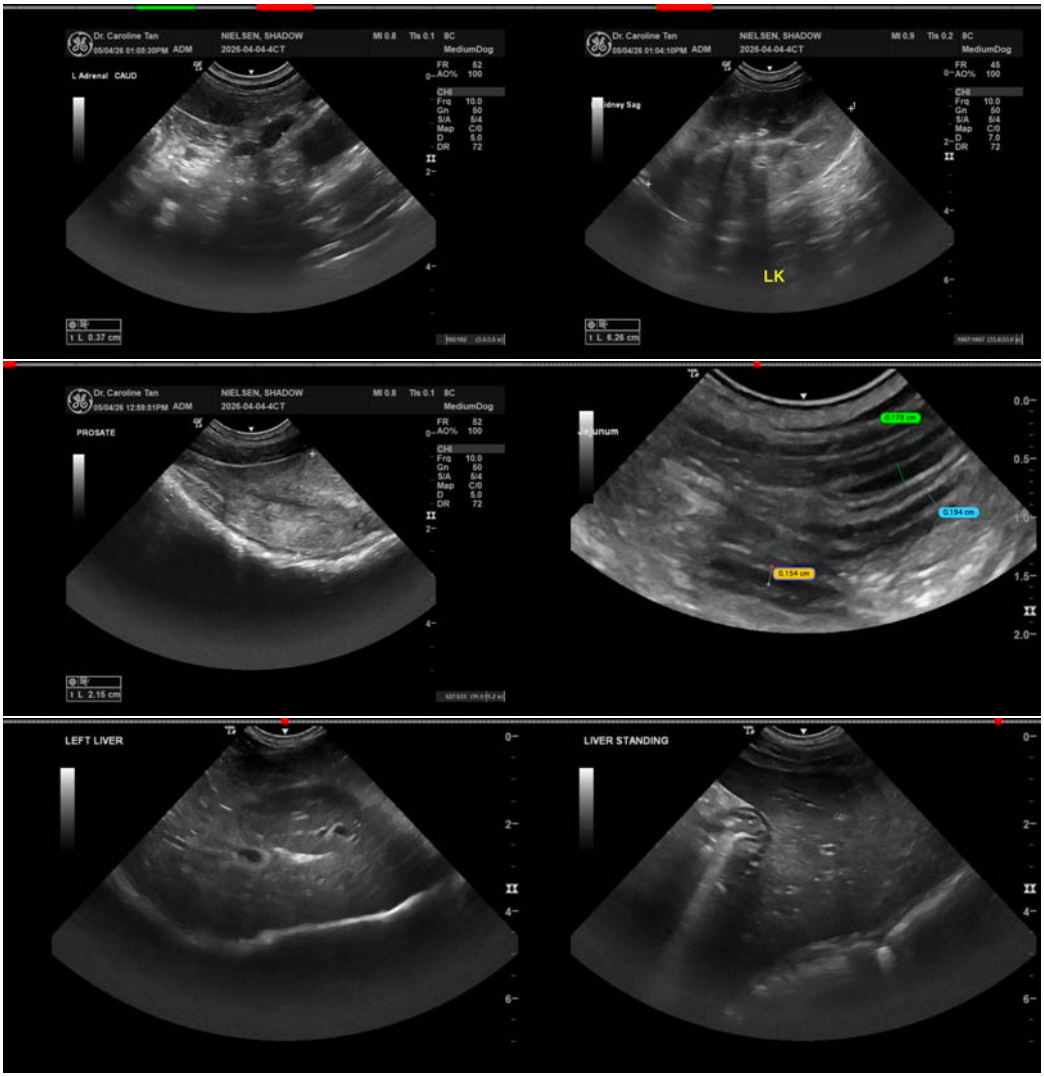
Dr. Kayla Nielsen

INVOICE

74955

DATE

5/5/26



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